

A Problem Profile of Drugs in London

MOPAC Evidence & Insight

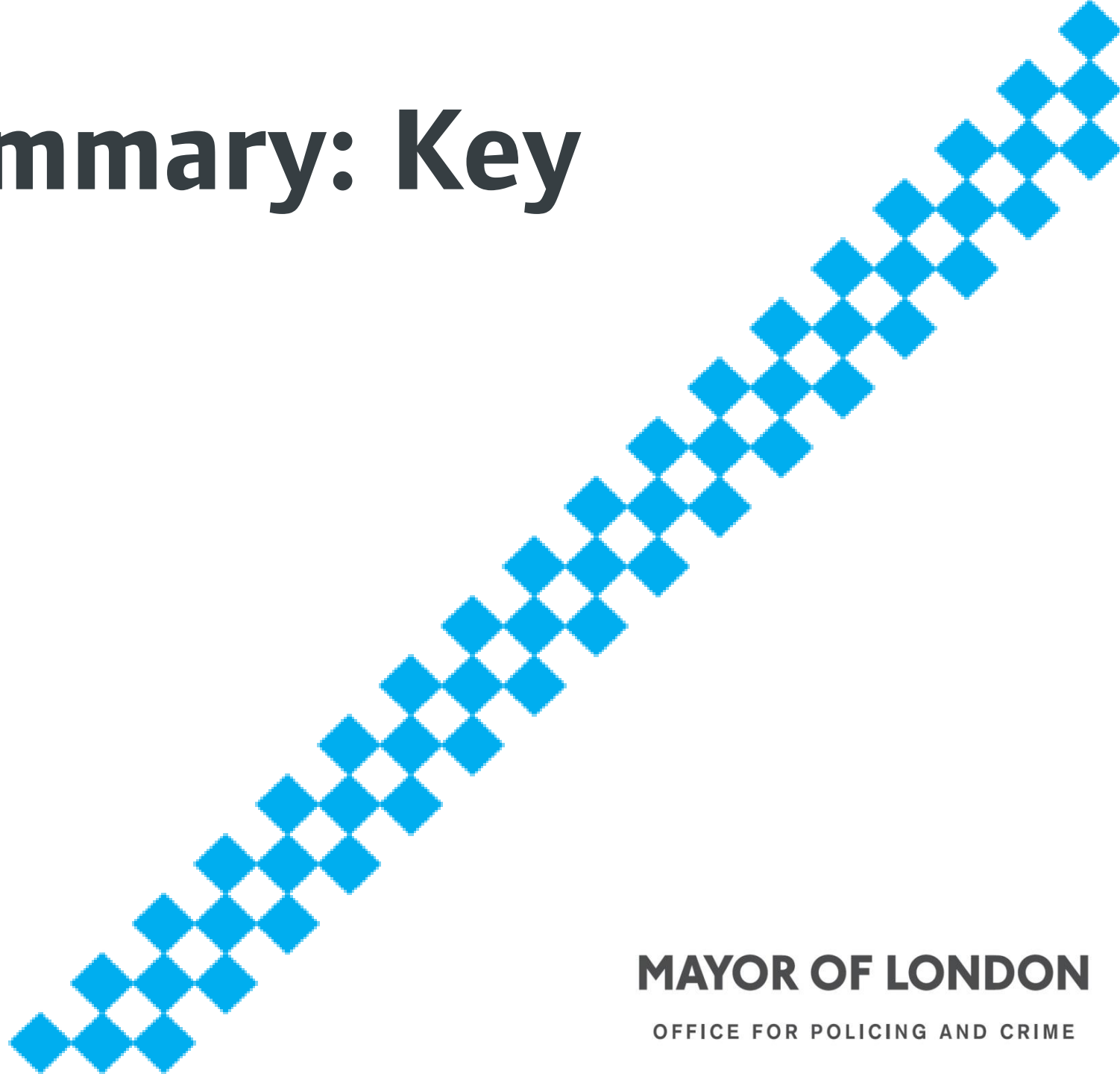
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Executive Summary: Key Learning







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The Profile is split into four overarching themes:

-  **Prevalence (use & crime)**
-  **Drivers & Influencing Factors**
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-  **Response**

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Key learning: Prevalence of drug use

This section of the Drugs Problem Profile provides insights into the prevalence of drug use, including what drugs are being used & who is using them in London.

Chapter Contents: prevalence of use

Drug Use

- [Drug use frequency in England & Wales](#)
- [Drug use in London](#)
- [Cannabis & cocaine use](#)
- [Other drugs including Opioids & Crack Cocaine](#)
- [Cohort spotlight: Offenders & drug use](#)
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Key gaps

- Frequency of drug-use - broken down by drug-type at London level.
- Data that allows specific analysis or monitoring of the prevalence of Synthetic opioids.
- Analysis of drug use among other vulnerable cohorts including for example:
 - rough sleepers/those experiencing homelessness
 - care leavers
 - those that take drugs as part of the night-time economy

Further Considerations for London

Cocaine use (number of adults reporting to have used powder cocaine within the last year) is higher in London than any other English region (3.5% vs. 2.6%). However, the true extent of this is unknown - as frequency data is not available.

Synthetic Opioids are a growing concern for the sector & the threat from synthetic opioids has increased since the reduction of poppy production in Afghanistan. Current London-specific data does not enable breakdown by drug-type & flagging systems do not specifically monitor Synthetic Opioids.

Emerging Insights

Drug use has historically been higher in London than any other English region.

- There has been an increase in reported drug use in London since 2017/18, following a long period of decline. Numbers have decreased in 2022/23 however and reported rates were similar to national averages.
- In line with England & Wales - cannabis is the most used drug in London (9% reported use).
- Cocaine misuse is higher in the capital than most other regions of England & Wales. Cocaine use is associated with higher-income households & the night-time economy.
- Crack Cocaine use is higher in London than any other region, however, rates in London have substantially decreased in recent years. Among vulnerable cohorts - Crack Cocaine use in London is associated with rough sleepers.
- There have been notable increases in the use of Ecstasy, Hallucinogens & Ketamine within the last decade in England & Wales, especially amongst 16–24-year-olds.



Offenders managed in London communities are less likely to have a drugs need than in other regions.



A high proportion of London offenders in custody have a drug need, but proportions are lower than other regions.



There has been an increase in drug use amongst children within the last decade, following a long period of decline. 8% of boys & 10% of girls of secondary school age in London have taken drugs in the last year.

Spotlight on: New Psychoactive Substances

- NPS were used in most countries in 2021 - usage is lower than of drugs under international control.
- Control systems have succeeded at containing the spread of NPS in high-income countries & usage is decreasing in North America & Europe.
- NPS use has fallen substantially in England & Wales - but prevalence remains very high among rough sleepers & prisoners.
- Synthetic opioids – there is a significant lack of London-specific evidence relating to synthetic opioids. Following a dramatic increase in use across North America there is growing concern of a risk to the UK.



What is London's response or plan for preventing cocaine use specifically within the capital?

Can data & flagging systems prepare London for any emerging Synthetic Opioid or New Psychoactive Substance threat?

Key learning: Prevalence of drug crime

This section of the Drugs Problem Profile provides insights into the prevalence of drug-related crime in England & Wales, & how London compares.

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Possession Offences

- [Possession & general drug-related crime trends nationally & in London](#)
- [First-Time Entrants for drug offences](#)
- [Drug offending over time by London Borough](#)
- [Cohort spotlight: Drug offenders in the criminal justice system in London](#)

Trafficking & Distribution Offences

- [Trafficking Offending in London & by Borough](#)
- [Drug Seizures in London](#)
- [County Lines in London](#)
- [Wider drug distribution](#)

Key Highlighted Gaps

- The approach to drugs trafficking in London– particularly with regards to higher-level organised criminals (rather than street-level drug dealers) & defining positive metrics that monitor/demonstrate this activity in London.
- New trends in drug-related crime – particularly the rise in online methods of distribution & how this is changing the landscape of drug-use in London.
- Understanding of the overlap between drug offending & drug use, e.g. the proportions of those committing possession or trafficking offences who are drug users.

Further Considerations for London

A large portion of current drug-related police activity in London focusses on possession offences & stop & search. This focus targets both users of drugs & low-level distributors, those often affected by violence & criminal exploitation. There is evidence to suggest the police response has a disproportionate impact on ‘middle-management’ distributors, which can re-embed the criminalisation of this group & further alienate them from support relating to criminal exploitation or harm.

Emerging Insights



Production

Cocaine – mostly imported from Colombia with supply thought to be dominated by Albanian organised criminal groups.

Heroin – mostly imported from Afghanistan & supplied mainly by Pakistani, Turkish & British organised criminal groups.



Trafficking (distribution) Offences

20% of drug offences for the Met are trafficking offences.

London is the highest exporter region for county lines activity (approx. 30% of lines nationally).

Lambeth, Newham & Croydon – the most prominent boroughs of residence for individuals linked to county lines.



Possession Offences

Possession offences make up more than 2/3rds of London drug offences.

73% of possession offences relate to cannabis. Demographic trends for possession offences are similar to those involved with stop & search.



Characteristics of offenders

Young black men are disproportionately represented in London drug crime. However, evidence highlights many systemic reasons for this.

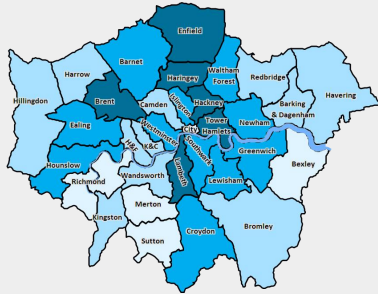
Proportionately, London has the highest number of drug-related offences

- Accounting for 24% of all recorded drug offences in England & Wales.
- They make up 5% of total MPS offences.
- A higher proportion of those proceeded against in London are drug offenders than other regions.
- A higher proportion of First-Time Entrants to the CJS in London are for drug offences than other regions.

Possession



Trafficking



Offences by borough April 2022 – March 2023

Who should police in London be targeting in relation to drugs?

Are there specific metrics or performance indicators that could monitor progress towards this aim?



Key learning: Drivers & influencers of drugs

This section of the Drugs Problem Profile provides an overview of the drivers & influencing factors of drug-use & drug-related crime.

Chapter Contents:

Drivers for Use

- [An overview of substance use inter-related drivers & influencing factors](#)
- [Drug-related hospital admissions & deaths in England & Wales](#)
- [Cohort spotlight: those receiving treatment](#)
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- [Cohort spotlight: children & young people](#)

Drivers for Drug-Related Crime

- [Drug-related offending & deprivation in London](#)
- [Correlations between drug-related crime datasets](#)
- [Cohort spotlight: young people](#)

Key Highlighted Gaps

- An understanding of the drivers of cocaine use within the London context.
- Much of the evidence base is not London specific.

Further Considerations for London

Many of the drivers for drug-use & drivers of drug-related crime overlap, & there is a significant overlap of both with victimisation. Those doing harm to themselves or others have often been harmed themselves. Multi-agency ‘person first’ approaches may prove to be most effective.

A lot of the current understanding of drivers for crime & use at London level relate to high-harm drugs (e.g. opioid & crack cocaine use more than cocaine use). Similarly, London evidence focusses on “lower-level” drug-related crime drivers, such as why individuals become involved with drug-related crime or become exploited. Focussing on some of the gaps in our knowledge around drivers may support greater understanding of wider intervention.

Emerging Insights

Drivers for Use

Drug misuse is underpinned by a wide range, of often inter-related drivers & influencing factors - including the night-time economy, mental health, homelessness & deprivation & geography.

Geography & deprivation are key factors in opiate use, rates of hospital admission & deaths relating to drug use.



Drivers for Crime

Drug offenders are mostly young & male. Datasets show there is a link between drugs possession offences & stop & search, likely suggesting police activity is a driver of identification of drugs possession

There is a significant overlap between drug-related offending & victimisation with young female & non-white offenders most at risk.




Spotlight on: treatment cohort of those receiving treatment..

- 67%** are male (overall).
- <1.2%** <1.2% are for individual club drugs (e.g. ketamine, NPS).
- 13%** (non-opiate) have urgent housing need.
- 70%** (non-opiate) have mental health need.
- 71%** of the children of opiate users had no Early Help plan.

Spotlight on: probation cohort of those with drugs need (approx. 40%)..

- Most are male.
- Many have financial needs and histories of acquisitive offending (Burglary, robbery & theft).
- Many have mental health issues and relationship needs.
- Many have accommodation and ETE needs.

Spotlight on: young people cohort of those with self-reported drug-use..

- 10%** of year 7-11’s think it is ok to try cannabis to see what it is like.
- 25%** of 15yo’s think its ok to try cannabis (14% think its ok to use once a week).
-  Smoking is the leading factor associated with drug use.
-  Family not discouraging drug-use is the second key factor associated with drug-use.
-  the main motivation in taking drugs is to “feel good or get high”.



Are systems across London considering the victim-offender overlap?

Is there sufficient evidence on drivers for cocaine users in London & for more senior criminal actors?

Key learning: Impact

This section of the Drugs Problem Profile provides insights into the impact of drugs on individuals, crime & wider society.

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- [Public priorities & perceptions of drugs in London](#)
- [Drugs perceptions, anti-social behaviour & deprivation](#)

Individual Impact

- [Drug-crime related harm across London boroughs](#)
- [Drug-related deaths in London](#)
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- [Wellbeing & quality of life](#)

Crime-related Impact

- [Drug-related offending histories & victimisation in London](#)
- [Drug-related offending, violence & exploitation](#)
- [Drugs & violent crime at Ward level](#)
- [Chemsex & spiking](#)

Key Highlighted Gaps

- The wider costs of drugs to London regionally & the cost-benefit of different interventions.
- Deaths, hospital admissions by drug-type in London
- An understanding of the prevalence & drivers of Chemsex & spiking within London.

Emerging Insights

Societal Impact



The total costs of drugs to society in England are estimated at £19.3 billion per year, with drug-related crime as the main driver of total costs.



Drugs are not just impacting users or those involved in supply. Residents across London place drugs & related crime as key priorities locally.



Those who perceive drugs as a problem locally are less likely to feel safe after dark & have lower confidence in police than those who do not.



Crime Impact



There is evidence of correlation between drug misuse & offending.



There is a large body of research linking illegal drug markets to systematic violence & exploitation & drug-related offenders are significantly more likely to have been a victim of a violent crime.



The use of drugs on victims (e.g. spiking) & in 'chemsex' contexts are concerns that have gained recent attention, with prevalence hard to estimate.



Individual Impact



Drug-use can have a range of consequences for both physical & mental health. The nature of drug harm differs across boroughs.



London has the lowest rates of hospital-admissions due to drug poisoning in England, but similar numbers of admissions due to drug disorders.



London Ambulance Service dispatches for drug overdoses in London decreased from 2019 to 2022, but increased in 2023/24.



Further Considerations for London

Evaluations that determine what works for reducing the impact of drugs on society, crime & individuals have not been extensively explored as part of this Profile. However, it is important that interventions, strategies & services aiming to reduce the impact of drugs across London are carefully evaluated & that key learning & promising practice is shared across the sector. Further, given the extensive financial impact of drugs, wherever possible cost-benefit analysis should be central to these evaluations.

Can evaluations of strategies/policy & interventions consider any financial saving/cost benefit analysis?



Impact

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Key learning: Response

This section of the Drugs Problem Profile provides an overview of the London-wide response to drugs, with a spotlight on the criminal justice response.

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The System Response to Drugs

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Key Highlighted Gaps

- Cross-borough analysis of strategic needs assessments and action plans.
- London or borough level treatment data & data for children & young people including outcomes.
- Understanding of the wider system response to drug use, e.g. diversion, intervention & prevention
- Evaluations of 'what works'.

Further Considerations for London

The current response to drugs across London is split across many different organisations & sectors, with areas of promising practice not always being shared across London. Regional Combatting Drugs Partnerships should focus on coordinating a commonality of aims & targets while developing a shared understanding of what success looks like. The Combatting Drugs Outcomes Framework is a useful tool to support these aims.

However, the current response to drugs across the capital (including the Combatting Drugs Outcomes Framework) focusses heavily on reducing drug-related crime & improving drug-related treatment. There is a need to **consider early intervention & prevention strategies** - particularly within the complex context of London.

Emerging Insights

The London response to drugs

The National Response to drugs is underpinned by the National Combatting Drugs Outcomes Framework. At borough or sub-regionally across London, local action plans & outcomes frameworks should all be feeding into this wider Framework.

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics <ul style="list-style-type: none">• Proportion of individuals reporting use of drugs in the last year• Estimated prevalence of opiate and/or crack cocaine use (OCU)	Headline metrics <ul style="list-style-type: none">• The number of neighbourhood crimes, domestic burglary, personal robbery, vehicle offences and theft from the person• The number of homicides that involve drug users or dealers, or have been related to drugs in any way	Headline metrics <ul style="list-style-type: none">• Deaths related to drug misuse• Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)	Headline metrics <ul style="list-style-type: none">• Number of county lines closed• Number of major and moderate discipline against organised criminal groups	Headline metrics <ul style="list-style-type: none">• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)• The numbers in treatment for adults and young people	Headline metrics <ul style="list-style-type: none">• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months)
Supporting metrics <ul style="list-style-type: none">• Number and proportion of households owed a homelessness duty with a drug dependency need• Rate per population of children of referral and assessments by social services with drugs as a factor• Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related• Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	Supporting metrics <ul style="list-style-type: none">• Proven reoffending within 12 months• Police recorded trafficking of drugs and possession of drugs offences• Hospital admissions for assault by a sharp object	Supporting metrics <ul style="list-style-type: none">• Hepatitis C prevalence (chronic infection) in people who inject drugs• Number and percentage of people in treatment that have died during their time in contact with the treatment system	Supporting metrics <ul style="list-style-type: none">• Volume and number of drugs seizures• Number and proportion of National Referral Mechanism referrals with a county lines flag	Supporting metrics <ul style="list-style-type: none">• Number of individuals in treatment in prisons and secure settings• Number of community or suspended sentence orders with drug treatment requirements• Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial settings)• Unmet need for OCU treatment	Supporting metrics <ul style="list-style-type: none">• Proportion of people in treatment that have reported no housing problems in the last 28 days• Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days• Proportion of people in treatment reporting a mental health need who received treatment or interventions• Proportion of parents that have received specific family or parental interventions

Drug Treatment in London



- The number of people receiving drug & alcohol treatment declined up until 2020/21, but funding has recently increased along with numbers in treatment.
- London records the lowest proportion of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (26% vs the England average of 43%).
- This suggests significant problems with the transition of prisoners to community treatment on release.

Stop & search in London



- Over 50% of Stop & Search is consistently related to drugs. In 2023/24 56% of all stops were drug-related.
- 32% of drug stops had a positive outcome, with 77% of these a positive outcome for drugs.
- Stops with a positive outcome for drugs were much less likely to be arrested than stops with a positive outcome for other reasons.



How does early intervention & prevention fit within the current response to combatting drugs in London?

Key recommendations & gaps for London to consider

The limitations of current regional data

- A major highlighted gap is a lack of data showing frequency of drug-use broken down by drug type.
 - E.g. Cocaine use (number of adults reporting to have used powder cocaine within the last year) is higher in London than most other English regions
 - However, the true extent of this is unknown - as frequency data is not available.
 - Whilst we can determine more people are using cocaine in the capital, we do not know how much more frequently they are using it compared to elsewhere. There is growing evidence of the accuracy of waste-water analysis to monitor drug consumption in cities in real time.
- A further highlighted gap is that crime data is not able to show any overlap between offending & personal use of drugs.
 - Drug offending data is categorised into possession & trafficking related offences.
 - Further breakdown relating to habitual user & by drug-type is not possible.
 - This has implications for the interpretation of drug offence data & the response to drug crime - we cannot tell the extent to which people commit drug-related offences to support their own personal drug habit or for other reasons such as criminal exploitation.

Focussing on early intervention & prevention

- The current response to drugs across the capital (including the Combatting Drugs Outcomes Framework) - focusses heavily on reducing drug-related crime & improving drug-related treatment.
- Key gap - there is a need to consider early intervention & prevention strategies - particularly within the complex context of London.
- Drug-use - current prevention & early intervention focus on high-harm drugs such as opioids. Cocaine users are likely to have different motivations & drivers for drug use, with higher rates of use amongst high-income groups than other drugs and associations with the night-time economy.
However, Cocaine use remains a key driver for drug-related crime & associated harm within the capital.

The growing concern of synthetic opioids

- Although numbers are low in the UK, there has been an increase in drug poisoning deaths relating to Fentanyl & New Psychoactive Substances over the last 10 years.
- Currently there are no indications of an epidemic of non-medical use of synthetic opioids in Europe - however they remain a potential threat (particularly in opioid markets & in cases of shortages of main opioids). This threat has become increasingly urgent following the 95% decrease in opium cultivation in Afghanistan in 2023.
- During this research, London stakeholders unanimously raised the threat of Synthetic Opioids as a key concerns. Current London-specific data does not enable breakdown by drug-type & flagging systems do not specifically monitor Synthetic Opioids.

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Can London monitor the frequency at which certain drugs are being used across the capital?

Do we understand the extent to which personal drug-habits contribute to crime in London?

How does early intervention & prevention fit within the current response to combatting drugs in London?

What is London's response or plan for preventing cocaine use specifically within the capital?

Can data & flagging systems prepare London for any emerging Synthetic Opioid or New Psychoactive Substance threat?

Does London understand good practice from the International evidence base with regards to early intervention & treatment for Synthetic Opioids?

Background & Context

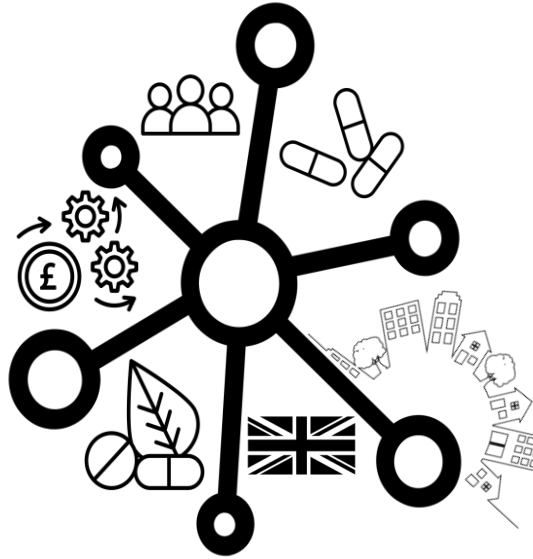


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Background & aims of the Profile

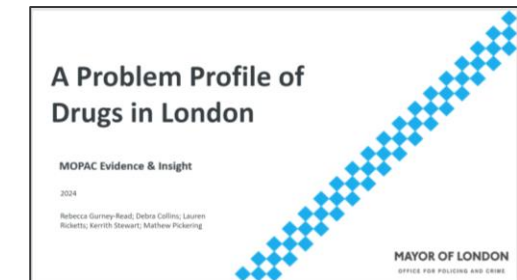
There is a large & growing body of evidence about the prevalence & impact of drugs Internationally & Nationally...



- **Drugs are a complex problem, extending far beyond the individual to both wider society & the economy^{1, 2}**
- In 2022 - estimated cost of illegal drugs to UK society was approximately £20 billion each year³. This is significantly higher than the value of the illicit drugs market itself - which in 2016/17 was estimated to be worth £9.4 billion. Opiates account for the largest proportion of the market (£3.8 billion), followed by cannabis³.
- Worldwide opium & cocaine production has reached record highs - leading to increased purity levels on the streets³.
- Simultaneously, the number of deaths related to drug misuse in the UK have continued to rise - from 1,636 in 2012 to 3,060 in 2021⁴.
- Drug use is associated with risk factors & vulnerabilities - including mental health, unemployment & homelessness, & deprivation. Drug use can be both a cause & consequence of many of these.
- The presence of drugs is argued to be one of the key drivers of violence & crime⁶
- Drug addiction - estimated to be related to approximately half of all acquisitive crimes such as theft, burglary & robbery³.
- Drug use - linked to higher rates of reoffending³.
- Drug supply - linked to organised crime, gangs, county lines, firearms, modern slavery & county lines³.
- At the end of 2019 - the NCA were aware of 4,772 OCGs operating in the UK, a quarter of which estimated to be involved in violent criminal activity, including the trafficking & supply of drugs⁷.
- Crimes linked to drug-supply - such as county lines & associated violence disproportionately impact young, black, male & vulnerable Londoners³.

A pan-London Drugs Problem Profile provides the opportunity to examine the issue at regional level within the unique regional context...

- **In 2023 - the London Drugs Forum commissioned the pan-London Drugs Problem Profile**
- MOPAC's Evidence & Insight unit (E&I) were commissioned to review the landscape of drugs & their associated crimes across London.
- Within this profile, E&I look at:
 - **Drug Use** (i.e., prevalence, E&W & London, harms & risks e.g. deaths, use in prisons & by managed offenders, individual needs, drivers, treatment & intervention).
 - **Drug-related Crime** (i.e., drug offending, crime linked to drug use, trafficking, county lines, violence, response).
 - **Drivers & Influencing Factors** (i.e., geography & deprivation, stop & search & wider crime, wider social motivating factors).
 - **Impact on Society, Individuals & Crime** (i.e. financial cost, neighbourhood perceptions, mental & physical wellbeing, related deaths & hospitalisation, reoffending & victimisation).
 - **Response to Drugs** (i.e. the National response, borough response, treatment across London, stop & search, offence outcomes).
- Gaps have been highlighted, mainly relating to data gaps at London level, these are detailed throughout this report.



1. Barrio et al., 2017
2. EMCDDA, 2021
3. Black, 2020
4. ONS, 2022
5. Public Health England, 2017
6. Home Office, 2021
7. NCA, 2020

Key policy context

UK Government 10-year Drug Strategy

Dame Carol Black was commissioned to carry out a [two-part policy review](#), which highlighted wide ranging issues, including:



GOV.UK

- Increasing **violence** of the drugs market.
- **Exploitation** of young people through county lines.
- Increases in drug-related **deaths**.
- **Unmet need in terms of treatment & support** for drug users – particularly for those with multiple & complex needs (Black, 2020 & Black, 2021).

In response, the government launched a [10-year strategy](#) focusing on:

- **Breaking drug supply chains** – Tackling drug supply & county lines, boosting the law enforcement response & disrupting OCGs.
- **Delivering world-class treatment & recovery services** – Putting the individual at the centre & breaking the cycle of addiction.
- **Achieving a shift in the demand for recreational drugs** – Changing attitudes towards drugs, tougher consequences for recreational users & preventing drug use among children (HM Government, 2022).

MPS Business Plan 2021-24



METROPOLITAN
POLICE

- Drug supply identified as a key priority.
- Commitments made to:
 - **Disrupt organised crime groups (OCGs).**
 - Improve the skills & expertise of officers on BCUs to **tackle drugs crime.**
 - **Respond to county lines** through Operation Orochi & work to **divert young people away from drug offending.**
 - **Improve response to young people exploited** for drugs & county lines criminal activity (MPS, 2021).



In addition:

- The **London Ambulance Service** committed to **using data to create targeted prevention programmes for children & young people**, including violence reduction & substance misuse. [Business Plan 2023-24](#)
- The **Children's commissioner** called for more **action to protect children associated with gangs or criminal activity** in the UK, highlighting the role of drug supply in driving violence & exploitation. ([Children's Commissioner, 2019](#)).
- **The NCA** is committed to supporting delivery of the HMC Drugs Strategy through **leading the national response to serious & organised criminals.** ([NCA, 2022](#)).

Children's
Commissioner

 **NCA**
National Crime Agency

MOPAC London's Police & Crime Plan 2022-25

- Commitments include:
 - Convening a new **London Drugs Forum** – bringing together partners to take a London-wide approach.
 - Establishing a **London Drugs Commission** to pull together evidence on the effectiveness of drugs laws & make policy recommendations.
 - **Additional funding of £2m to the MPS** to tackle drug supply.
 - **Investing in programmes to better respond to criminal exploitation of young people**, building on London Gang Exit & County Lines Rescue & Response programmes.
 - **Working with partners to safeguard young people** caught up in drug dealing & disrupt criminal gangs.
 - **Working with health partners** to improve pathways to health treatment for those in contact with the CJS, with a focus on drug use which drives crime (MOPAC, 2022).







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The National response aims to direct coordination at Regional & Borough level

Borough Response to Drugs in London

- **The National Combating Drugs Outcomes Framework** - adds to the National Drugs Strategy guidance published in 2022 following Dame Black's report.
- Provides a **single set of metrics** - to measure national & local progress; help delivery partners structure & scrutinise work.
- All relevant partners including local authorities, the NHS, police, probations & prisons, should contribute to & **are jointly accountable for all outcomes** & elements of the strategy.
- Aligning with this national outcome's framework - each local authority is responsible for collaboratively producing their own Strategic Needs Assessment & Action Plan for drugs in their borough.

Strategic outcomes and metrics			Intermediate outcomes and metrics		
 Reduce drug use	 Reduce drug-related crime	 Reduce drug-related deaths and harm	 Reduce drug supply	 Increase engagement in treatment	 Improve recovery outcomes
Headline metrics <ul style="list-style-type: none">• Proportion of individuals reporting use of drugs in the last year• Estimated prevalence of opiate and/or crack cocaine use (OCU)	Headline metrics <ul style="list-style-type: none">• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person• The number of homicides that involve drug users or dealers, or have been related to drugs in any way	Headline metrics <ul style="list-style-type: none">• Deaths related to drug misuse• Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)	Headline metrics <ul style="list-style-type: none">• Number of county lines closed• Number of major and moderate disruptions against organised criminal groups	Headline metrics <ul style="list-style-type: none">• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)• The numbers in treatment for adults and young people	Headline metrics <ul style="list-style-type: none">• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months
Supporting metrics <ul style="list-style-type: none">• Number and proportion of households owed a homelessness duty with a drug dependency need• Rate per population of children of referral and assessments by social services with drugs as a factor• Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related• Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	Supporting metrics <ul style="list-style-type: none">• Proven reoffending within 12 months• Police recorded trafficking of drugs and possession of drugs offences• Hospital admissions for assault by a sharp object	Supporting metrics <ul style="list-style-type: none">• Hepatitis C prevalence (chronic infection) in people who inject drugs• Number and percentage of people in treatment that have died during their time in contact with the treatment system	Supporting metrics <ul style="list-style-type: none">• Volume and number of drugs seizures• Number and proportion of National Referral Mechanism referrals with a county lines flag	Supporting metrics <ul style="list-style-type: none">• Number of individuals in treatment in prisons and secure settings• Number of community or suspended sentence orders with drug treatment requirements• Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial setting)• Unmet need for OCU treatment	Supporting metrics <ul style="list-style-type: none">• Proportion of people in treatment that have reported no housing problems in the last 28 days• Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days• Proportion of people in treatment reporting a mental health need who received treatment or interventions• Proportion of parents that have received specific family or parental interventions

Project ADDER

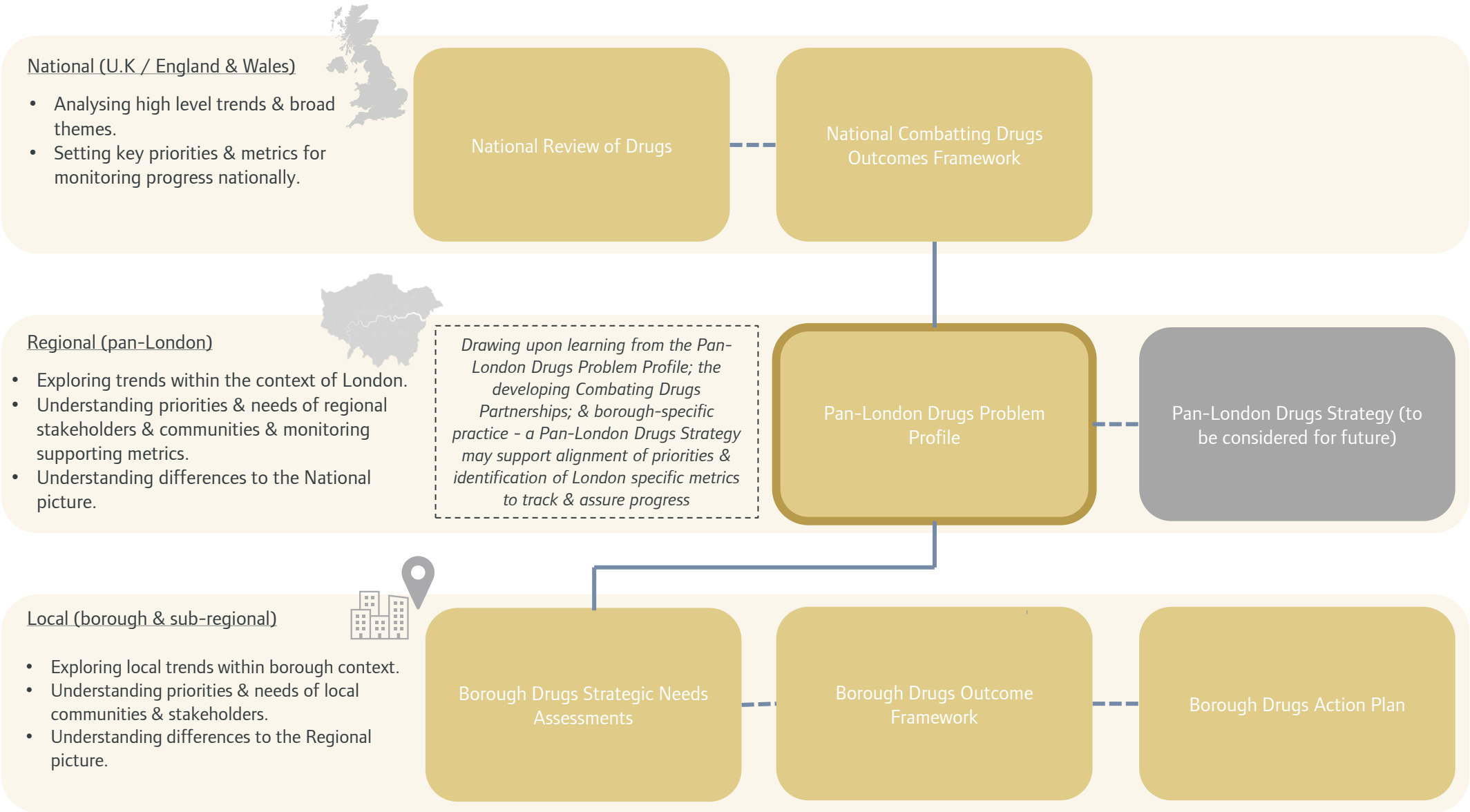
Project ADDER (Addiction, Diversion, Disruption, Enforcement & Recovery) is a pathfinder from the Governments 10 year Drug Strategy, from Harm to Hope.

Project ADDER: Place Based Accelerators - very similar programme being piloted in London. Differs mainly in its whole-system approach & acknowledgement of a complex local context. The central foundation of both Project ADDER & Project ADDER: Place Based Accelerators - is partnership working & strengthening the relationships between organisations involved in addressing substance misuse locally.

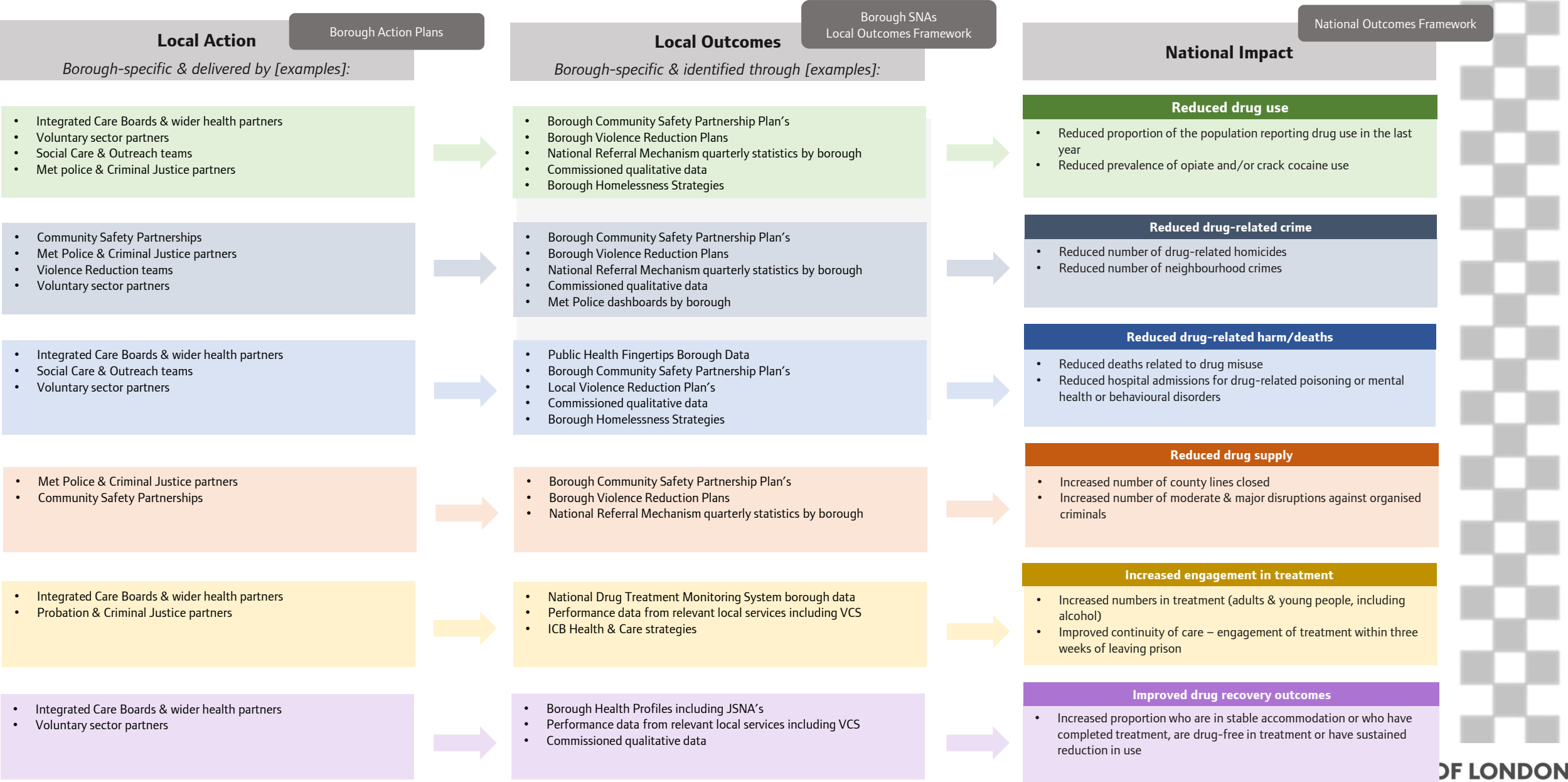
Project ADDER in London aims to support and steer people away from a life of substance misuse, focusing on prevention, education, and treatment in addition to enforcement. Long term objectives include removing the market of drug supply, reducing the demand on the MPS, Probation, Courts, health care and negating the devastating impact of drugs on London's communities.

Combating Drugs Partnerships - multi-agency forums accountable for delivering the Government's 10-year drugs strategy within local areas & monitoring progress based on the National Combating Drugs Outcomes Framework. They provide a single setting for understanding & addressing shared challenges related to drug-related harm, based on the local context & need.

Bridging the gap: how does the pan-London profile support action?



Bridging the gap: from local action to national impact



Scope of the Profile

- 1. The focus is **illicit drugs** - those subject to control under the misuse of drugs legislation.
- 2. The profile considers a thematic split between:
 - an **individual's use of illicit drugs** and
 - **crime linked** to illicit drugs
 - But due to recording practices, there is also an **overlap** between the two.

In Scope	
• Personal use: prevalence, drivers & influencing factors	• Recorded drug offences (possession, trafficking, other): prevalence
• Health harms & death	• Those entering the CJS for drug offences
• Wider harms to individuals	• The link between drugs & wider crime e.g. violence & exploitation
• Treatment & intervention	• Intervention for those involved in drug supply
• The Link between drug use & offending / victimisation	
• Drug seizures	
• Perceptions of Londoners on drug crime / drug use in local neighbourhoods	
Out of scope	
• Alcohol (except combined use with illicit drugs)	
• Prescription drugs (except when grouped with other substances in misuse statistics)	
• Wider insights on prevalence, drivers & impact of offending associated with drugs (e.g., Serious Youth Violence, Gang crime, Organised Crime). Focus is specific to the relationship between drugs & crime.	



Types of controlled drugs & maximum penalties* (HM Government, 2023)

Class	Drug	Penalty for possession	Penalty for supply
Class 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
Class B	Amphetamines, barbiturates, cannabis, codeine, ketamine, methylphenidate (Ritalin), synthetic cannabinoids, synthetic cathinones (for example mephedrone, methoxetamine)	Up to 5 years in prison, an unlimited fine or both	Up to 14 years in prison, an unlimited fine or both
Class 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), methylphenidate (HDMP-28), isopropylphenidate (IPP or IPPD), 4-methylmethylphenidate, ethylphenidate, propylphenidate) & their simple derivatives	None, but police can take away a suspected temporary class drug	Up to 14 years in prison, an unlimited fine
Psychoactive substances	Things that cause hallucinations, drowsiness or changes in alertness, perception of time & space, mood or empathy with others	None, unless you're in prison	Up to 7 years in prison, an unlimited fine or both

*For a full list of controlled drugs see Appendix A - Controlled Drugs List

- 3. Findings are split into **4 areas of reporting**

 **Prevalence**

 **Drivers & influencers**

 **Impact**

 **Response**

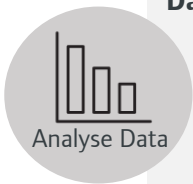
- 4. ...and where possible are compared at the **London & National** level.



Methodology & key highlighted gaps

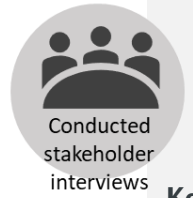
Overview of data sources & methodology used to produce the Profile

See data sources throughout or request full reference list for more details



Data analytics from:

- **MPS data** - (including Met Insights & Met Stats) to understand drug-related crime trends at regional, borough & ward level, drug-related offender histories & victimisation.
- **Probation data** - from the Offender Assessment System to understand drug-related needs within the London cohort.
- **Health data** - including NHS statistics on drug misuse, the National Drug Treatment Monitoring System (NDTMS) & London Ambulance Data to understand trends & cohort characteristics of those experiencing harm from drugs & those in treatment
- **Wider open-source data** - including ONS data, Criminal Justice Statistics, Home Office Statistics & the London Datastore.



Key stakeholder interviews



Wider evidence & 40+ document review from:

- **Key Strategy & policy documents** - including the World Drug Report, national drug-related strategies & action plans, the London Police & Crime Plan.
- **Academic research studies** - including on county lines, drug use amongst children & young people & on wider drivers & influencing factors of drug use & related-crime.
- **Related problem profiles** - including a problem profile of gangs, violence & young people & an MPS profile of teenage violence.



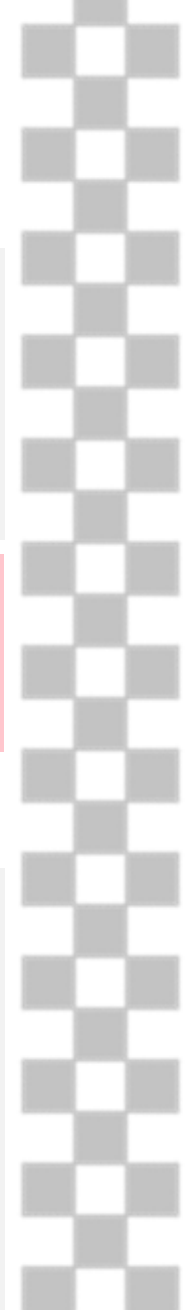
The following data sources were not possible:

- Comprehensive partner data e.g., NCA, NHS, LA, service providers.
- Stakeholder Engagement & qualitative context.
- MPS operational management information – variation between central & local borough response.

Highlighted gaps or areas for future exploration at a pan-London level

See highlighted gaps in more detail throughout the relevant sections of the profile

- Frequency of drug-use broken down by drug-type at London level.
- Data that allows specific analysis or monitoring of the prevalence of Synthetic opioids.
- Analysis of drug use among other vulnerable cohorts e.g.: rough sleepers/those experiencing homelessness, care leavers, those who take drugs as part of the night-time economy.
- Understanding of the overlap between drug offending & drug use, e.g. the proportions of those committing possession or trafficking offences that are drug users.
- The approach to drugs trafficking in London– particularly with regards to higher-level organised criminals (rather than street-level drug dealers) & defining positive metrics that monitor/demonstrate this activity in London.
- New trends in drug-related crime, particularly the rise in online methods of distribution & how this is changing the landscape of drug-use in London.
- A better understanding of the approach to drugs trafficking in London is needed - including evidence of the effectiveness of police & CJS activity & how it impacts street-level drug crime & associated violence, as evidence from the literature is mixed.
- The wider costs of drugs to London regionally & the cost-benefit of different interventions.
- Deaths, hospital admissions by drug-type in London.
- An understanding of the prevalence & drivers of Chemsex & spiking within London.
- Analysis of treatment outcomes & unmet needs.
- London or borough level treatment data & data for children & young people.
- Understanding of the wider system response to drug use, e.g. diversion, intervention & prevention.



Prevalence of drug use



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Chapter one: Prevalence of drug use

This section of the Drugs Problem Profile provides insights into the prevalence of drug use, including what drugs are being used & who is using them in London.

Chapter Contents: prevalence of use

Drug Use

- [Drug use frequency in England & Wales](#)
- [Drug use in London](#)
- [Cannabis & cocaine use](#)
- [Other drugs including Opioids & Crack Cocaine](#)
- [Cohort spotlight: Offenders & drug use](#)
- [Cohort spotlight: Young people & drug use](#)

Key gaps

- Frequency of drug-use - broken down by drug-type at London level.
- Data that allows specific analysis or monitoring of the prevalence of Synthetic opioids.
- Analysis of drug use among other vulnerable cohorts including for example:
 - rough sleepers/those experiencing homelessness
 - care leavers
 - those that take drugs as part of the night-time economy

Further Considerations for London

Cocaine use (number of adults reporting to have used powder cocaine within the last year) is higher in London than any other English region (3.5% vs. 2.6%). However, the true extent of this is unknown - as frequency data is not available.

Synthetic Opioids are a growing concern for the sector & the threat from synthetic opioids has increased since the reduction of poppy production in Afghanistan. Current London-specific data does not enable breakdown by drug-type & flagging systems do not specifically monitor Synthetic Opioids.

Emerging Insights

Drug use has historically been higher in London than any other English region.

- There has been an increase in reported drug use in London since 2017/18, following a long period of decline. Numbers have decreased in 2022/23 however and reported rates were similar to national averages.
- In line with England & Wales - cannabis is the most used drug in London (9% reported use).
- Cocaine misuse is higher in the capital than most other regions of England & Wales. Cocaine use is associated with higher-income households & the night-time economy.
- Crack Cocaine use is higher in London than any other region, however, rates in London have substantially decreased in recent years. Among vulnerable cohorts - Crack Cocaine use in London is associated with rough sleepers.
- There have been notable increases in the use of Ecstasy, Hallucinogens & Ketamine within the last decade in England & Wales, especially amongst 16–24-year-olds.



Offenders managed in London communities are less likely to have a drugs need than in other regions.



A high proportion of London offenders in custody have a drug need, but proportions are lower than other regions.



There has been an increase in drug use amongst children within the last decade, following a long period of decline. 8% of boys & 10% of girls of secondary school age in London have taken drugs in the last year.

Spotlight on: New Psychoactive Substances

- NPS were used in most countries in 2021 - usage is lower than of drugs under international control.
- Control systems have succeeded at containing the spread of NPS in high-income countries & usage is decreasing in North America & Europe.
- NPS use has fallen substantially in England & Wales - but prevalence remains very high among rough sleepers & prisoners.
- Synthetic opioids – there is a significant lack of London-specific evidence relating to synthetic opioids. Following a dramatic increase in use across North America there is growing concern of a risk to the UK.



What is London's response or plan for preventing cocaine use specifically within the capital?

Can data & flagging systems prepare London for any emerging Synthetic Opioid or New Psychoactive Substance threat?

Londoners had similar levels of drug use to national averages in 2022/23. Usage had increased in previous years following a long period of decline



Drug use in London

Self-reported drug use for 16-59 years olds in last 12 months, year ending March 2023.

8.7%

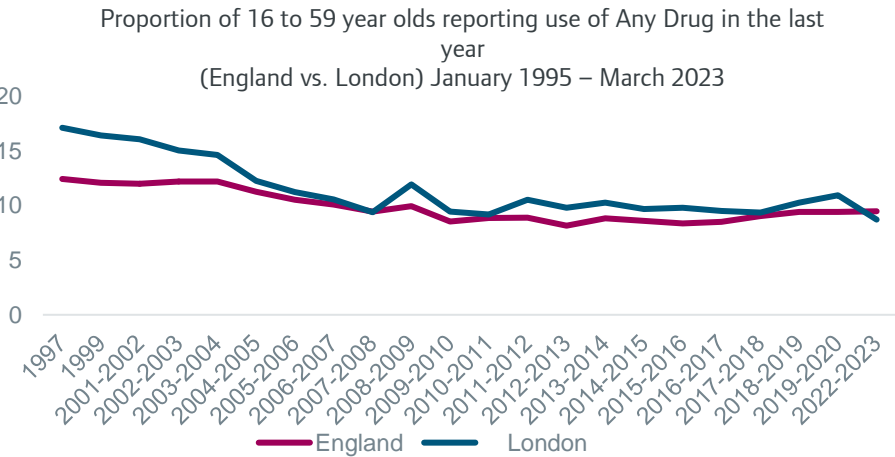
Used **any** drug.

3.8%

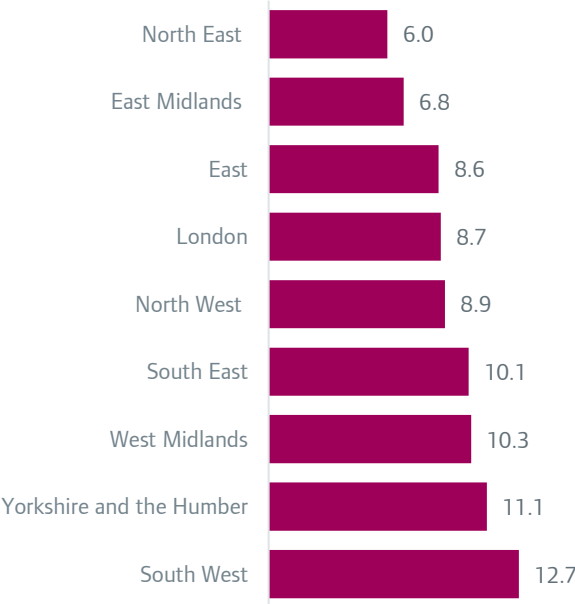
Used a **Class A** drug.

Drug use is **similar in London to national averages.** (average 9% nationally). London has historically had high levels of drug use compared with most regions.

Usage has shown a **long-term decline** since the late 1990s & early 2000s.



Rates of drug use in last 12 months by region, 2022-23 (%)



National context

- In **England & Wales** - drug use is **most prevalent in those aged under 30**, peaking in the 20-24 age group for class A & all drugs.
- The **rate of drug use among men is over 1.5x that of women.**
- Recreational drug use is higher among those self-defining as “Mixed” ethnicity.**

9.5% of adults in England & Wales reported drug use in past 12 months in March 2023.

11.6% of men | **7.3%** of women

17.6% of 16–24-year-olds

7.7% of 25–59-year-olds

Following a long period of decline, **there was a recent increase in reported drug use** from 2017/18, but numbers have decreased in London in 2022/23.

Frequency of use

- 37% of adults who used drugs in the last year in England & Wales used **at least once a month** (17% used monthly, 14% used weekly & 6% used daily).
- This is similar for cannabis use specifically & for younger users (16–24-year-olds) - with younger users less likely to use daily but more likely to use monthly.
- The proportion of adults taking drugs frequently has been relatively similar over the past 7 years.

Sources:
Drugs Misuse in England & Wales 2022/23
Review of Drugs: Phase One Report
World Drug Report 2023



Cannabis is the most used drug across England & Wales, including in London. Cocaine misuse is higher in the Capital than national averages



Cannabis & Cocaine use in London

Self-reported drug use for 16-59 years olds in last 12 months, year ending March 2023

6.2%

Used **cannabis**
in year ending March 2023.

Usage has shown a long-term decline since the late 1990s & early 2000s, but increased since 2017/18. Usage in London was lower in 2022/23 however.

Cannabis use is lower in London than most regions.

Average 7.6% nationally.

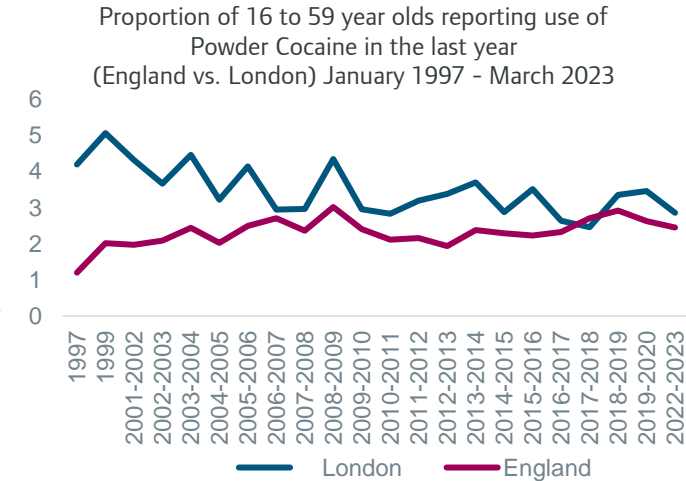
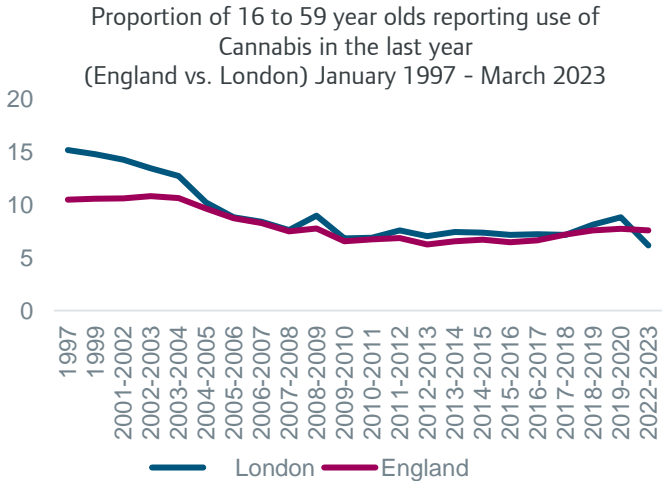
2.9%

Used **powder cocaine**
in year ending March 2023.

Prevalence in usage of cocaine has not seen the same decrease as cannabis or overall drug use.

Cocaine use is higher in London than all regions except the South East and South West.

Average 2.4% nationally.



National context



- Cannabis is the most used drug worldwide & usage is increasing. **Usage in England & London remain higher than global estimates.**
- **Cannabis is becoming more potent globally.**
- **In England & Wales - use is more prevalent among those with an annual household income of less than £10,000**
- While cannabis use has declined over time - **there has been an increase in use during the last 6 years**, driven mainly by the 25-29 age group.
- High demand & more efficient supply chains to Europe have resulted in a **greater supply of Cocaine & a purer product.**
- In England & Wales, **powder cocaine use is more prevalent among those on annual household incomes above £50,000** than other drugs.
- Cocaine use is also associated with the **night-time economy (e.g. pub & club goers).**
- **There has been an increase in powder cocaine use** in England & Wales in the last decade, mainly driven by those **under 30.**

Cocaine use in London

- Research by King's College examined the presence of drugs in city wastewater to estimate drug use.
- Cocaine consumption in London was estimated to be more than twice that of any other European city, more than Europe's next three biggest cocaine-consuming cities combined (Barcelona, Amsterdam & Berlin).
- The research found sustained usage across the week with only a slight rise at weekends, in contrast to other cities.

Prevalence

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Sources:
Drugs Misuse in England & Wales 2022/23
Review of Drugs: Phase One Report
World Drug Report 2023
EMCDDA

Opiate use is lower in London than other regions. Nationally, the use of some stimulants have increased in the last decade, particularly amongst young people



Opioids & Crack Cocaine

Opiate use is slightly lower in London than England Averages.

The highest rates of opiate use are in the **North of the country** & in the **most deprived areas**. The **North-East of England** had the highest rates.

0.05% of adults in England & Wales reported use of opiates in 2021/22.

Opiate & Crack Cocaine use prevalence estimations 2019/20 per 1,000 population

Region	OCU* (rate)	Opiates (rate)	Crack cocaine (rate)
North East	13.40	9.75	1.63
Yorkshire and the Humber	12.04	6.38	1.48
North West	11.94	6.14	1.54
London	10.92	4.21	1.94
West Midlands	9.55	4.40	1.06
South West	8.80	4.46	1.20
East of England	8.01	4.12	0.99
East Midlands	6.73	2.70	0.99
South East	6.61	2.89	0.92
England Exl London	9.26	4.68	1.19
England	9.54	4.60	1.32

Sources:
Drugs Misuse in England & Wales 2022/23
Opiate & crack cocaine: prevalence estimates
Review of Drugs: Phase One Report
World Drug Report 2023

*Opiate and crack cocaine

National Context



Opioids & Crack Cocaine

- Around half of global drug users are **opiate users (mainly heroin)**.
- In England & Wales - opiate use, particularly Heroin, has **decreased over time**.
- Opiate use is responsible for a **large share of the costs of drugs to society** - including drug-related death, primary & secondary care & treatment.
- Opiate use is strongly correlated with **deprivation**.

Other Drugs

- In England & Wales - **notable increases in the use of hallucinogens & ketamine** - within the last decade, most notably amongst **16–24-year-olds**. Amphetamine usage has declined over the same period. Ecstasy use has declined in the last 5 years.
- In England & Wales - **ecstasy & nitrous oxide use is particularly prevalent among younger users**, but less likely to persist in the over 30s than cocaine & cannabis. Usage also higher among **students** than non-students of the same age.

Spotlight on: New Psychoactive Substances

- NPS were used in most countries in 2021 - but usage is lower than of drugs under international control.
- Control systems have succeeded at containing the spread of NPS in high-income countries & usage is decreasing in North America & Europe.
- NPS prevalence remains very high among rough sleepers & prisoners.
- In the US & Canada - overdose deaths driven by use of the synthetic opioid fentanyl, are at record highs. Increase in Cocaine-related deaths have also been attributed to those also involving an Opioid such as fentanyl.
- Whilst currently no indications of an epidemic of non-medical use of **synthetic opioids** in Europe - they remain a potential threat in opioid markets, particularly in cases of shortages of main opioids (UNODC, 2022).
- In the UK - although numbers are low, there has been an increase in drug poisoning deaths relating to Fentanyl & NPS over the last 10 years (ONS, 2022).

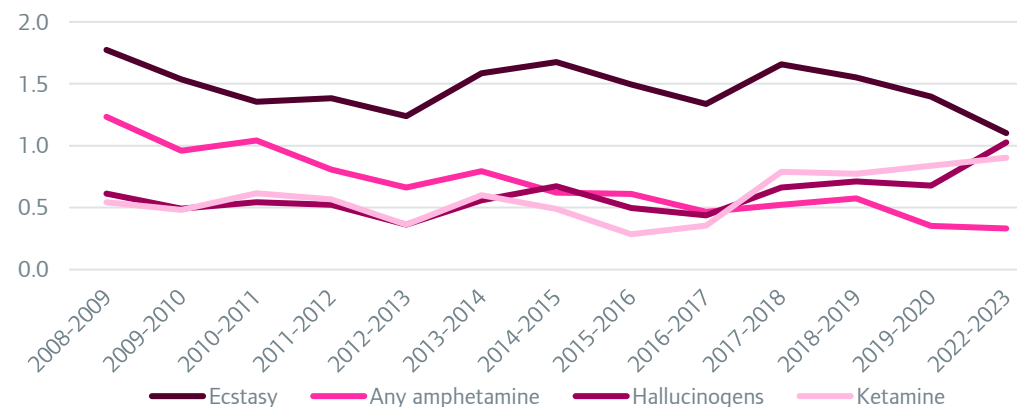
Crack Cocaine use is higher in London than any other region

However, rates in London have decreased substantially in recent years.¹

1. Black (2020).

Other Drugs

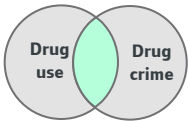
Proportion of 16 to 59 year olds reporting use ecstasy, hallucinogens, amphetamines & ketamine in the last year - (England & Wales) April 2008 – June 2022



0.9% Ketamine
1.1% Ecstasy
1.0% Hallucinogens
0.3% Amphetamines
Use in past 12 months amongst adults in England & Wales in 2022.

Prevalence

A high proportion of offenders managed in the community or custody have a drug need, but lower than other regions



Cohort Spotlight: Drug needs for London managed offenders

Drug needs of offenders managed in the community, 30 June 2021

15% of unique offenders managed in the **community** & **28%** of unique offenders in custody in had a **drugs need**.

This was **lower** than all other regions in the UK.

75% of those with a drugs need in London were **managed on license** (rather than community orders or suspended sentence orders).

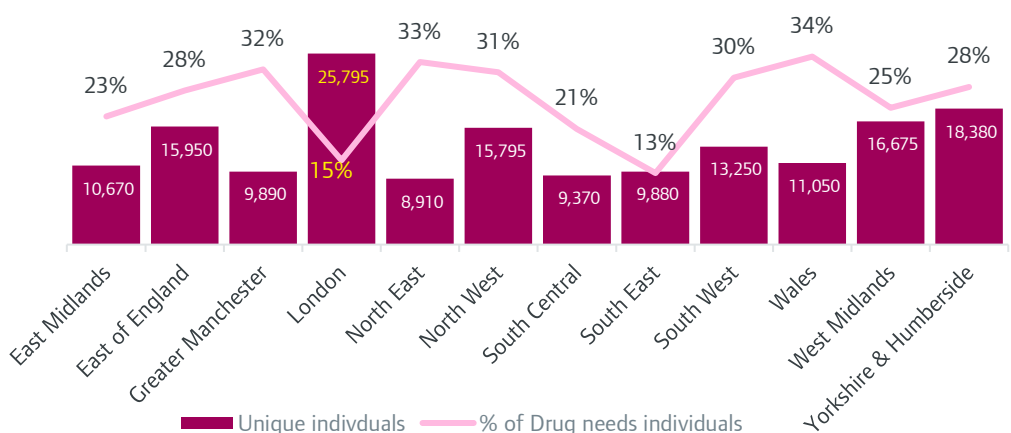
This is higher than any other region, well above the average of 51%.

Men & younger age groups were most likely to have a drugs need.

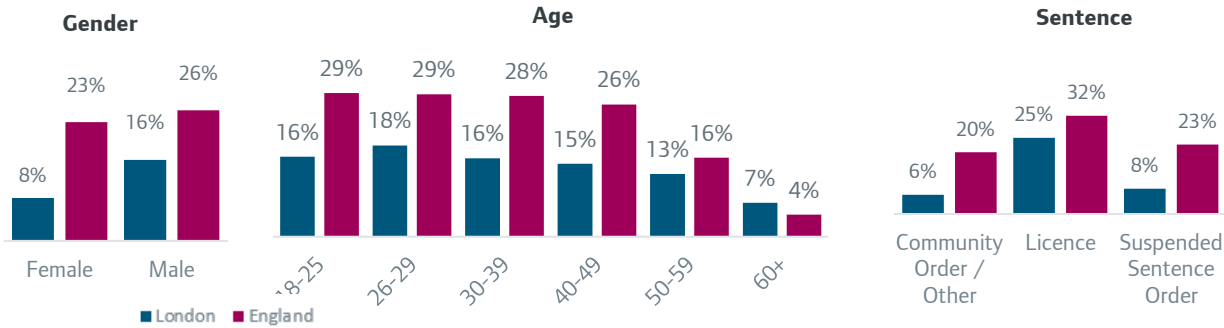
Amongst those managed in the **community**, those on **license** were most likely to have a drugs need.

Amongst those in **custody**, those on **recall** were most likely to have a drugs need.

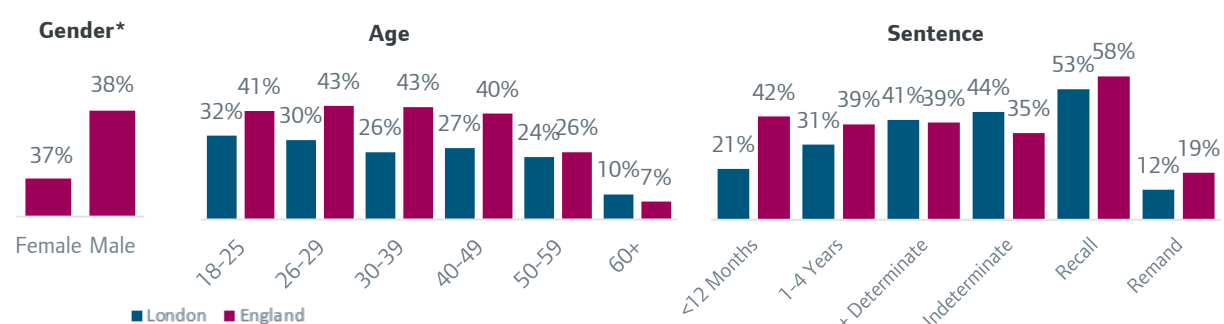
Percentage of Drug need to unique individual by Region for offenders managed in the community in England & Wales 30 June 2021



Proportion of offenders managed in the community with a drugs need, London vs England & Wales, 2021



Proportion of offenders in custody with a drugs need, London vs England & Wales, 2021



*Gender figures available for England & Wales only

National context



- The majority of those in drug treatment in prison have been convicted for **non-drug specific offences** - particularly **acquisitive offences**.
- Drug-treatment in prison is usually for less than 6 months, likely reflecting short sentences for users.
- Many of those who take drugs in prison will not require treatment.

Higher proportions of offenders with **longer sentences (4+ years)** or **indeterminate sentences** had a drugs need in London than the average for England & Wales

Prevalence

Sources:
Identified needs of offenders in custody & the community from the Offender Assessment System, 30 June 2021

Drug use amongst children has seen a long-term decline, but an increase within the last decade. Rates of use are very similar amongst girls & boys



Cohort Spotlight: drug use in London for school-aged children

Self-reported drug use for year 7 to 11 school children in England, 2021

17%

Ever taken a drug

9%

Taken a drug in the **last year**.

6%

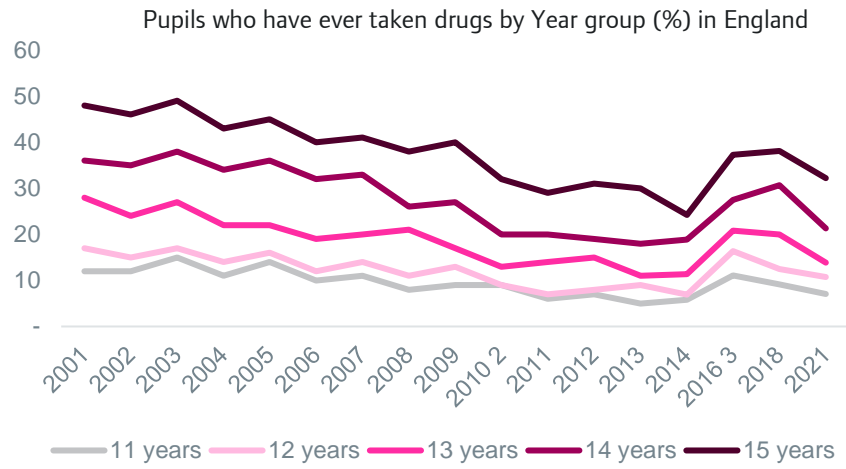
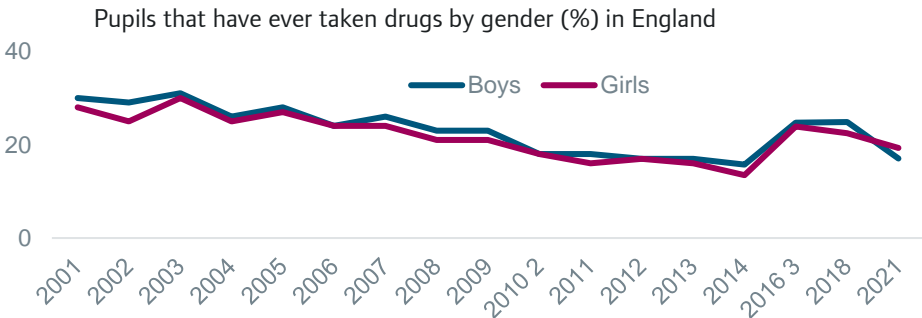
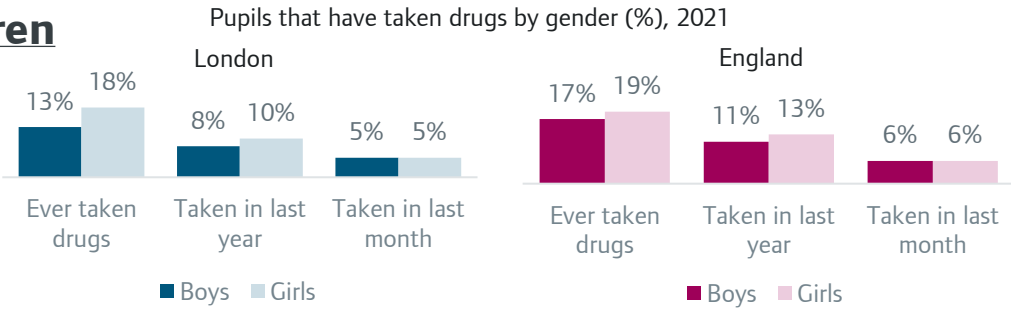
Taken a drug in the **last month**.

There has been a **long-term decline** in the number of children reporting drug use.

Boys have been historically more likely to take drugs than girls, but **in 2021 usage was higher amongst girls** for the first year recorded. This differs from adult drug use, where higher rates are seen amongst men than women.

13% **18%**

Taken a drug in the **last year**



National context

- As with adults, **cannabis is the most popular drug** amongst school-aged children in England - but young people are much more likely to use Nitrous oxide & solvents.
- The rate of drug use increases with age** - children aged 15 nearly 5x as likely to have used drugs in the last year than those aged 12.
- There have been increases in the proportion of school-aged children reporting drug use since 2014.** This has occurred at a similar level for boys & girls, & across drug types & age groups.
- Evidence shows young people are especially vulnerable to substance use & those who use often have complex needs &/or vulnerabilities.

Frequency of use

- 37% of school-aged children who used drugs in the last year in England used **at least once a month**.
- While a similar proportion of boys & girls had taken drugs at least once in the previous 12 months - boys used drugs **more frequently** than girls.
- Older children used more frequently than younger children - Class A drugs were used more frequently than Cannabis & other drug types.
- The proportion of children who take drugs at least once a month - has decreased over time since 2003.

Sources:
Review of Drugs in England Evidence Pack
Smoking, Drinking & Drug Use among Young People in England, 2021

Prevalence

Prevalence of drug crime



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Chapter two: Prevalence of drug crime

This section of the Drugs Problem Profile provides insights into the prevalence of drug-related crime in England & Wales, & how London compares.

Chapter Contents

Possession Offences

- [Possession & general drug-related crime trends nationally & in London](#)
- [First-Time Entrants for drug offences](#)
- [Drug offending over time by London Borough](#)
- [Cohort spotlight: Drug offenders in the criminal justice system in London](#)

Trafficking & Distribution Offences

- [Trafficking Offending in London & by Borough](#)
- [Drug Seizures in London](#)
- [County Lines in London](#)
- [Wider drug distribution](#)

Key Highlighted Gaps

- The approach to drugs trafficking in London– particularly with regards to higher-level organised criminals (rather than street-level drug dealers) & defining positive metrics that monitor/demonstrate this activity in London.
- New trends in drug-related crime – particularly the rise in online methods of distribution & how this is changing the landscape of drug-use in London.
- Understanding of the overlap between drug offending & drug use, e.g. the proportions of those committing possession or trafficking offences who are drug users.

Further Considerations for London

A large portion of current drug-related police activity in London focusses on possession offences & stop & search. This focus targets both users of drugs & low-level distributors, those often affected by violence & criminal exploitation. There is evidence to suggest the police response has a disproportionate impact on ‘middle-management’ distributors, which can re-embed the criminalisation of this group & further alienate them from support relating to criminal exploitation or harm.

Emerging Insights



Production

Cocaine – mostly imported from Colombia with supply thought to be dominated by Albanian organised criminal groups.

Heroin – mostly imported from Afghanistan & supplied mainly by Pakistani, Turkish & British organised criminal groups.



Trafficking (distribution) Offences

20% of drug offences for the Met are trafficking offences.

London is the highest exporter region for county lines activity (approx. 30% of lines nationally).

Lambeth, Newham & Croydon – the most prominent boroughs of residence for individuals linked to county lines.



Possession Offences

Possession offences make up more than 2/3rds of London drug offences.

73% of possession offences relate to cannabis. Demographic trends for possession offences are similar to those involved with stop & search.



Characteristics of offenders

Young black men are disproportionately represented in London drug crime. However, evidence highlights many systemic reasons for this.

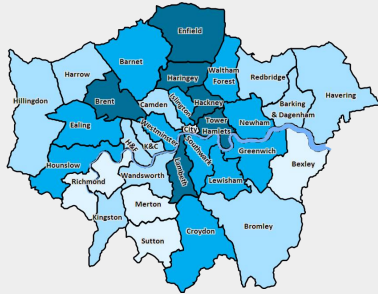
Proportionately, London has the highest number of drug-related offences

- Accounting for 24% of all recorded drug offences in England & Wales.
- They make up 5% of total MPS offences.
- A higher proportion of those proceeded against in London are drug offenders than other regions.
- A higher proportion of First-Time Entrants to the CJS in London are for drug offences than other regions.

Possession



Trafficking



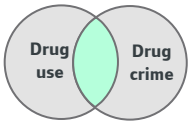
Offences by borough April 2022 – March 2023

Who should police in London be targeting in relation to drugs?

Are there specific metrics or performance indicators that could monitor progress towards this aim?



London records the highest number of drug offences in England. Suspects were predominantly young & male



Drug offending in London

Police recorded crime data for Financial Year April 2022 – March 2023

The Met records the **highest number of drug offences** of any force, accounting for **24%** of all recorded drug offences in England & Wales.

Drug offences make up only **5%** of all offences for the Metropolitan police. However, this is a **higher proportion of offences than for all other police forces** in England except for City of London* & Merseyside.

- **91%** of suspects in drug possession offences in 2022 were **male**. This is notably high proportion, given that 11.6% of men and 7.3% of women reported taking drugs in the 12 months to March 2023 Nationally.
- **46%** were **aged 16-24**.
- **43%** were **White**.
- **There was equal proportion of Black & White European suspects (35%)**.
- The characteristics of suspects are similar to those **stopped & searched**.

*City of London records lowest numbers of drugs offences overall

Top 5 police forces in England & Wales for drug offences, April 2022 – March 2023

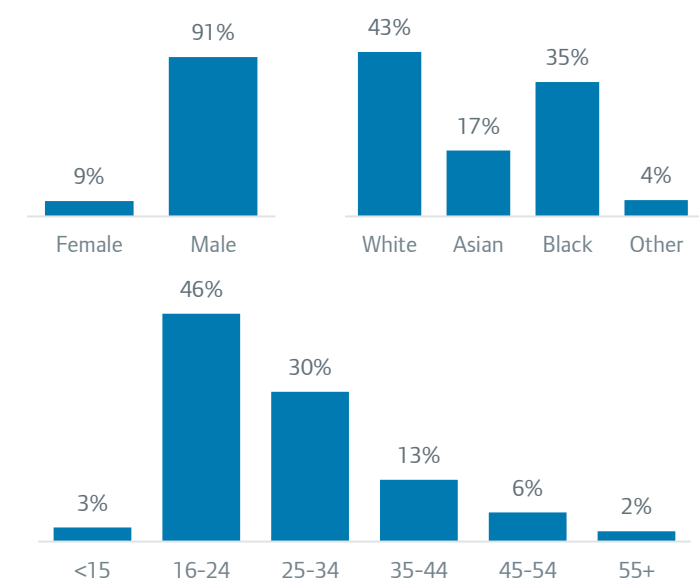
Police Force Area name	No. of Drug offences	% of Drug Offences for England & Wales	Drug offences % of all offences for force (excluding fraud)
Metropolitan Police	42,468	24%	5%
Merseyside	12,167	7%	7%
Greater Manchester	10,789	6%	3%
West Yorkshire	8,551	5%	3%
West Midlands	8,012	4%	2%
All forces excluding MPS	136,171	76%	3%

Drug offence trends - mainly driven by **possession offences** making up **over two thirds of all offences**. 73% of the Met's possession offences are **possession of cannabis**.

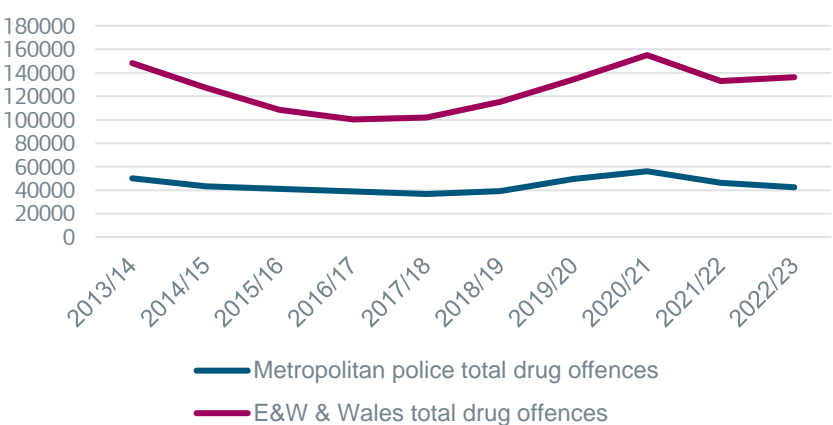
For both London & England & Wales - offences were declining before an increase in 2018/19, broadly corresponding with trends in drug use prevalence. Offences decreased after the pandemic however, while use continued to rise in 201/22.

Possession offences are strongly correlated with police stop & search activity. A peak in offences during the pandemic may reflect proactive police activity in pursuing crimes during lockdown (ONS, 2020). Rates have since returned to pre-pandemic levels.

Drug possession offences by age, gender & ethnicity of suspect, calendar year 2022, Data from Met Insights

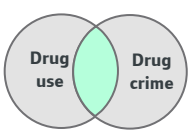


Drugs offences April 2013 – March 2023



Sources:
Home Office, Police recorded crime & outcomes open data tables to March 2023
Coronavirus & crime in England & Wales - Office for National Statistics (ons.gov.uk)
Data from Met Insights, Crimes reported CY 2022, accessed 19/10/23.
Drugs Misuse in England & Wales 2022/23

A higher proportion of adult & juvenile First Time Entrants to the CJS in London were for drug offences compared with the average for England & Wales



Cohort Spotlight: First Time Entrants to the CJS in London

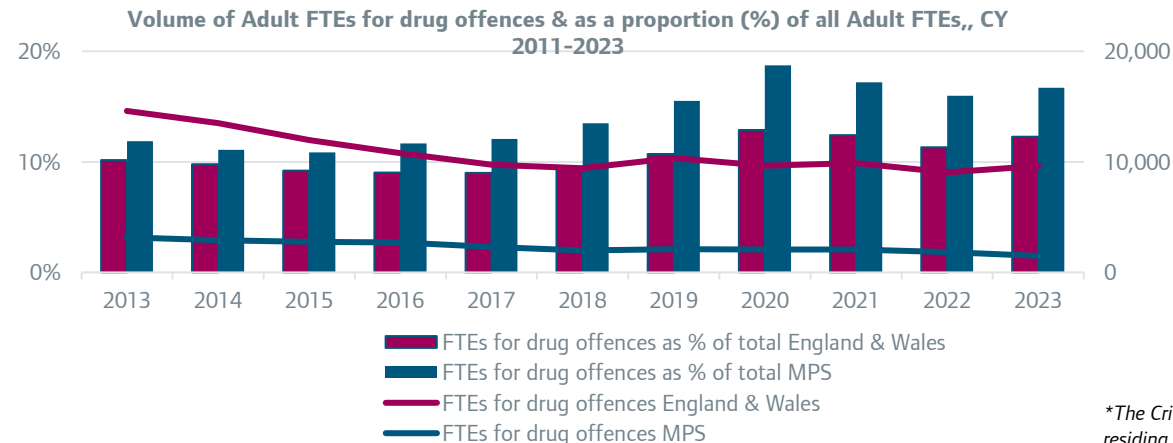
Adult & Juvenile FTEs to the Criminal Justice System, Calendar Year 2011 - 2023

17% of adult FTEs* & **13%** of juvenile FTEs in London were for a drug offence in the year ending December 2023.

A higher proportion of FTEs in London were for drug offences compared England & Wales averages.

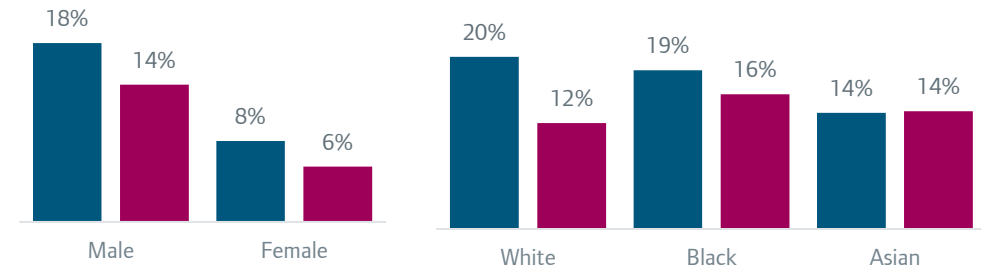
The **numbers of adult & juvenile FTEs for a drug offence has fallen over time in London** - consistent with a downward trend seen in all FTEs across London & in England & Wales. While a small increase can be seen during the pandemic, unlike drug offence & drug use trends, numbers remain below those seen over the previous decade.

For adults, drug offences as a proportion of all FTEs has risen over time, peaking in 2020. The proportion has been slightly lower during the past three years but remains higher than averages from 2013 - 2019. **For juveniles, the proportion peaked at 18% in 2020, but has since decreased,** with lowest levels seen in 2022 (11%).

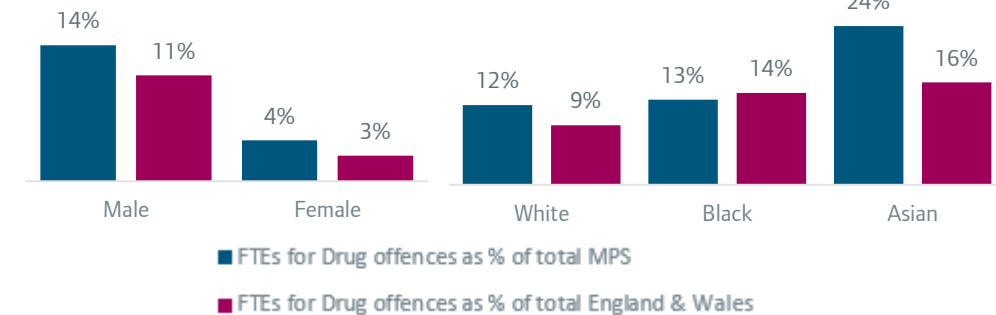


- Men were more likely to enter the CJS in London for a drug offence than women.
- Amongst adults - Black & White offenders in London were more likely to enter the CJS for a drugs offence than Asian offenders.
- Asian juvenile offenders - were more likely to enter the CJS for a drugs offence than White or Black offenders, consistent for the past 5 years.
- A lower proportion of Black juvenile FTEs were for drug offences in London than the England & Wales averages. For all other groups, proportions of FTEs for drug offences were higher in London.

Adult FTEs for Drug offences as proportion (%) of all Adult FTEs CY 2022



Juvenile FTEs for Drug offences as proportion (%) of all Adult FTEs CY 2022



*The Criminal Justice Statistics Bulletin defines a first time entrant (FTE) to the criminal justice system as an offender residing in England & Wales at the time of the offence, who has been recorded on the Police National Computer (PNC) by an English or Welsh police force as having received their first conviction, caution or youth caution. Offences resulting in a Penalty Notice for Disorder are not counted as first offences.



Although some boroughs remain consistent (e.g. Westminster), the drugs offence landscape has changed over recent years

Drug Offending over time by London Borough

Drug offending data shows **greater fluctuation at borough level for trafficking** than for possession. For possession of Cannabis especially there has been little change in the top-ranking boroughs over last 3 years.

	Possession of controlled drugs (Cannabis)			Possession of controlled drugs (excl. Cannabis)			Trafficking in controlled drugs		
	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23	2020/21	2021/22	2022/23
Westminster	1	1	1	1	1	1	2	12	13
Newham	2	2	2	3	7	9	4	4	11
Croydon	4	3	3	7	5	11	8	6	8
Tower Hamlets	3	4	3	2	3	2	1	1	3
Barking and Dagenham	11	9	5	29	24	21	13	21	25
Greenwich	9	8	6	12	13	8	18	8	16
Southwark	5	5	7	8	4	7	19	15	7
Brent	7	7	8	5	6	10	11	9	6
Haringey	16	20	9	18	25	5	5	7	4
Waltham Forest	10	10	10	17	19	20	20	18	17
Hackney	15	14	11	13	11	13	14	3	1
Lambeth	6	6	12	6	2	4	6	5	5
Camden	13	13	13	10	9	3	15	18	22
Lewisham	17	11	14	15	10	12	17	2	10
Bromley	24	19	15	18	17	13	24	25	21
Enfield	19	17	16	24	21	23	9	10	2
Redbridge	11	16	17	21	23	17	7	22	20
Ealing	8	12	18	4	8	6	3	11	12
Havering	25	24	19	26	26	15	25	26	24
Islington	20	22	20	20	12	16	22	14	14
Kingston upon Thames	28	21	21	28	28	29	26	30	27
Hillingdon	14	15	22	11	16	27	12	16	18
Hounslow	18	18	23	8	14	18	10	16	15
Hammersmith and Fulham	22	27	24	16	18	19	29	27	26
Kensington and Chelsea	23	25	25	14	20	25	30	24	28
Wandsworth	21	23	26	22	21	24	21	20	19
Bexley	30	28	27	24	26	26	27	28	29
Barnet	26	26	28	27	15	22	16	13	9
Harrow	27	29	29	23	29	28	23	23	23
Merton	29	30	30	31	31	30	28	28	30
Sutton	31	31	31	30	30	30	31	31	31
Richmond upon Thames	32	32	32	32	32	32	32	32	32

Westminster has been consistently the top borough for possession of cannabis & other drugs. In 2020/21 it was ranked second for trafficking but has since fallen to below the top 10.

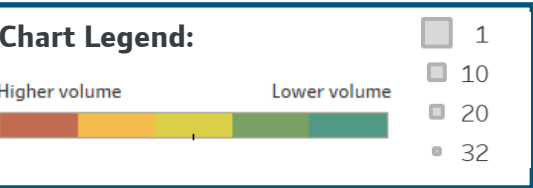
Several other boroughs consistently rank in the top 10 for possession including **Newham, Croydon, Tower Hamlets, Greenwich, Southwark & Brent**.

As of 2022/23, **Haringey has moved into the top 5 for possession of cannabis** & top 10 for possession of other drugs. Meanwhile, **Lambeth has dropped out of the top 10 for possession** (excluding cannabis) but has remained one of the top boroughs for cannabis possession.

Hackney became the top borough for trafficking in 2022/23, having moved from 14th to 3rd the previous year. **Tower Hamlets, Croydon, Brent, Haringey & Lambeth** have been consistently in the top boroughs for trafficking for the past three years.

Enfield had the second highest number of trafficking offences in 2022/23, an increase from 10th the previous year. **Southwark also moved into the top 10** in 2022/23.

Lewisham, Newham & Greenwich all dropped out of the top 10 boroughs for trafficking in 2022/23, having been ranked 2nd, 4th & 8th respectively in 2021/22.



Source: Home Office, Police recorded crime Community Safety Partnership open data tables to June 2023





A higher proportion of those proceeded against are drug offenders than other regions

Cohort Spotlight: Drug offenders in the CJS in London

Prison populations (March 2024) & prosecutions (calendar year 2023)

16% of London prison populations were for drug offences, as of March 2024. This is the same as averages for the rest of England & Wales.

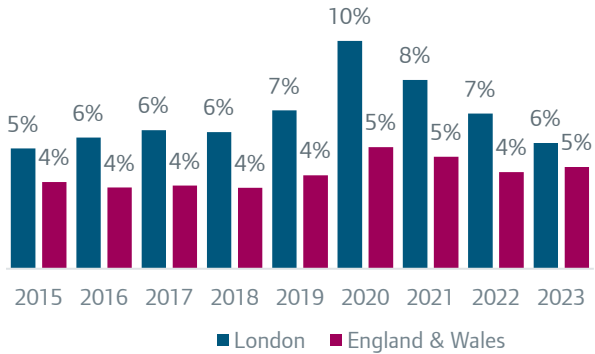
6% of prosecutions in London were for drugs offences in 2023, compared with 5% in England & Wales. Numbers peaked in 2020, corresponding with high numbers of possession offences & police activity during the pandemic.

12% of prosecutions for juveniles in London were for drugs offences in 2023, compared with 8% in England & Wales.

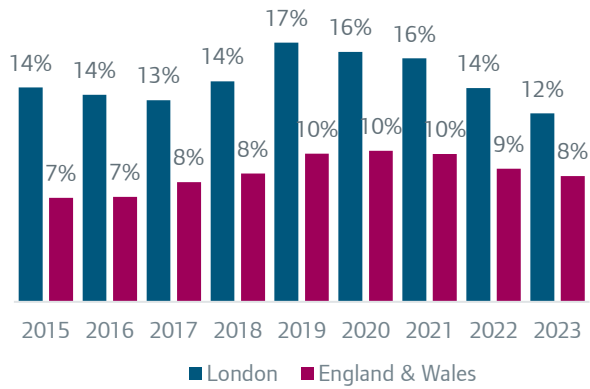
Proportion of prison populations incarcerated for drug offences, March 2024



Individuals proceeded against for drugs offences as a proportion of individuals proceeded against (%) - Adults



Individuals proceeded against for drugs offences as a proportion of individuals proceeded against (%) - Juveniles



National context



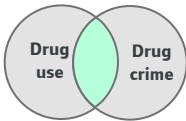
- There are overlaps between cohorts of prisoners **using drugs, in treatment** for drugs & imprisoned for **drug offences**.
- **However - many imprisoned for drug offences will not be users** & many users will not have been sentenced for drugs offences.
- **It is difficult to consider costs, harm & most appropriate response** to drugs in prisons without understanding the size & relationship between these cohorts.
- Carol Black's review of drugs in England (Black 2020a) found - **most drug offences committed by those in prisons are trafficking**, with 90% of sentences for drug offences of 2+ years.
- Those who receive drug treatment in prison usually do so for less than 6 months, reflecting short sentences of users convicted for offences such as acquisitive crimes.
- To estimate the cost of drugs for prisons, Black's review assumes those with drug offence sentences greater than two years will be in prison for trafficking & will not require drug treatment. **Current data does not allow for a definitive understanding of the overlap between cohorts.**



Sources:
Criminal Justice System statistics quarterly: December 2023 - GOV.UK (www.gov.uk)
Offender Management Statistics quarterly: October to December 2023 - GOV.UK (www.gov.uk)

London prisons include: Belmarsh, Brixton, Bronzefield, Coldingley, Downview, Feltham, High Down, Isis, Pentonville, Send, Thameside, Wandsworth, Wormwood Scrubs

London records a lower proportion of trafficking offences than other regions, but numbers have increased significantly over the past few years



Drug trafficking offending in London

Police recorded crime data for Financial Year April 2022 – March 2023

20% of drug offences for the Met were trafficking offences. Compared with most other forces, the Met has historically recorded a low proportion of trafficking offences, but the number & proportion has increased significantly since 2019/20. Met staff indicate this is being driven by increases in border seizures (drugs destined for London being confiscated at ports), with importation offences seeing the biggest increase.

The Met recorded the 3rd highest rate of possession offences in relation to all offences (3.8%) of any force, compared with 6th highest rate of trafficking offences (1%), an **increase from 28th highest in 201/22.**

The age & gender profile of suspects was similar for trafficking and possession offences. **A higher proportion of suspects in drug trafficking offences were Black.**

National context: Drug Trafficking



- **Cocaine** - mostly imported into the UK from **Colombia**, often trafficked into Europe by sea.
- **Herbal cannabis** - thought to mainly be **domestically produced** in the UK, but large quantities are also imported.
- **Heroin** - mostly imported into the UK from **Afghanistan**, often trafficked via the Balkans & imported by air or sea.
- **Ecstasy & amphetamines** - traditional synthetics tend to be produced in **Belgium or the Netherlands**.
- **Newer psychoactive substances & synthetic opioids** - often produced in **China & India**.



- **Boom in cocaine production** - in the last decade, resulting in increased purity levels in England & Wales. Likely contributed to **increased use in recent years**.
- **Increases in heroin production** - also seen in recent years, leading to increased purity, but **not appearing to have affected consumption**.

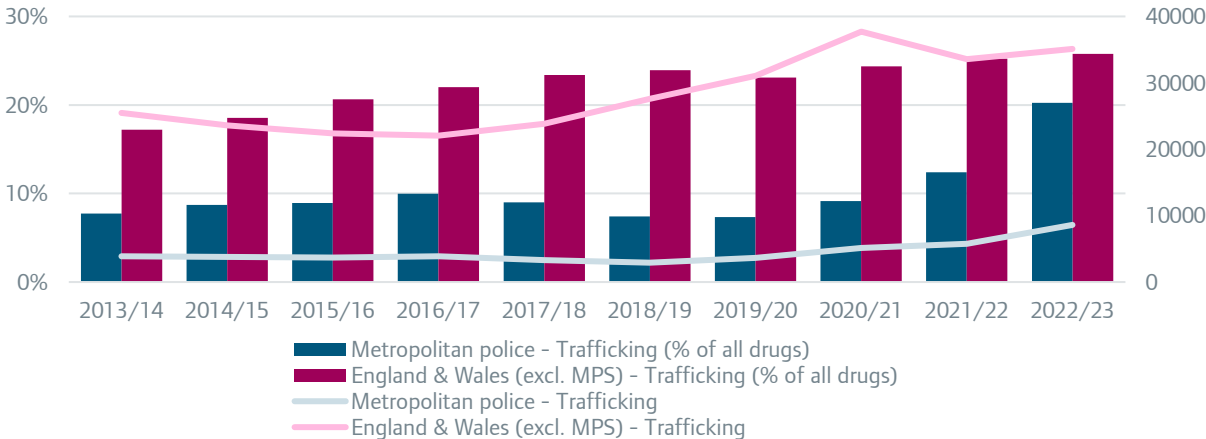


- **Cocaine** - supply thought to be dominated by **Albanian OCGs**.
- **Heroin** - **Pakistani & Turkish OCGs** are thought to be heavily involved. **British OCGs** are also dominant in retail supply in the **North West of England**.
- **Most drug OCGs supply multiple substances**, particularly those with similar customer bases (e.g., heroin & crack, or power cocaine & cannabis).



- Drug selling groups from urban hubs establish networks in smaller markets through the **county lines model** - often exploiting children & **vulnerable young people**.
- At retail level - **heroin & crack** are generally supplied by **street dealers**, while **cannabis & powder cocaine** are distributed through a range of methods including **friends, social media & the night-time economy**.

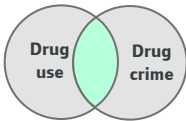
Trafficking offences for the Metropolitan Police & forces in England & Wales (excluding the Met)



Sources:
Home Office, Police recorded crime & outcomes open data tables to March 2023
Review of Drugs in England Evidence Pack

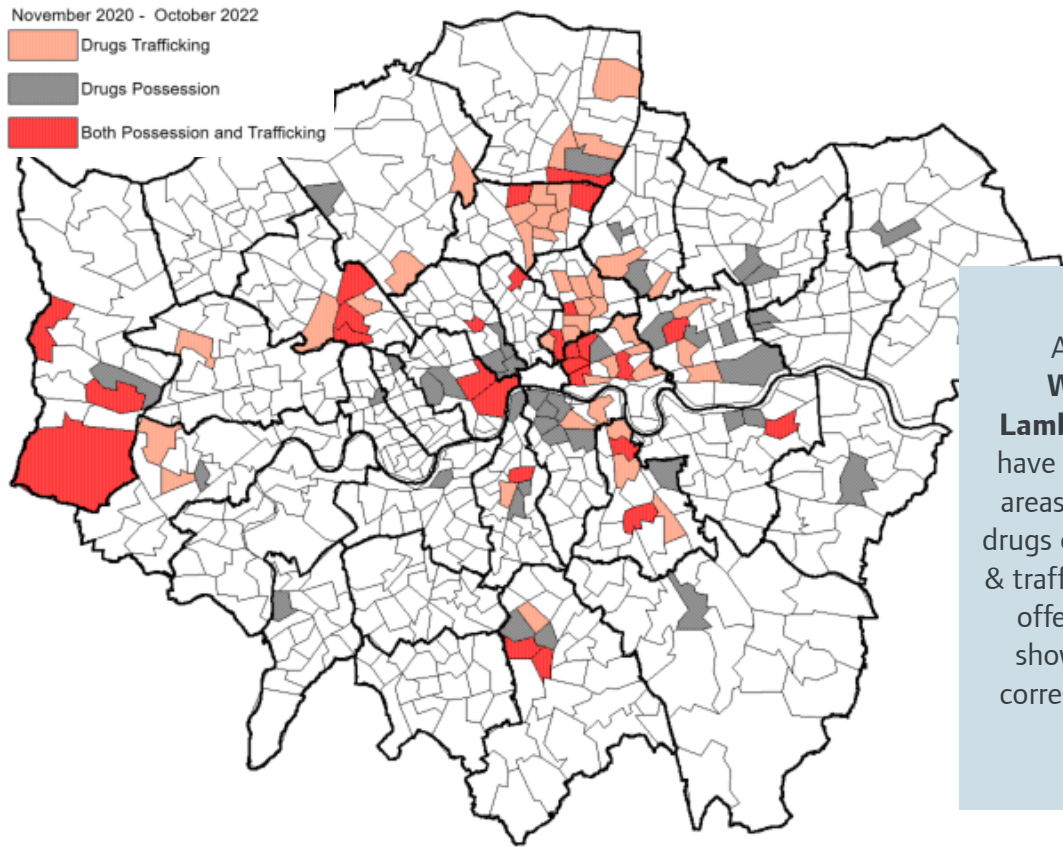


Certain areas of London are associated with possession, trafficking, or both

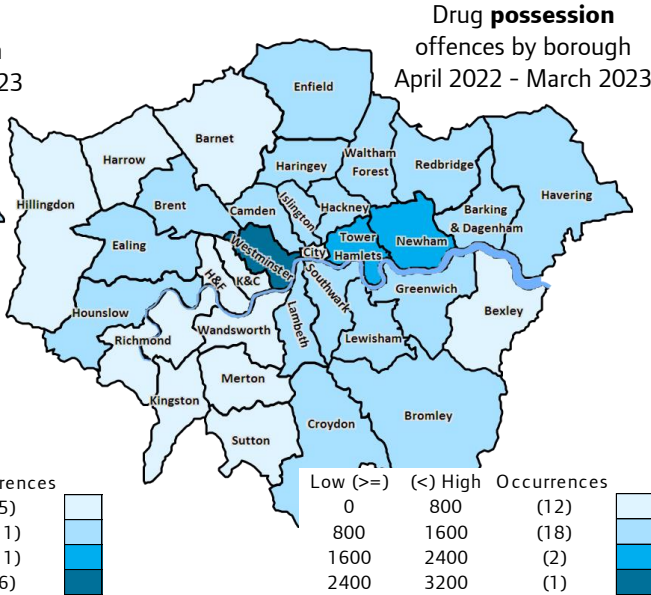
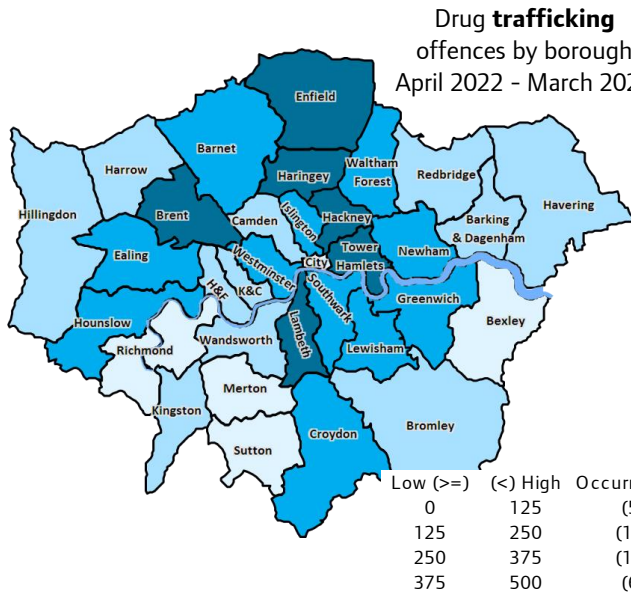


Trafficking & Possession by London Borough

Some London wards record high numbers of **both possession & trafficking offences**, while others are hotspots for either possession or trafficking. At borough level, **Westminster** had the highest number of **possession offences**, while **Hackney** had the highest number of **trafficking offences** in 2022/23.



At Ward level.
Westminster, Lambeth, & Camden have relatively defined areas of possession of drugs or both possession & trafficking. Possession offences have been shown to be closely correlated with **police activity**.



Haringey, Hackney, Tower Hamlets, Enfield, Lewisham, & Brent had wards that featured either in the top 10% for both possession & trafficking or just trafficking offences.

The MPS strategic threat assessment for drugs highlights Hackney, Tower Hamlets, Enfield, Haringey, & Lewisham as boroughs linked to high levels of trafficking, closely aligned with the **Organised Criminal Group footprint across London**. Trafficking is also correlated with **deprivation, prevalence of opiate & crack cocaine users & reoffending rates**. Hackney & Tower Hamlets were also the boroughs where **Londoners expressed most concern about drug dealing /use**.



Sources:
MPS geographic Crime Data (ward) November 2020 to October 2022
Home Office, Police recorded crime Community Safety Partnership open data tables to June 2023

Based on police recorded trafficking offences, there are potential regional centres for supply of different drugs



Drug trafficking in London

Police recorded crime data for drugs trafficking offences, Financial Year April 2019 – March 2022

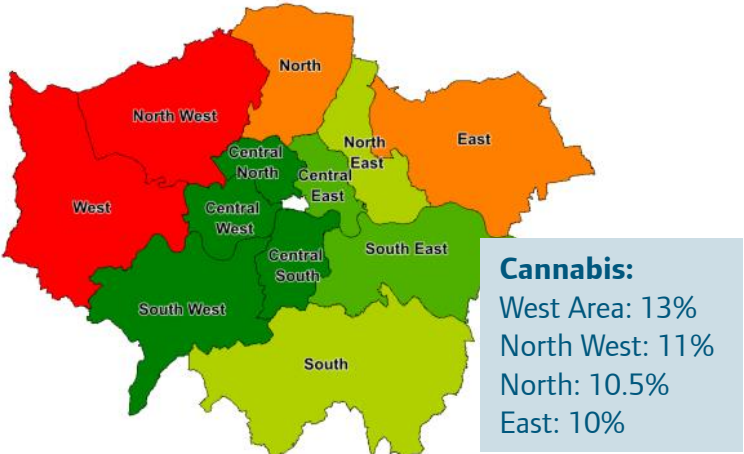
40% of trafficking offences featured **cannabis** 1,953 offences per year average.

22% featured **Cocaine**. 10% featured **Heroin**. 10% featured **Crack**. 2% featured other drugs.

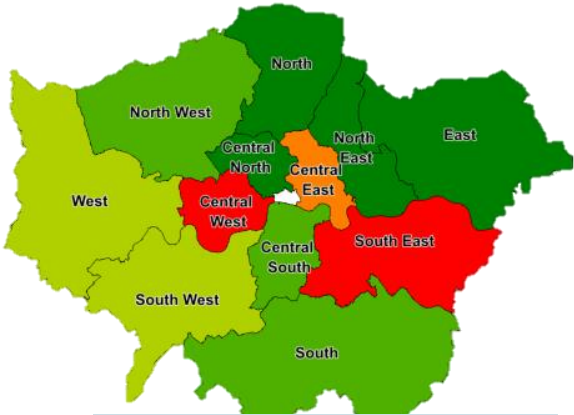
Some areas of London are hubs for trafficking:

North & West London feature the most for **cannabis offences** (44.5%).
Central West, Central East & South East for **cocaine** (33%).
West & Central East for **Heroin** (35%).

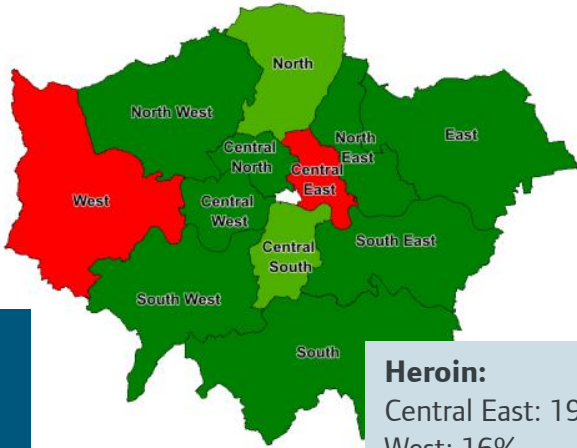
Drug (from HO Code)	Average Offences per year (over 3yrs)	Proportion of Total
Cannabis	1,953	40%
Cocaine	1,076	22%
Heroin	497	10%
Crack	474	10%
Other	102	2%
Amphetamine	11	<1%
Crystal Meths	11	<1%
Ketamine	6	<1%
Khat	7	<1%
LSD	4	<1%
MDMA	55	<1%
Mephedrone	0	<1%
Methadone	3	<1%
Prescribed	0	<1%
Synthetic Cannabinoid	4	<1%
Unspecified	763	16%
Class A	121	2%
Class B	203	4%
Class C	60	1%
Unknown	380	8%
Total Trafficking Offences	4,866	



The MPS strategic threat assessment for drugs highlights links between drugs trafficking & **organised criminal groups** (OCGs). 55% of OCGs are involved in illicit drug trade within the MPS - 66% are involved in the supply of cocaine powder, 61% in cannabis supply & 42% in heroin supply.



Cocaine:
Central West: 13% (driven by spike in offences in 2020/21)
South East: 10%
Central East: 10%



Heroin:
Central East: 19%
West: 16%



Sources:
MPS provided Offence data (including CLASS expansion) (25 January 2023), On average, 16% of records could not be coded as the drug is not specified as part of the crime classification recorded.

The MPS has had the highest number of drug seizures per million of the population across English regions. 84% of seizures were Cannabis



Drug seizures in London

Seizures of drugs in England & Wales, up to financial year 2022-23

34,211

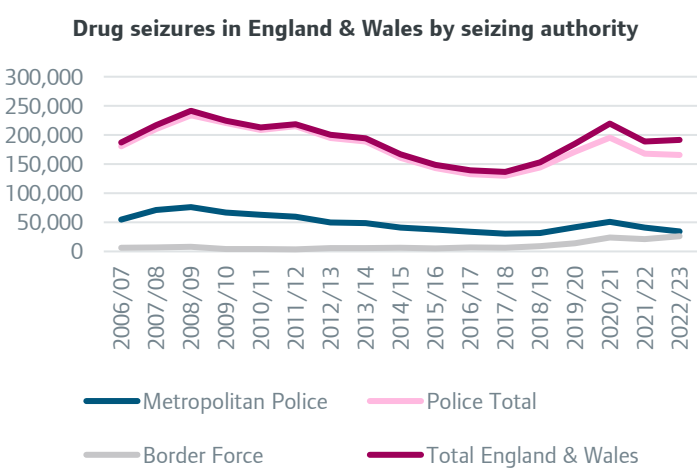
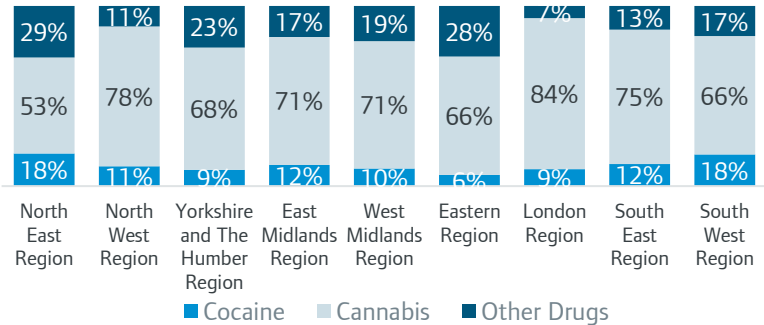
drug seizures by the MPS in year ending March 2023.

In 2022-23, the MPS accounted for 18% of all seizures of drugs conducted by police in England & Wales – 4 percentage points lower than 2021/22. Prior to this figures had remained broadly similar over the last decade. The next biggest forces are West Yorkshire (6%), Greater Manchester (5%) and Hampshire (4%).

84%

of the total drugs seized by police in London was cannabis, higher than any other region.

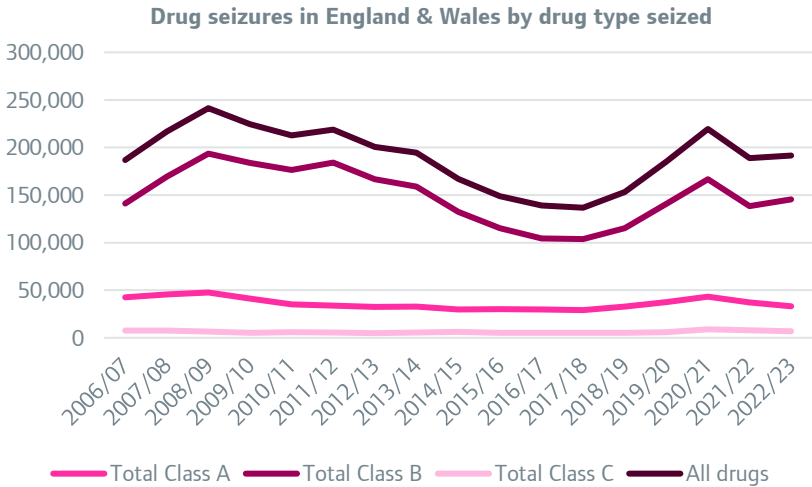
Proportion of seizures of drugs in England & Wales by drug type, up to financial year 2022-23



London has consistently had the highest number of drug seizures overall & one of the highest relative to population since 2007, consistent with highest estimated drug use prevalence. **Drug seizure trends broadly correspond with drug use trends, with a long-term decrease, uplift from 2018/19 and decrease during the past two years.**

National context

- While London had both the highest number of seizures & highest estimated prevalence of drug use, **in other regions the association between seizures & prevalence was less straightforward.**
- The Southwest region had the highest prevalence but ranked 7th for seizures relative to population.
- Conversely, the Northeast region had the second highest seizures per million, but the lowest estimated prevalence.
- Seizures of Class A drugs has decreased since 2020/21, however seizures of cocaine increased** & the quantity of cocaine seized has increased in the same time frame.
- Seizures of class B drugs decreased in 2021/22 after a peak in 2020/21.** 95% of all Class B seizures involve at least one form of cannabis.



Sources:
Seizures of drugs in England and Wales, financial year ending 2023 - GOV.UK

London is the highest exporter region for county lines activity - linked individuals are mostly black male teenagers



County lines in London

Research conducted in 2020/21 by the Rescue & Response service

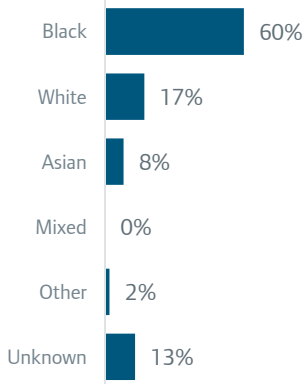
1,784

London-based individuals were identified as being **linked to county lines** activity in 2020/21 (A 44% reduction compared to 3,290 recorded in 2019/20).

County lines linked individuals were most likely **to be male** (89%) and **black** (60%). 76% were aged 25 and under with the most common age being 17-18.

Black individuals from London aged 10-25 years are 6 times more likely to be referred to R&R for County Lines concerns compared to all other ethnicities of the same age.

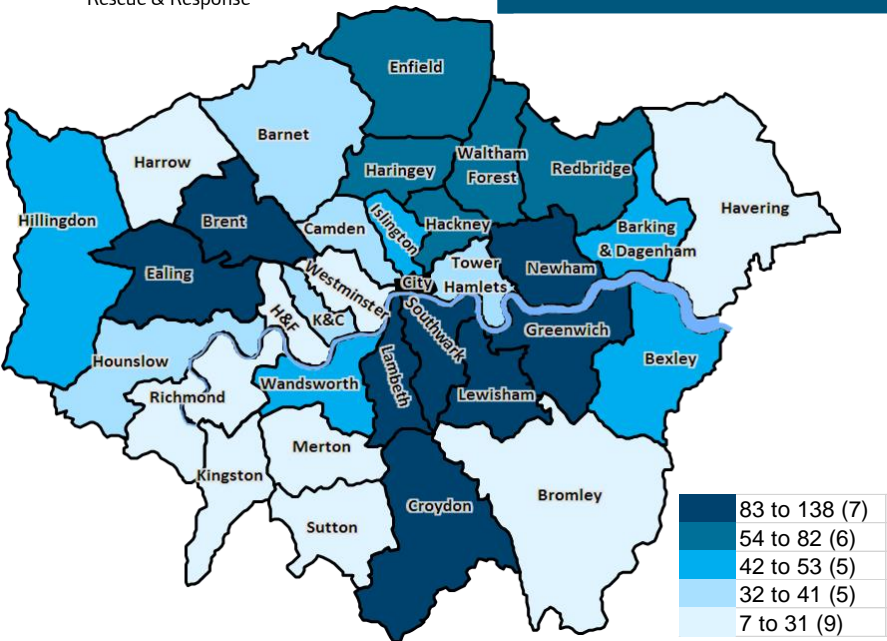
Ethnicity of county lines linked individuals, Rescue & Response strategic assessment 2020/21



London experiences a significant impact from County Lines & is the **largest exporter region** associated with UK drugs market (around **30% of lines nationally**). The three exporter areas of London, Merseyside & West Midlands account for approximately 80 per cent lines nationally.

The greatest demand for the MPS arises from **Essex, Sussex, & Surrey**. County lines export across the breadth of the UK, extending to Devon & Cornwall & up to Scotland.

County lines linked individuals 2020/21 – Rescue & Response



Lambeth, Newham, & Croydon were the most prominent boroughs of residence for individuals linked to county lines.

Overall, **South & East London** accounted for most of the top boroughs for county lines individuals.

Analysis by Rescue & Response found that **counties closest to London, particularly along the South Coast** had the highest recorded links to county lines individuals in London.

Top 10 County Forces		Individuals linked
1	Hampshire	240
2	Kent	162
3	Surrey	145
4	Essex	122
5	Sussex	119
6	Thames Valley	109
7	Norfolk	102
8	Suffolk	100
9	Dorset	83
10	Cambridgeshire	79



In 2023, **9% of all NRM* referrals related to county lines activity**, down from 14% in 2022.

Prior to 2023, numbers of county lines referrals had increased over the previous 5 years (along with all NRM referrals). Over 70% of county lines referrals to the NRM in 2023 were related to males aged under the age of 18.

Prevalence

Sources:
Rescue & Response pan London County Lines service | London City Hall
Modern Slavery: National Referral Mechanism & Duty to Notify statistics UK, 2023
Metropolitan Police Force Management Statement 2022

*The National Referral Mechanism (NRM) is a framework for identifying & referring potential victims of modern slavery & ensuring they receive the appropriate support

Almost half of 16–59-year-olds using drugs obtained them through friends, neighbours or colleagues, while 20% obtained through a dealer



Distribution of drugs in England & Wales

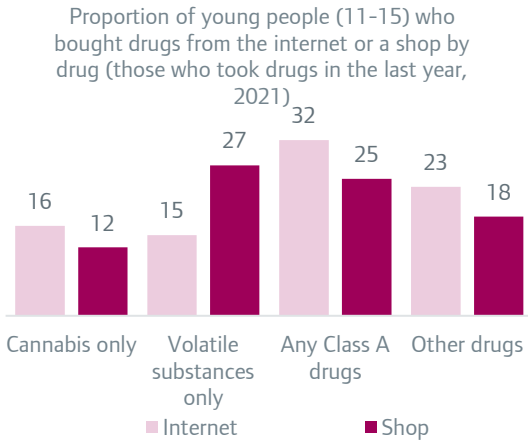
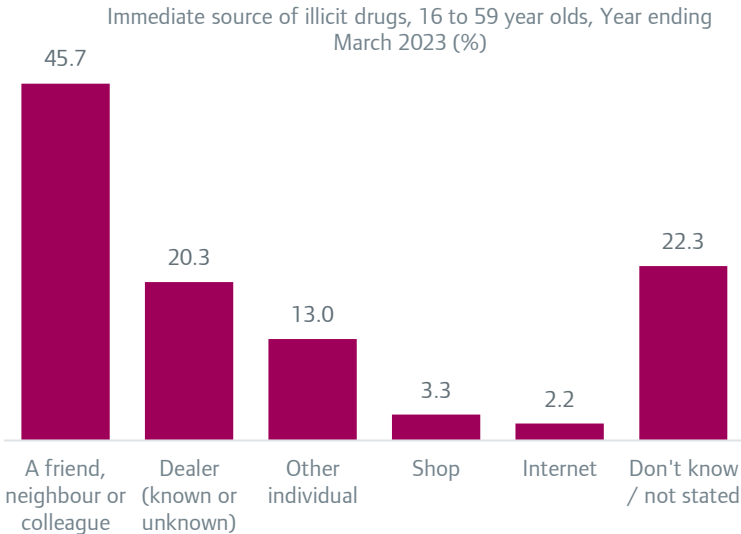
Drug use in England & Wales, year ending Mar 2023
Drug Use among Young People in England, 2021

38% of adults claimed it would be very or fairly easy to obtain illegal drugs within 24 hours (year ending March 2023).

26% of young people aged 11-15 claimed the same, with 48% of 15-year-olds stating it would be very or fairly early (2021).

The most common source of obtaining drugs by adults was through a **friend, neighbour or colleague (46%)**, followed by a **dealer (20%)** (year ending March 2023).

Young people aged 11-15 were also most likely to obtain drugs through a **friend (51%)** or **dealer (26%)** (2021).



Of young people aged 11-15 who had taken drugs in the last year, **22% had bought drugs over the internet & 19% from a shop**. **Class A drugs** were most likely to be obtained from the internet.

There is increasing anecdotal evidence that **young people are sourcing recreational drugs via social media**. Recent research found that 1 in 4 young people had seen illicit drugs advertised for sale on social media. **Cannabis was the drug most commonly seen advertised** on social media.

Pupils aged 11-15 were most likely to have obtained drugs from the **street, park or outdoor area (45%)** on the most recent occasion, followed by someone else's home (18%).

Anecdotal evidence from Met staff suggest two distinct drugs markets at retail supply level: those distributed mainly through social media, Telegram and WhatsApp messengers (including cocaine, cannabis, ketamine) and those distributed through street supply, drug phones/lines with stronger links to county lines and violence (including crack, heroine, Nitazenes)

Gaps & areas for further research:
Sources of drugs at London level



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Prevalence

Sources:
Review of drugs: phase two report
Drugs Misuse in England & Wales 2022/23
Smoking, Drinking & Drug Use among Young People in England, 2021

Drivers & influencers of drugs



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Chapter three: Drivers & influencers of drugs

This section of the Drugs Problem Profile provides an overview of the drivers & influencing factors of drug-use & drug-related crime.

Chapter Contents:

Drivers for Use

- [An overview of substance use inter-related drivers & influencing factors](#)
- [Drug-related hospital admissions & deaths in England & Wales](#)
- [Cohort spotlight: those receiving treatment](#)
- [Cohort spotlight: those on probation](#)
- [Cohort spotlight: children & young people](#)

Drivers for Drug-Related Crime

- [Drug-related offending & deprivation in London](#)
- [Correlations between drug-related crime datasets](#)
- [Cohort spotlight: young people](#)

Key Highlighted Gaps

- An understanding of the drivers of cocaine use within the London context
- Much of the evidence base is not London specific

Further Considerations for London

Many of the drivers for drug-use & drivers of drug-related crime overlap, & there is a significant overlap of both with victimisation. Those doing harm to themselves or others have often been harmed themselves. Multi-agency ‘person first’ approaches may prove to be most effective.

A lot of the current understanding of drivers for crime & use at London level relate to high-harm drugs (e.g. opioid & crack cocaine use more than cocaine use). Similarly, London evidence focusses on “lower-level” drug-related crime drivers, such as why individuals become involved with drug-related crime or become exploited. Focussing on some of the gaps in our knowledge around drivers may support greater understanding of wider intervention.

Emerging Insights

Drivers for Use

Drug misuse is underpinned by a wide range, of often inter-related drivers & influencing factors - including the night-time economy, mental health, homelessness & deprivation & geography.

Geography & deprivation are key factors in opiate use, rates of hospital admission & deaths relating to drug use.



Drivers for Crime

Drug offenders are mostly young & male. Datasets show there is a link between drugs possession offences & stop & search, likely suggesting police activity is a driver of identification of drugs possession

There is a significant overlap between drug-related offending & victimisation with young female & non-white offenders most at risk.




Spotlight on: treatment cohort of those receiving treatment..

- 67%** are male (overall).
- <1.2%** <1.2% are for individual club drugs (e.g. ketamine, NPS).
- 13%** (non-opiate) have urgent housing need.
- 70%** (non-opiate) have mental health need.
- 71%** of the children of opiate users had no Early Help plan.

Spotlight on: probation cohort of those with drugs need (approx. 40%)..

- Most are male.
- Many have financial needs and histories of acquisitive offending (Burglary, robbery & theft).
- Many have mental health issues and relationship needs.
- Many have accommodation and ETE needs.

Spotlight on: young people cohort of those with self-reported drug-use..

- 10%** of year 7-11’s think it is ok to try cannabis to see what it is like.
- 25%** of 15yo’s think its ok to try cannabis (14% think its ok to use once a week).
-  Smoking is the leading factor associated with drug use.
-  Family not discouraging drug-use is the second key factor associated with drug-use.
-  the main motivation in taking drugs is to “feel good or get high”.



Are systems across London considering the victim-offender overlap?

Is there sufficient evidence on drivers for cocaine users in London & for more senior criminal actors?

Drug misuse is underpinned by a wide range of often inter-related drivers & influencing factors





Young People

- Adolescents especially vulnerable to substance use. Drug use initiation risk period is 12 to 17 years (UNODC, 2022).
- Susceptibility to drug misuse influenced by personal, social / environmental & socioeconomic factors (UNODC, 2022).
- UK - young people with substance misuse problems often have complex needs and/or vulnerabilities (e.g., mental health needs, being a looked after child, sexual exploitation, (HM Government, 2022; Office for Health Improvement & Disparities (OHID), 2022).

Gender

Differences in drivers/influencing factors for drug misuse in men & women

- | women | Women  | Men  |
|--|--|---|
| • Pharmaceutical drug use more likely (UNODC, 2022). | • Higher drug use rates generally (UNODC, 2022). | |
| • More internalising behaviours (Hecksher & Hesse, 2009). | • Illicit drugs more likely. | |
| • Trauma, stress, etc. are drivers of drug use (Hecksher & Hesse, 2009). | • More externalising behaviours (e.g., ADHD) - drug use part of externalising behaviour spectrum (Hecksher & Hesse, 2009). | |
| • High PTSD rates among drug users (Lotzin, et al., 2019). | • Possible drug use as social defiance (Evans, et al., 2017). | |
| • Drugs use driven by self-medication (Evans, et al., 2017). | | |

Mental Health

- Drug use problems & mental health issues strongly linked (HM Govt, 2022).
- Almost two thirds (63%) of individuals in drug misuse treatment have a mental health need (OHID, 2021).
- High levels of anxiety among young people who use powder cocaine particularly (and other recreational drugs) (Black, 2020a).



Homelessness

- In 2022/23 32% of London's rough sleepers had a drug support need (Combined Homelessness & Information Network (CHAIN), 2023).
- Substance use can be a cause & a consequence of homelessness. Homelessness & drug use often co-occur with mental & physical health issues (Pleace & Bretherton, 2017).
- Drug-related deaths higher among homeless (ACMD, 2019).



Drugs & the Night-time Economy

- Strong links between supply & demand for specific drugs (e.g., cocaine, ecstasy & amphetamines) & night-time economy (Black, C. 2020a).
- Adults who frequently visit nightclubs (4+ times a month) are seven times more likely to take a Class A drug (15.6% vs. 2.2%) (ONS, 2022a).

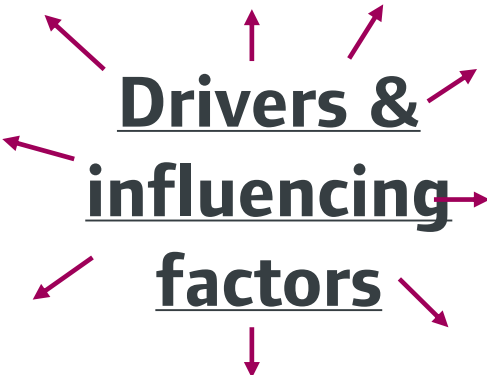


Prisons

- Drugs widely available in prisons, enabled by illicit mobile phones & numerous entry routes (HM Government, 2022; HM Prison & Probation Service, 2019).
- Psychoactive substances an increasing problem. 2017/18 - 20.4% of prison drug tests in England & Wales were positive - psychoactive substances present in 60% of samples (HM Prison & Probation Service, 2019).
- Drug use/supply fuels prisoner violence (HM Prison & Probation Service, 2019).



Drivers & influencing factors



Deprivation & Geography

- Geographic & socioeconomic inequalities underpin drug use trends in England & Wales.
- 2019/20 - 56% of adults in drug treatment were living in most deprived areas in England (Public Health England, 2020).
- Highest level of opiate & crack use are in the north of England (Public Health England, 2020).
- 2021 - highest rate of drug related deaths were in North-East (Office for National Statistics (ONS), 2022).



Other factors

- **Victims of crime** more likely to use drugs (any type) (ONS, 2022a).
- Consuming **alcohol** 3+ days a week almost triples likelihood of using drugs (ONS, 2022a). Crack, cocaine & amphetamines often used with alcohol (Black, 2020a).
- Drug use highest among the **unemployed / long-term sick** (ONS, 2022a). Almost 70% of opiate users seeking substance misuse treatment are unemployed (Black, 2022a).
- **Students** almost twice as likely to use drugs compared to people in managerial, professional or intermediate occupations (ONS, 2022a).
- Drug use rates highest among **single people** (ONS, 2022a).

Ethnicity

- Recreational drug use highest for those from a mixed ethnicity background – possibly related to higher levels of deprivation (Black, 2020a).
- Those from mixed ethnicity background almost three times as likely to use ecstasy & more than twice as likely to use cannabis (Black, 2020a).

Income

- Individuals earning less than £10,400 P.A. are more likely to use drugs compared to those with higher incomes.
- Lower income groups most likely to use cannabis.
- Higher income group (over £52,000) most likely use Class A drugs (ONS, 2022a).



Gaps & areas for further research:
London-specific drivers & influencing factors



Drivers & Influencing Factors

Geography & deprivation are key factors in opiate use, rates of hospital admission & deaths relating to drug use



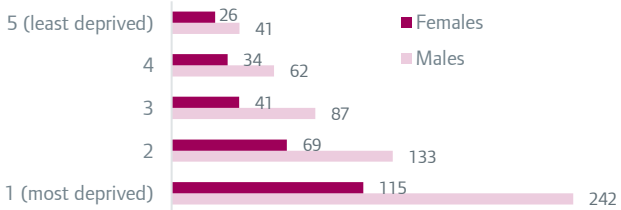
Drug-related hospital admissions & deaths in England & Wales

Drug-related hospital admissions 2019/20 & drug poisoning deaths 2022

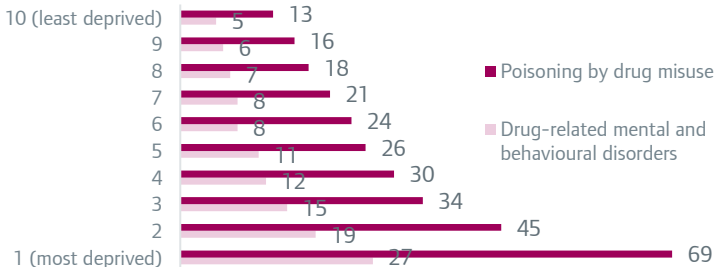
Hospital admissions for both drug-related disorders & drug poisonings were around **5 times more likely in the most deprived areas** compared with the least (2019/20).

Drug poisoning deaths were **5 times more likely in the most deprived areas for women**, & **7 times more likely for men** (2022).

Deaths related to drug-poisoning by deprivation level (per million population)



Hospital admission rates by deprivation level (per 100,000 population)



Drug poisoning deaths by region 2022 (per million of population)

Drug poisoning deaths	
North East	133.9
North West	126.6
Yorkshire and the Humber	115.4
East Midlands	86.0
South West	79.6
West Midlands	71.2
South East	67.3
East	64.3
London	56.6

Drug related hospital admissions by region 2019/20 (per 100,00 population)

	Drug poisoning	Drug related mental & behavioural disorders
North East	51	15
North West	46	18
South West	35	12
Yorkshire & the Humber	34	13
East Midlands	31	11
West Midlands	29	9
South East	28	8
East of England	24	13
London	12	11

The Northeast & Northwest of England were the top two regions for rates of drug-related deaths & rates of hospital admissions for both drug poisoning & drug-related mental & behavioural disorders.

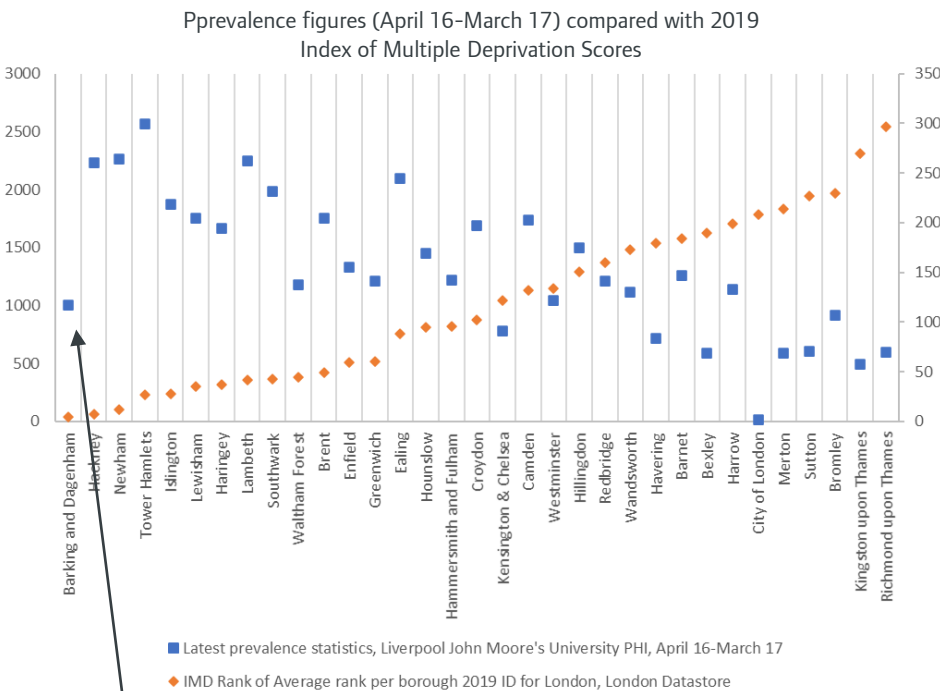
High rates of alcohol dependency are also common in regions that suffer high drug harm.

Opiate use & deprivation in London

Opiate use prevalence figures in comparison with deprivation

As is reflected nationally, the **London boroughs with the highest estimated prevalence of opiate users are typically those facing higher levels of deprivation.**

Drug use prevalence is strongly correlated with social inequality, with higher levels of use among those experiencing greater social exclusion across the wider determinants of health.



Barking & Dagenham could be explored in more depth to identify any potentially promising practice or specific influences within the borough.




Sources: NHS statistics on drug misuse 2020
Deaths related to drug poisoning in England & Wales – ONS 2022
GLA Group Public Health Unit: Overview of Drug Treatment for London October 2022
The English Indices of Deprivation 2019
NHS statistics on drug misuse 2020
Deaths related to drug poisoning in England & Wales – ONS 2022
Opiate & crack cocaine use: prevalence estimates 2016/17

Key influencers of the drugs need within the treatment cohort (UK)




Cohort Spotlight: Characteristics of the UK drug treatment cohort



- 67% male. **Males** make up a higher proportion for all substance groups*.
- Both males & females are most likely to be in treatment for **opiate use** (52% of males, 41% of females).
- Similar proportions of males & females are in treatment for **non-opiate** (10%).
- **40-44 year olds** most likely to be in opiate treatment (22% of total). 30-54 year olds make up 82% of opiate treatment cohort.
- Non-opiate treatment cohort is **younger on average – 25-34 most common** (20% each).
- Amongst those with **Heroin** use problem, 45% commenced use between **1986-1995**.
- **White British** make up 84% of opiate cohort & 78% of the non-opiate.
- **All White ethnicities** make up 89% of the opiate cohort. **Asian** ethnicities make up 4%, **mixed** 2% & **Black** 2%
- Black & mixed ethnicities make up higher proportion of non-opiate (5% & 4%).




- 66% of those in opiate treatment have an identified mental health need.
- 70% of these are receiving treatment. *56% receiving from GP & 16% engaged with community mental health team/services*
- 70% of non-opiate have identified mental health need.
- 79% of these are receiving treatment. *51% receiving from GP & 28% engaged with community mental health team/services.*




- 30% of those in treatment for opiate & 26% of non-opiate recorded as having any disability.
- 16% of both cohorts recorded as having 'Behaviour & emotional' disability.
- 7% of opiate cohort have mobility disability, 6% have progressive conditions & physical health disabilities.
- Learning disability more common for non-opiate (5%).




- 72% of opiate cohort are not parents or have no contact with children.
- 18% are parents not living with children.
- 9% are parents living with children.
- Higher proportion of non-opiate cohort are parents living with children – 24%.
- Females in treatment more likely to be parents & live with children.
- 35% of females in non-opiate cohort are parents living with children.
- 71% of children of those presenting at treatment with opiate need had no early help.
- 11% were looked after children, 9% had child protection plans, 5% were children in need & 4% had other early help.
- 52% of children of the non-opiate cohort had no early help.
- 20% had child protection plans, 10% were children in need, 10% were looked after children & 8% had other early help.



- 17% of opiate cohort have housing problem, 11% of non-opiate.
- 13% of non-opiate have urgent housing problem (no fixed address), only 3% of non-opiate.



- High proportions of those in drug treatment were smoking at start of treatment.
- For opiate cohort – 66% of males, 64% of females.
- For non-opiate – 56% of males, 69% of females.



NPS & Club Drugs
Small proportions presenting at treatment for NPS & club drugs.
Ketamine most common (1.2%).
NPS next most common (0.8%).

Gaps & areas for further research:

- London or borough level treatment data
- Treatment trends over time



Key influencers of the drugs need within the Probation cohort (London)



Cohort Spotlight: Characteristics of the London probation drug need cohort



The London Regional Reducing Reoffending Plan stated that approximately 4 in 10 of the London probation caseload had a drug misuse need.



The vast majority of offenders in the drug need cohort are **male**.
Males in the drug need cohort are most likely to be **black**, while females in the drug need cohort are more likely to be **white**.



There is an overlap between drugs need, **financial needs** and **acquisitive offending** (Burglary, robbery & theft)



Mental health issues, behavioural problems as children and experience of **self-harm, attempted suicide and suicidal thoughts** are fairly common amongst the drug need cohort.



Offenders with a drugs need often have **relationship need**.



Offenders with a drugs need often have **accommodation need** linked to their reoffending.



Offenders with a drug need often have an **ETE (education, training employment) need** linked to their risk of reoffending.



Offenders with a drugs need commonly had an index offence of **violence** and those with violence/sexual index offences often had a **high risk of harm**.
There is also an overlap between drug need and perpetration of **domestic abuse**.



Drivers & Influencing Factors

Most children claim to take drugs to “feel good or get high”



Cohort Spotlight: School-Aged Children in England

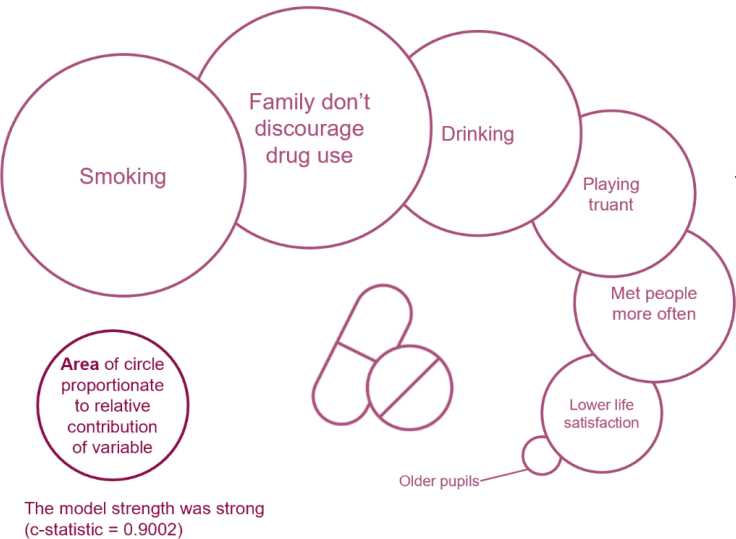
Self-reported drug use for year 7 to 11 school children in England, 2021

Attitudes towards cannabis

- Overall, **1 in 10 of pupils across ages groups thought it was ok to try taking cannabis to see what it is like.**
- 25% of 15-year-olds thought it was OK to try cannabis, & 14% thought it was OK to use it once a week.

The 2021 UNODC global drug report found that despite cannabis becoming more potent, fewer young people see it as harmful.

Factors associated with drug taking in the last Month



Key factors associated with drug use amongst young people include **smoking**, lack of discouragement from **family**, **drinking** & playing **truant**.

Motivations (first time of using drugs)

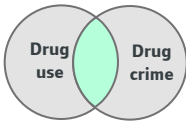
- The main reason pupils took drugs on the **first occasion** was because they “**wanted to see what it was like**”. This has reduced every year from 2001 (67%) & as of 2021 its 15p.p lower (52%).
- 62% of pupils first took Cannabis because they wanted to see what it was like, while 45% took Class A drugs (any) because “they wanted to feel good or get high”.
- Girls were more likely to give the reason of “I wanted to get high or feel good” on first occasion of drug taking than boys (32% for girls compared with 25% for boys).**

Motivations (most recent time using drugs)

- The main reason pupils took drugs on the **most recent occasion** was because they “**wanted to feel good or get high**” this is the highest recorded reason across all years (2003–2021).
- Boys are twice as likely as girls to take drugs because their friends was doing it** on the most recent occasion (14% for boys compared with 7% for girls).

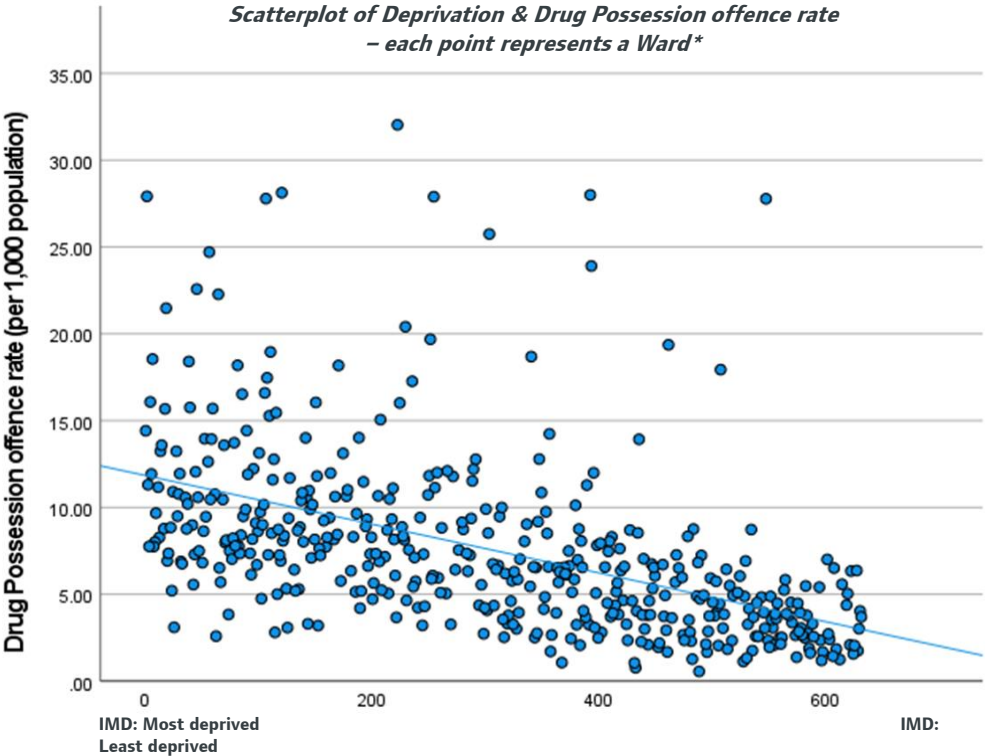
Drivers & Influencing Factors

There is a link drug possession offences & wider rates of crime at the ward level



Drug offending & deprivation in London

Ward Level data helps to explore the relationship between recorded drug possession offences & local area characteristics.



*To aid visualisation, the two London wards with the highest drug possession rates (Westminster West End & Croydon Fairfield) have been excluded from this scatter plot. Drug possession offence rates for Oct 20 to Sept 22. Due to changes in Ward boundaries, all analysis is limited to 451 of 679 Wards.

Wards seeing higher recorded drug Possession offence rates see higher crime levels across Total Notifiable Offences (TNOs) ($r = 0.88$), suggesting an overlap between drug possession offences & wider crime issues.

Higher rates of drug possession offences are also weakly associated with greater Ward Deprivation (IMD 2019 ranking of 1 = most deprived) ($r = -0.35$). This relationship remains even when controlling for TNOs.**

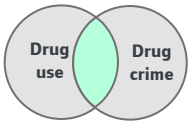
**Results from a linear regression model predicting drug possession offence rate from Ward IMD Rank, controlling for Ward TNO call rate.



N.B. West End – Westminster & Croydon – Fairfield Wards saw particularly high drug possession rates at 110 & 60 offences per 1,000 respectively – around 14 & 7 times the London-wide rate.



Correlation between datasets shows links between drug trafficking & deprivation, & between drugs possession & stop & search



*Correlations between drug datasets

	SandS for drugs all outcomes per 1,000 Pop	SandS drugs All positive Outcomes 2022 per 1,000 Stops	SandS arrests for drugs 2022 per 1,000 stops	Drug Trafficking 21/22 FY	Possession of controlled drugs (cannabis) 21/22 FY	Possession of controlled drugs (excl. cannabis) 21/22 FY	Local Prevalence estimates of crack & opiate users by OCU 2016/17	Estimated number of alcohol dependent adults 2018/19	NHS Drug Deaths 2021	NHS Drug Misuse 2021	NHS admission episodes with Diagnosis of poisoning by drug misuse 2019/20	NHS admission episodes with diagnosis of drug related mental & behavioural disorders 2019/20	Proven reoffending Drug reoffenders 2020/21	Proven reoffending Drug offenders 2020/21	Substance Misuse, successfully engagement in Community based treatment following prison release 2021/22	IMD - Rank of average rank
SandS for drugs all outcomes per 1,000 Pop		0.17	0.00	0.62	0.93	0.88	0.55	0.42	0.19	0.13	0.10	0.17	0.30	0.32	-0.09	-0.36
SandS drugs All positive Outcomes 2022 per 1,000 Stops	0.17		-0.29	-0.11	0.40	0.11	-0.04	-0.06	0.25	0.23	0.03	0.13	-0.44	-0.09	0.16	0.08
SandS arrests for drugs 2022 per 1,000 stops	0.00	-0.29		0.51	-0.04	0.19	0.38	0.28	0.00	0.00	0.18	-0.41	0.31	0.00	-0.34	-0.24
Drug Trafficking 21/22 FY	0.62	-0.11	0.51		0.55	0.63	0.84	0.70	0.10	0.06	0.00	-0.04	0.63	0.25	-0.36	-0.79
Possession of controlled drugs (cannabis) 21/22 FY	0.93	0.40	-0.04	0.55		0.89	0.51	0.43	0.20	0.15	0.08	0.21	0.24	0.29	-0.09	-0.36
Possession of controlled drugs (excl. cannabis) 21/22 FY	0.88	0.11	0.19	0.63	0.89		0.68	0.56	0.32	0.29	0.20	0.03	0.37	0.26	-0.27	-0.39
Local Prevalence estimates of crack & opiate users by OCU 2016/17	0.55	-0.04	0.38	0.84	0.51	0.68		0.68	0.38	0.36	0.25	-0.14	0.53	0.26	-0.48	-0.74
Estimated number of alcohol dependent adults 2018/19	0.42	-0.06	0.28	0.70	0.43	0.56	0.68		0.30	0.29	-0.06	-0.03	0.41	0.10	-0.37	-0.68
NHS Drug Deaths 2021	0.19	0.25	0.00	0.10	0.20	0.32	0.38	0.30		0.99	0.28	-0.32	-0.19	0.01	-0.08	-0.11
NHS Drug Misuse 2021	0.13	0.23	0.00	0.06	0.15	0.29	0.36	0.29	0.99		0.27	-0.36	-0.19	-0.04	-0.16	-0.09
NHS admission episodes with Diagnosis of poisoning by drug misuse 2019/20	0.10	0.03	0.18	0.00	0.08	0.20	0.25	-0.06	0.28	0.27		-0.47	-0.28	-0.07	-0.21	0.15
NHS admission episodes with diagnosis of drug related mental & behavioural disorders 2019/20	0.17	0.13	-0.41	-0.04	0.21	0.03	-0.14	-0.03	-0.32	-0.36	-0.47		0.11	-0.06	0.42	-0.18
Proven reoffending Drug reoffenders 2020/21	0.30	-0.44	0.31	0.63	0.24	0.37	0.53	0.41	-0.19	-0.19	-0.28	0.11		0.42	-0.44	-0.72
Proven reoffending Drug offenders 2020/21	0.32	-0.09	0.00	0.25	0.29	0.26	0.26	0.10	0.01	-0.04	-0.07	-0.06	0.42		-0.24	-0.21
Substance Misuse, successfully engagement in Community based treatment following prison release 2021/22	-0.09	0.16	-0.34	-0.36	-0.09	-0.27	-0.48	-0.37	-0.08	-0.16	-0.21	0.42	-0.44	-0.24		0.31
IMD - Rank of average rank	-0.36	0.08	-0.24	-0.79	-0.36	-0.39	-0.74	-0.68	-0.11	-0.09	0.15	-0.18	-0.72	-0.21	0.31	

*Correlation does not imply causation

Sources:
The Lankelly Chase foundation, 2015
See Data Sources section at the end of the Problem Profile for all data sources used in the correlations table above

At a borough level, a lower ranking on the Index of Multiple Deprivation (IMD) (more deprived areas) had a strong correlation with **local prevalence of crack & opiate users, proven reoffending of the drug cohort & drug trafficking** & a moderate correlation with **estimated numbers of alcohol dependent adults**.

Similarly, **drug trafficking** was itself strongly correlated with **local prevalence of crack & opiate users & estimated numbers of alcohol dependent adults**, in addition to deprivation.

Stop & search & possession of drugs have a very strong correlation, likely suggesting police activity is a driver of identification of drugs possession.

The correlation between deprivation & drug trafficking, drug reoffending & alcohol dependence suggests that boroughs with higher levels of deprivation are likely to face similar issues in terms of drug & alcohol treatment provision, drugs offending & local drugs markets. Research has found considerable overlap in England between the populations of those involved in homelessness, substance misuse & criminal justice systems (The Lankelly Chase Foundation, 2015).

Young people's involvement in drug crime has been linked to drug crime normalisation, economic deprivation & personal drug use



Drivers of individual involvement in drug crime



- **Normalisation of drug dealing** - as valid way of making money, an economic choice to improve quality of life.
- **Community deprivation** - including household deprivation & a lack of resources & opportunities, is a key risk factor in young people's involvement in gangs & gang-related drug crime. Young people report joining gangs & selling drugs to improve their financial position (Annan et al., 2022).
- **Substance use patterns & other behaviour** - research has found drug dealing amongst young people is not solely related to economic motivations but connected to substance use & other behaviour. Those who sell drugs are more likely to use drugs & to be engaged in delinquent or other risky behaviour, including violence & gang involvement (Shook et al., 2011).
- **Links to other criminality** - interviews with 198 young people from across six different countries (including the UK) found committing crime (theft, robbery & drug dealing) to fund personal drug use was a recurrent theme.
- In addition, the use & effects of drugs could themselves be a driver of violence & drug-related crime, with young people reporting certain drugs increased their aggression & made them feel untouchable & therefore more likely to undertake risky behaviours, including offending (Rolando et al., 2021).

Cohort Spotlight: Young People in London

Perceptions of serious youth violence in London – causes and remedies

(Research submitted to MOPAC by the University of West London (UWL) and ARCS Ltd)

Influencing factors around drugs, drug use & drug crime – some key findings:

- **County lines** seen as genuine, normalised form of employment - easy way to make money.
- **A lack of alternative opportunities** meant some young people viewed a life of crime, drugs & gangs as aspirational.
- **Poverty** drives the motivation to make money, leading to drug dealing.
- Young people felt that **adults didn't really understand** the pressures of county lines drugs, knife crime & violence.
- Some young people reported a shift away from gangs defending their 'turf' to a focus on making money by dealing drugs.
- School Designated Safeguarding Leads often reported **child abuse/neglect, domestic violence, mental health issues & substance misuse in local families**.
- **High concentrations of vulnerable people** (including drug users) in some area, leads to local, self-sufficient drug economies & increased risk of violence/exploitation.
- Some London residents voiced concerns about their children growing up thinking gang violence is normal & soliciting drugs is acceptable. They also reported being unable to use local green spaces due to the presence of drug paraphernalia.
- **Social media** was found to play a significant role in buying & selling drugs, while also providing an easy means of grooming/recruiting young people.
- **'Debt bondage'** played a key role in child exploitation relating to drug dealing/county lines, with children becoming involved in drugs/county lines to pay off debts to criminal gangs.
- Concerns were raised about young people becoming **a 'product of their environment'**. Having parents who are drug users & regularly seeing drug dealers where they live can mean young people become desensitised to drugs, leading them to view drugs as 'normal'.

Drivers & Influencing Factors

LONDON

Impact



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Chapter four: Impact

This section of the Drugs Problem Profile provides insights into the impact of drugs on individuals, crime & wider society.

Chapter Contents

Societal Impact

- [Cost of drugs](#)
- [Public priorities & perceptions of drugs in London](#)
- [Drugs perceptions, anti-social behaviour & deprivation](#)

Individual Impact

- [Drug-crime related harm across London boroughs](#)
- [Drug-related deaths in London](#)
- [Drug-related hospital admissions in London](#)
- [Ambulance callouts for overdoses in London](#)
- [Wellbeing & quality of life](#)

Crime-related Impact

- [Drug-related offending histories & victimisation in London](#)
- [Drug-related offending, violence & exploitation](#)
- [Drugs & violent crime at Ward level](#)
- [Chemsex & spiking](#)

Key Highlighted Gaps

- The wider costs of drugs to London regionally & the cost-benefit of different interventions.
- Deaths, hospital admissions by drug-type in London
- An understanding of the prevalence & drivers of Chemsex & spiking within London.

Emerging Insights

Societal Impact



The total costs of drugs to society in England are estimated at £19.3 billion per year, with drug-related crime as the main driver of total costs.



Drugs are not just impacting users or those involved in supply. Residents across London place drugs & related crime as key priorities locally.



Those who perceive drugs as a problem locally are less likely to feel safe after dark & have lower confidence in police than those who do not.



Crime Impact



There is evidence of correlation between drug misuse & offending.



There is a large body of research linking illegal drug markets to systematic violence & exploitation & drug-related offenders are significantly more likely to have been a victim of a violent crime.



The use of drugs on victims (e.g. spiking) & in 'chemsex' contexts are concerns that have gained recent attention, with prevalence hard to estimate.



Individual Impact



Drug-use can have a range of consequences for both physical & mental health. The nature of drug harm differs across boroughs.



London has the lowest rates of hospital-admissions due to drug poisoning in England, but similar numbers of admissions due to drug disorders.



London Ambulance Service dispatches for drug overdoses in London decreased from 2019 to 2022, but increased in 2023/24.



Further Considerations for London

Evaluations that determine what works for reducing the impact of drugs on society, crime & individuals have not been extensively explored as part of this Profile. However, it is important that interventions, strategies & services aiming to reduce the impact of drugs across London are carefully evaluated & that key learning & promising practice is shared across the sector. Further, given the extensive financial impact of drugs, wherever possible cost-benefit analysis should be central to these evaluations.

Can evaluations of strategies/policy & interventions consider any financial saving/cost benefit analysis?

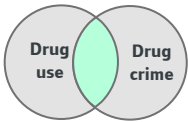


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The total costs of drugs to society in England were estimated at £19.3 billion



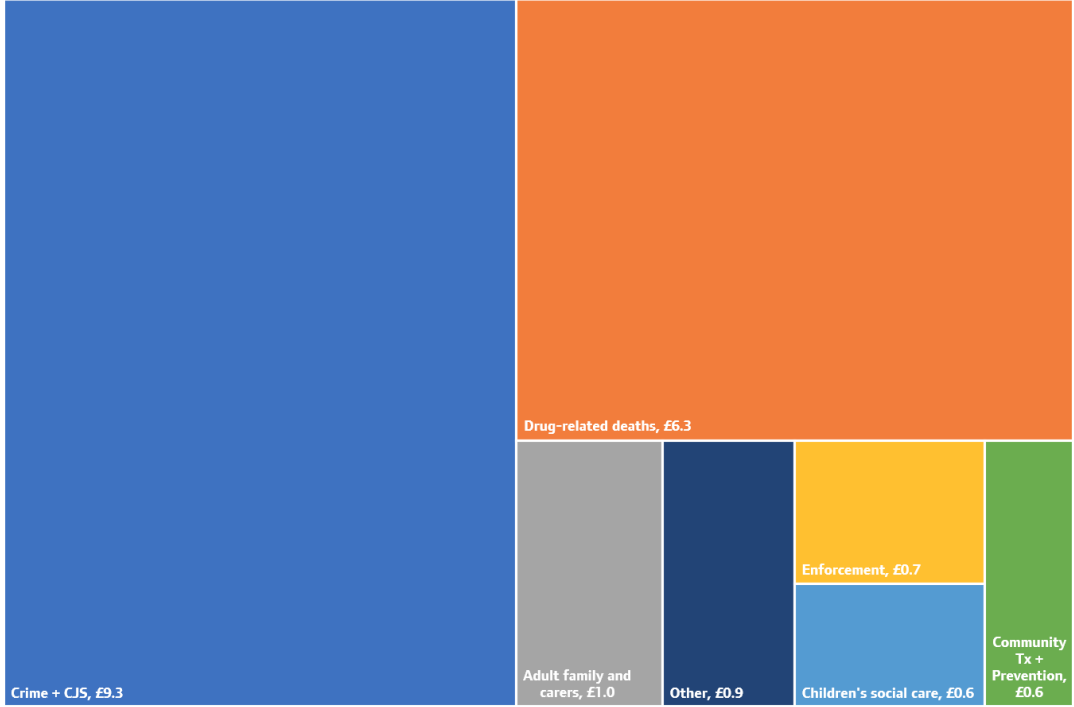
The Cost of Drugs

£19.3 billion



Estimated annual total cost of harms related to illicit drug use in England, according to the 2020 Review of Drugs in England (Black, 2020a). Costs are mainly driven by opiate & crack cocaine users, which are the highest drivers of treatment need, drug-related crime, drug related deaths & has the greatest impact on family members & carers.

Components of drug-related costs, £bns



Drug-related crime was the main driver of total costs, amounting to ~£9.3 billion. Within this overall crime cost, criminal justice services (CJS) cost £733 million & enforcement costs amounted to £680 million .

The harms associated with **drug-related deaths & homicides** made up the next largest cost at £6.3 billion.

Drug treatment & prevention only made up a small fraction of the total cost at £553 million.

The review also estimates high costs associated with people with drug problems, but where there is no direct causal link, for example:

- Unemployment
- Mental health
- Homelessness
- Prescription medicines
- Child social care (children & young people affected by drug use/users)
- Hospital admissions & treatment for suicide/self-harm, schizophrenia, violence

Direct costs – Diversion of resources towards the management of drug use, for example police services & health care.

Indirect costs – Resources unavailable for productive use because of drug use, for example absenteeism, or in the case of crime, the cost to avert future victimisation through defence & insurance policies.

Intangible costs – Non-monetary evaluation of an individual’s willingness-to-pay to avoid pain, grief & suffering or loss in length & quality of life & can be expressed as quality-adjusted life years (QALYs) or as statistical life years (SLYs).



Drugs are not just impacting users or those involved in supply. Residents across London place drugs & related crime as key priorities locally



Drugs as a public priority for policing

Public Attitude Survey data for FY 2023/24

Top Three Priorities in Local Area	First Priority	Second Priority	Third Priority	Total
Anti-Social Behaviour (ASB)	14%	13%	10%	37%
Drugs and drug-related crime	16%	11%	9%	36%
Gun/knife crime	11%	12%	9%	32%
Accessibility/visibility of police	17%	7%	7%	31%
Burglary	11%	11%	8%	30%
Street crime/robbery	5%	8%	12%	25%
Vehicle crime	5%	7%	8%	20%
Gangs and gang-related crimes	3%	7%	7%	17%
Crime reduction/prevention	3%	4%	7%	14%
Traffic/road related issues	4%	4%	5%	13%

36% of Londoners placed drugs & drug-related crime in their ‘top three’ **priorities for policing in their local area***. A similar proportion (38%) placed drugs & drug-related crime in their ‘top three’ **priorities for policing London as a whole**.

ASB and drugs were the **most common local priorities selected**, with over a third of Londoners placing each of these in their ‘top three’. **Gun/knife crime** emerged as a clear priority for policing across London as a whole – with 68% placing this in their ‘top three’.

16% placed **drugs & drug related crime** as their **first priority for policing locally** – a slight reduction from 18% in FY 2019/20.

14% placed **drugs & drug related crime** as their **first priority for policing in London** – higher than in FY 2019/20 (8%).

Trends and variation in public concerns about drugs

Public Attitude Survey data March 2023 – March 2024

In FY 2023/24, the PAS was changed so that all respondents were asked whether they believed ‘people using or dealing drugs’ was a problem in their area*. **In total, nearly half of Londoners were concerned about drugs (46%).**

The proportion of Londoners concerned about drugs varied geographically. Residents in North Area BCU were around *twice as likely* to believe ‘people using or dealing drugs’ was a problem (60%) than those living in South West BCU (29%).

% believing drugs a problem in their local area, FY 2023-24	
MPS	46%
North Area	60%
North East	59%
Central East	56%
Central North	51%
Central South	50%
West Area	49%
North West	48%
East Area	47%
Central West	43%
South East	43%
South Area	36%
South West	29%

Over the past year, the proportion of respondents that believed ‘people using or dealing drugs’ was a problem in their area has varied. In Q4 23/24 44% believed drug use/dealing was a problem (4 percentage points lower than the same period of 22/23).



Over the previous five years (when this question was asked only to those who said they were worried about ASB in their area) **the perception of drug use/dealing as a problem had increased over time**, corresponding with an increase in recorded drugs trafficking offences over the same period (moderate correlation of 0.63).

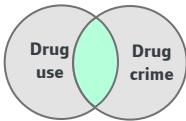
*Londoners were asked to list their top three policing priorities in their local area & across London. Table presents priorities where over 5% of residents selected them within their top three.

Sources:
MOPAC Surveys - London Datastore

*Previously this question was routed so that it was only asked to those worried about ASB overall in their area.



Those who perceive drugs as a problem locally are less likely to feel safe after dark & have lower confidence in police than those who do not



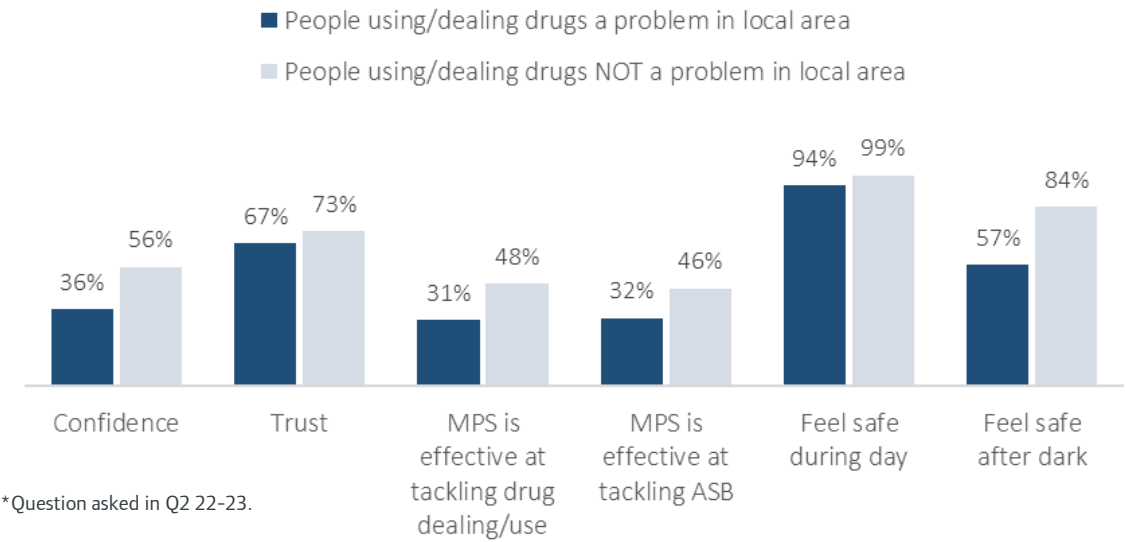
Links with confidence and safety

Public Attitude Survey data FY 2023/24

In FY 2023/24, just **40% of Londoners** believed the MPS was effective at tackling **drug dealing and use**. 49% felt police should do more to control cannabis use*.

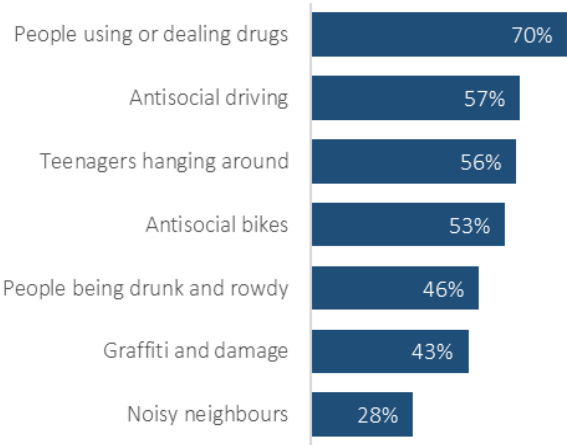
Those who felt **people using or dealing drugs was a problem** in their local area were **less likely** to have confidence in the police, to believe the police effectively tackle drugs and ASB, and to feel safe walking alone after dark.

Smaller differences were seen for Trust in the Metropolitan Police Service, whilst most of those concerned about drugs in their area still felt safe during the day.



Overlaps with other forms of ASB

% feeling ASB issues a problem in local area – NB. those worried about ASB ONLY.



Amongst those worried about ASB in their area, **people using or dealing drugs was the issue *most often* seen to be a problem**, despite rowdy or inconsiderate behaviour being the *most common* type of ASB call made to police.

*Public Attitude Survey data for Q2 and Q4 2023//24, except for concerns about drugs (FY 2023/24)

Overlaps with deprivation

Regression modelling shows **local deprivation** may play a role in shaping Londoners’ concerns about drug use and dealing. Those living in the **most deprived** 25% of Wards showed **2.4x** independently increased odds of feeling **drug use or dealing is a problem** in their local area (vs. least deprived) – with deprivation in fact *more influential* than police-recorded drug possession offences in the area.[†]

[†]Results from a binary logistic regression predicting whether someone feels people using or dealing drugs is a problem in the local area from drug possession offence rate & IMD together. To aid interpretation, Wards were grouped into quartiles for IMD 2019 & drug possession offence rate. Odds ratios hold other variable constant. Data for R12 to Q1 22-23; NB question routed only to those ‘worried about ASB’.



Comparing measures across London reveals how the nature of drug harm differs across boroughs



Rate per 1000	SandS for drugs all outcomes per 1,000 Pop	SandS drugs All positive Outcomes 2022 per 1,000 Stops	SandS arrests for drugs 2022 per 1,000 stops	Drug Trafficking per 1,000 Pop 21/22 FY	Possession of controlled drugs (cannabis) per 1,000 Pop 21/22 FY	Possession of controlled drugs (excl. cannabis) per 1,000 Pop 21/22 FY	Local Prevalence estimates of crack & opiate users by OCU per 1,000 Pop 2016/17	Estimated number of alcohol dependent adults per 1,000 Pop 2018/19	NHS Drug Deaths per 1,000 Pop 2021	NHS Drug Misuse per 1,000 Pop 2021	NHS admission episodes with Diagnosis of poisoning by drug misuse per 100,000 2019/20	NHS admission episodes with diagnosis of drug related mental & behavioural disorders per 100,000 2019/20	Proven reoffending Drug reoffenders 2020/21	Proven reoffending Drug offenders 2020/21	Substance Misuse, successfully engagement in Community based treatment following prison release per 1,000 Pop 2021/22
Barking & Dagenham	14.79	0.35	0.05	0.63	6.39	0.47	9.62	1.42	0.05	0.03	8.00	27.00	283	24%	30.90
Barnet	5.61	0.24	0.09	0.54	1.94	0.33	6.25	1.03	0.03	0.02	12.00	4.00	280	23%	24.50
Bexley	8.88	0.23	0.06	0.32	2.75	0.36	4.88	1.11	0.02	0.02	10.00	20.00	200	18%	37.50
Brent	12.05	0.26	0.07	0.69	4.46	0.63	10.33	1.38	0.04	0.03	8.00	17.00	587	28%	12.50
Bromley	10.78	0.23	0.06	0.32	2.72	0.38	5.43	1.00	0.03	0.02	12.00	23.00	202	17%	26.00
Camden	23.44	0.23	0.07	0.76	5.20	0.72	12.00	1.56	0.08	0.05	16.00	5.00	279	24%	23.90
City of London	N/A	N/A	N/A	N/A	N/A	N/A	4.55	1.63	0.00	0.00	0.00	13.00			N/A
Croydon	13.89	0.22	0.06	0.64	4.57	0.56	7.64	1.17	0.04	0.03	10.00	7.00	551	24%	20.30
Ealing	11.40	0.22	0.07	0.62	3.08	0.49	10.38	1.40	0.05	0.03	16.00	6.00	522	28%	16.40
Enfield	10.37	0.25	0.07	0.68	3.04	0.31	7.58	1.16	0.05	0.03	9.00	4.00	408	23%	21.10
Greenwich	16.96	0.22	0.05	0.79	4.85	0.47	8.20	1.44	0.06	0.03	10.00	22.00	386	27%	49.20
Hackney	13.01	0.25	0.08	1.11	4.09	0.56	14.34	1.83	0.04	0.02	12.00	14.00	412	23%	12.60
Hammersmith & Fulham	11.68	0.27	0.06	0.46	3.92	0.66	11.19	1.74	0.21	0.17	11.00	5.00	198	22%	N/A
Haringey	15.20	0.25	0.07	0.90	3.35	0.37	10.82	1.56	0.06	0.04	11.00	5.00	371	24%	22.40
Harrow	6.77	0.26	0.05	0.43	2.49	0.23	8.01	0.93	0.03	0.02	11.00	10.00	246	22%	N/A
Havering	10.29	0.26	0.05	0.36	3.01	0.36	5.36	1.16	0.04	0.02	13.00	18.00	176	16%	37.50
Hillingdon	9.55	0.26	0.06	0.60	3.45	0.39	10.89	1.30	0.06	0.05	17.00	6.00	348	30%	20.40
Hounslow	10.02	0.24	0.06	0.63	3.29	0.48	9.25	1.28	0.09	0.07	17.00	5.00	326	26%	14.30
Islington	13.80	0.22	0.07	0.91	3.94	0.57	13.06	1.79	0.06	0.04	15.00	6.00	288	17%	19.60
Kensington & Chelsea	14.58	0.28	0.06	0.76	5.38	0.72	13.31	1.32	0.08	0.06	14.00	5.00	131	18%	N/A
Kingston Upon Thames	13.74	0.31	0.05	0.43	5.18	0.45	4.89	1.11	0.06	0.04	16.00	8.00	106	16%	26.80
Lambeth	13.61	0.21	0.08	0.83	5.18	0.86	12.32	1.79	0.03	0.02	11.00	11.00	589	25%	19.00
Lewisham	12.48	0.23	0.10	1.04	3.88	0.45	10.77	1.43	0.05	0.04	14.00	6.00	469	22%	18.50
Merton	7.16	0.23	0.06	0.34	2.29	0.23	5.30	1.05	0.04	0.02	12.00	3.00	148	34%	N/A
Newham	20.95	0.24	0.04	0.76	5.23	0.58	11.37	1.41	0.02	0.01	7.00	16.00	588	26%	20.50
Redbridge	12.35	0.21	0.05	0.47	3.27	0.34	7.43	0.99	0.03	0.01	6.00	21.00	371	29%	23.30
Richmond Upon Thames	3.21	0.25	0.05	0.20	1.48	0.21	4.91	0.91	0.04	0.04	18.00	5.00	87	16%	N/A
Southwark	16.14	0.22	0.06	0.64	5.46	0.69	10.77	1.61	0.03	0.02	17.00	9.00	482	24%	13.10
Sutton	5.85	0.27	0.05	0.27	2.35	0.25	6.73	1.21	0.03	0.02	19.00	8.00	115	25%	25.00
Tower Hamlets	24.76	0.20	0.07	1.10	5.45	0.92	14.42	1.42	0.06	0.04	17.00	14.00	586	25%	17.70
Waltham Forest	15.07	0.25	0.05	0.63	4.59	0.44	7.63	1.49	0.03	0.02	9.00	23.00	309	21%	15.50
Wandsworth	8.40	0.23	0.06	0.49	2.47	0.33	6.43	1.42	0.04	0.02	13.00	9.00	272	21%	14.50
Westminster	43.74	0.31	0.06	0.99	12.54	1.42	12.23	1.49	0.08	0.05	17.00	12.00	293	32%	18.70

Westminster has by far the highest rates of both **possession offences & stop & search rates**. Westminster also has high rates of **drug poisoning** admissions, suggesting a possible concern with harmful drug use in the area.

Barking & Dagenham has the highest rate of **positive outcomes for stop & search**, along with high rates of possession of **cannabis offences** & NHS admissions for drug-related **mental & behavioural disorders**, suggesting a possible concern with problematic cannabis use in the area.

Tower Hamlets & Hackney have the highest prevalence of **drug trafficking**, along with highest rates of **crack & opiate users**. Hackney also has high rates of alcohol dependence & low rates of treatment engagement by offenders, while Tower Hamlets has high rates of proven drug reoffending.

Opportunities for increased intervention may exist for some boroughs, such as **Hammersmith & Fulham** which has the highest rates of drug misuse & drug deaths & **Sutton & Richmond** which have very low rates of stop & search despite highest numbers of **NHS admission episodes for drug poisoning** & comparatively high rates of positive stop & search outcomes.

Brent, Lambeth & Newham have high numbers of proven drug **reoffenders**, with Brent having the lowest rates of successful engagement in community-based treatment.



Drug-related deaths have increased substantially across England & Wales over the last decade, but London has comparatively low mortality rates due to drugs



Drug-related deaths in London

Drug poisoning deaths 2022

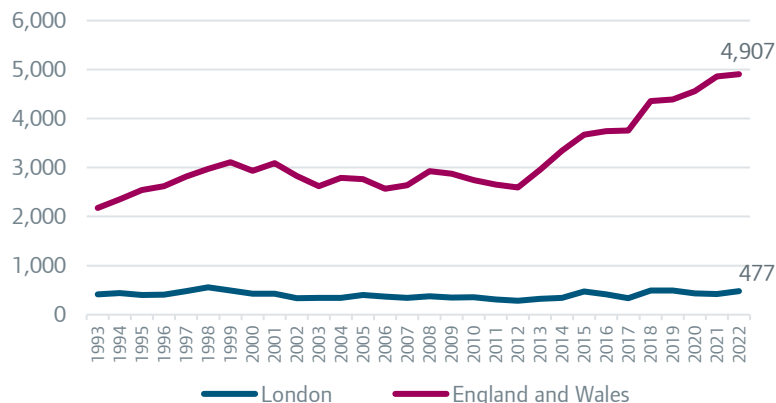
477 deaths related to **drug poisoning** in London in 2021. This is a **69% increase** since 2012.

70% of drug deaths in London were linked to **drug misuse***, higher than England & Wales average of 64% & **the joint highest proportion of any region**, with West Midlands.

London had the lowest mortality rate due to drug poisoning per million of population across all English regions in 2022. (57 in London compared with 84 across all of England & Wales).

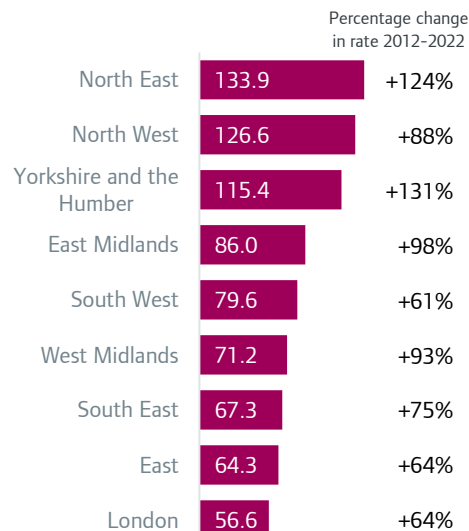
The mortality rate for men was over twice that of women (78 vs 36). This was consistent with overall figures for England & Wales.

Deaths due to drug poisoning

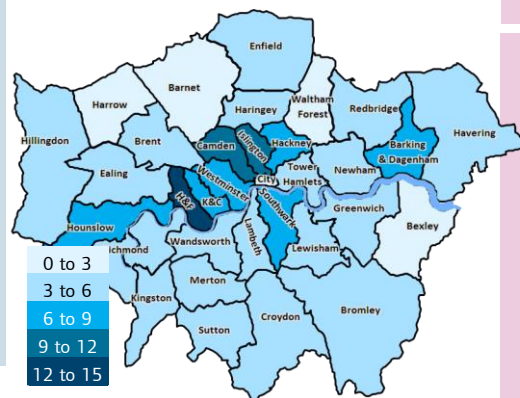


Hammersmith & Fulham recorded the highest rate of drug poisoning deaths from 2020-2022, followed by Camden & Islington.

Drug poisoning deaths by region 2022 (per million of population)



Rate of drug poisoning deaths by borough 2020-2022 (per 100,000 population)



National context



- The rate of both drug poisoning deaths & drug misuse deaths in England & Wales have increased significantly over the last decade. **The rate of drug poisoning deaths was 89% higher in 2022 than in 2012.**
- All regions recorded increases**, with the highest seen in Yorkshire and the Humber (+131%) and the North East (+124%)
- Those born in the 1970s had the highest rates of drug misuse deaths (the 'Generation X' cohort).
- The reasons behind the increase in deaths are complex but may include an **ageing cohort of long-term drug users, increasing heroin purity & increases in alcohol & polydrug use.** [Drug-related deaths "deep dive" into coroners' records](#)

46% of deaths in England & Wales were caused by **opiates**, with heroin & morphine the most frequent (26%). 17% were caused by **cocaine**, 13% **methadone**, 11% **antidepressants** and 10% **benzodiazepine**.

There has been a **significant increase in deaths involving cocaine** over the last decade, likely linked to increased use (over 5 times as many deaths in 2022 than in 2012).



Impact

*Deaths classified as drug misuse must meet either one (or both) of the following conditions: the underlying cause is drug abuse or drug dependence, or any of the substances involved are controlled under the Misuse of Drugs Act 1971. Information on the specific drugs involved in a death is not always available, therefore figures on drug misuse are underestimates.

Sources:

Deaths related to drug poisoning in England & Wales - Office for National Statistics (ons.gov.uk); Drug-related deaths "deep dive" into coroners' records - Office for National Statistics (ons.gov.uk); London needs naloxone to prevent unnecessary drug deaths | London City Hall; GLA Group Public Health Unit: Overview of Drug Treatment for London October 2022

Gaps & areas for further research:
Deaths by type of drug at London level



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London has the lowest rates of hospital-admissions due to drug poisoning in England, but similar numbers of admissions due to drug disorders



Drug-related hospital admissions in London

Drug-related hospital admissions 2019/20*


London has **lower rates of admission due to drug poisoning than averages for England & Wales**, but **similar rates of admission for drug-related mental & behavioural disorders**. This was the case for both men & women.

1,115 hospital admissions where the primary diagnosis was **drug-related mental & behavioural disorders**. This accounted for **16%** of the total in England.

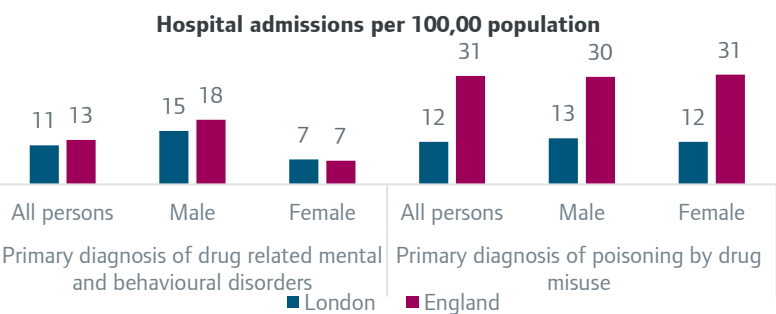
1,120 **drug poisoning** hospital admissions, only 7% of the total & **the lowest of any region in England**.

The rates of **hospital admission for drug poisoning were similar for men & women**, in contrast to figures for prevalence & drug deaths where men are overrepresented. 52% of hospital admissions were male, with 48% female.

National context

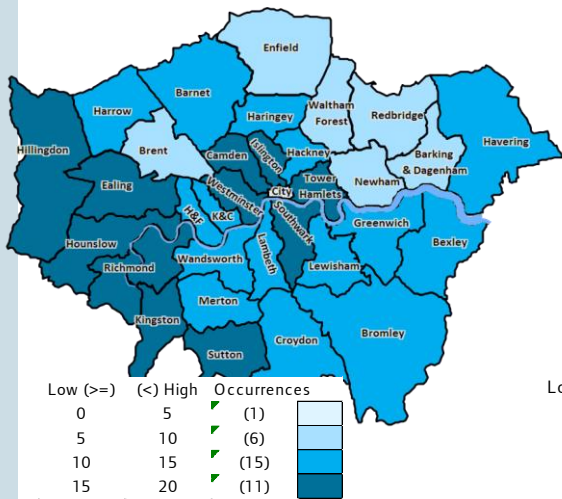


- Hospital admissions in England & Wales are mainly driven by overdoses & poisonings (16,994 in England in 2019/20), with drug-related mental & behavioural disorders also contributing (7,027 in 2019/20).
- In England, **those aged 25-34 were most likely to be admitted to hospital**, however, **numbers of admissions for those aged 45+ have increased over the last decade**, whereas numbers have decreased for younger generations.
- Opiates are the main drivers of **drug poisoning deaths & hospital admissions** in England & Wales, but **multiple drug use & cannabinoids** were more likely to result in hospital admission for **mental & behavioural disorders**.
- Although hard to estimate, drug use is also a factor in other admission types, particularly **self-harm/suicide, schizophrenia & assault/homicide**.

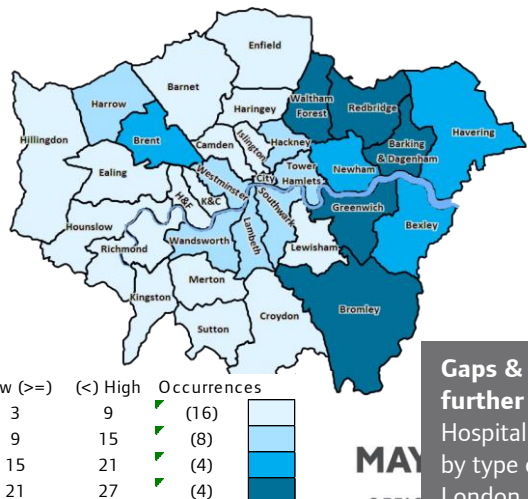


The rate of **drug poisoning admissions** was highest in **central & western boroughs (highest in Sutton)**, whereas the highest rates of admissions for **mental & behavioural disorders** relating to drugs were mostly **concentrated in Eastern boroughs (highest in Barking & Dagenham)**.

Hospital admissions with a primary diagnosis of poisoning by drug misuse (rate per 100,00 population) 2019/20



Hospital admissions with a primary or secondary diagnosis of drug related mental & behavioural disorders (rate per 100,000 population) 2019/20



Impact

Gaps & areas for further research: Hospital admissions by type of drug at London level

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*Data relating to admissions for drug-related mental and behavioural disorders is not available after 2019/20. For this reason, we have not reported on more recent figures. Recent data on admissions for drug poisoning shows a significant decrease in both England & Wales (~43%) and London (~39%) from 2019/29 to 2022/23. London remains the region with the lowest rates of admission for drug poisoning.

London Ambulance Service dispatches for drug overdoses in London have decreased from 2019 to 2022



Ambulance call-outs to overdoses in London

London ambulance service dispatches to drug-overdose incidents (first dispatch, paramedic-derived*), 2023/24

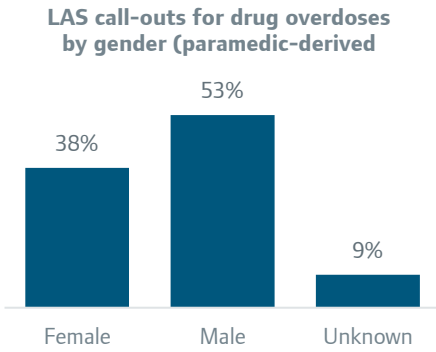
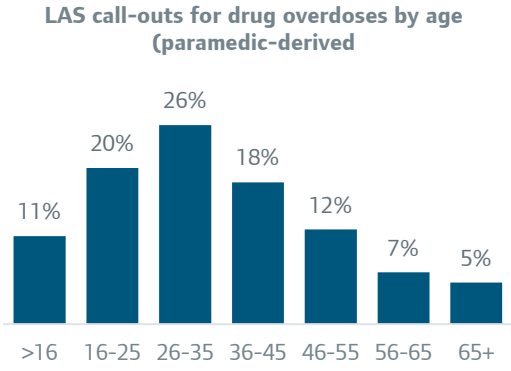
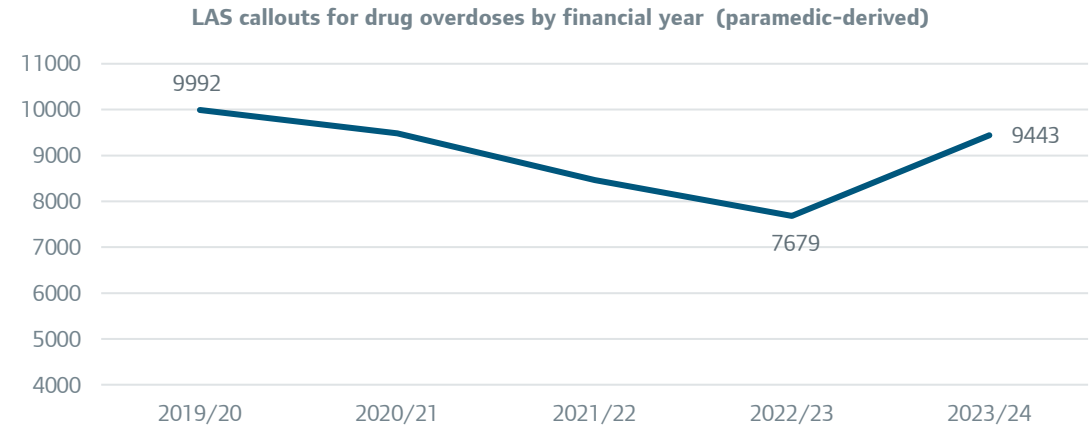
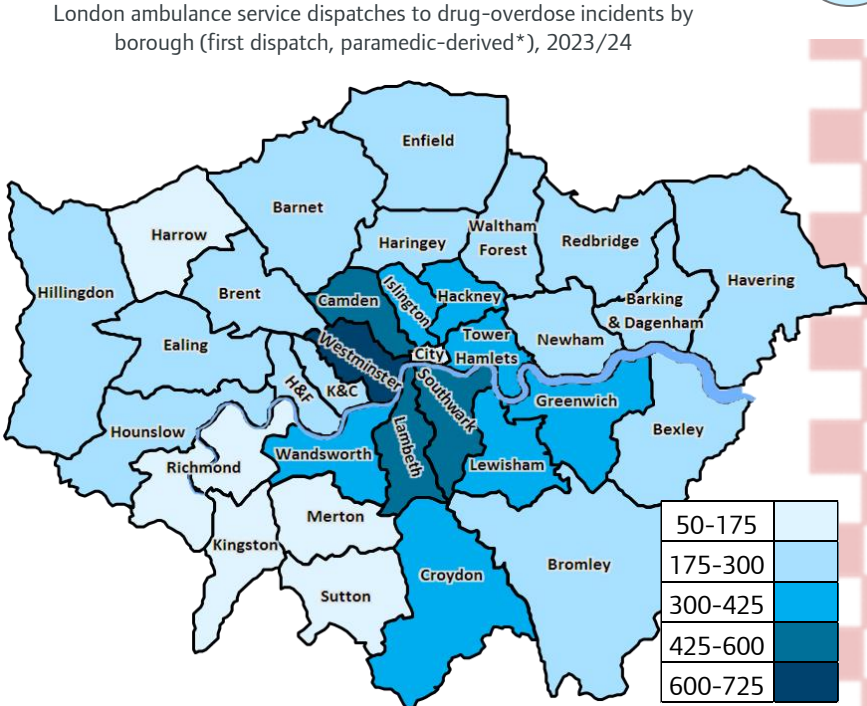
9,443 recorded dispatches to overdose incidents (paramedic-derived) in London in 2023/24.

Numbers of dispatches to overdose incidents decreased between 2019/20 & 2022/23, having been stable for the previous three years. In 2023/24 the numbers of overdose callouts increased by 23%. Increases were seen across all boroughs and age groups.

Drug overdose patients were **most likely to be aged 26-35**, with 57% under 35.

38% of patients were female.

The highest number of LAS vehicle dispatches to overdose incidents were in **central London & Croydon**, with **Westminster** the borough with the highest number of incidents.



Excludes incidents where no gender or age data was recorded.

*for accuracy purposes, data includes only incidents where paramedics have described/recorded patient(s) requiring medical assistance due to the effects of however an overdose, excluding incidents where the caller has referred to an overdose, but this has not been recorded by the paramedic.



Drug use may pose a range of other risks for individual well-being, outcomes & quality of life



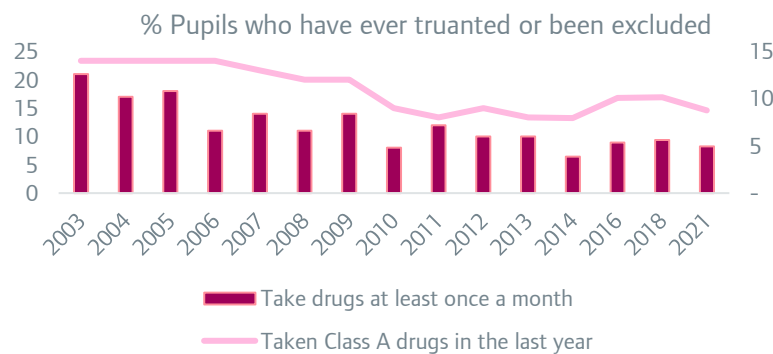
As discussed in the drivers & influencers section – for many of the factors associated with drug use, correlation does not necessarily suggest causality, rather the regular co-occurrence of these outcomes. Evidence suggests whilst drug use can exacerbate existing issues or vulnerabilities, these existing issues can also increase the likelihood of drug abuse & related harm.

Studies have found drug use can impact **mental health** in several ways - with cannabis linked to **anxiety, depression & risks of developing psychosis or schizophrenia**, stimulant drugs similarly linked to depression, anxiety, paranoia, psychosis & memory loss & most drugs having the potential to **exacerbate or trigger existing mental health problems** (Arian & Barry, 2003; Patel et al., 2020; Rey & Tennant, 2002).

A **'dual diagnosis'** can be given in cases of severe mental health problems & drug misuse, which would generally be treated by mental health services rather than drug treatment services.

Evidence suggests substance use can be a cause as well as consequence of a person becoming **homeless**. Homelessness & substance use are mutually reinforcing problems, often co-occurring with & exacerbated by mental ill health & physical health needs (ACMD, 2019).

Several studies, mainly in the US, have linked drug use by school-aged children to **decreased academic achievement & engagement** (Henry, 2010; Jaynes, 2002; Kendler et al., 2018; Register et al., 2001).



Education

8% of those who took drugs at least once a month & 9% of those who had taken class A drugs in the last year had **truanted or been excluded from school**. This was a significant decrease from 21% & 14% respectively in 2003.

Mental Health



Employment & financial security

Research found drug users (particularly early-initiation drug users, users of “hard” drugs, & frequent drug users) were more likely to demonstrate low levels of **employment**. This relationship was more apparent among men than women (Arria et al., 2013; French et al., 2001; Huang et al., 2011).

Impact on children & dependents

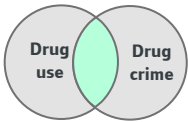
Parents’ alcohol & drug use can negatively impact on **children’s physical & emotional wellbeing**, their development & their safety.

*DfE statistics on children in need found that parents using drugs was a factor in around **17% of child in need cases**. Parental alcohol or drug use was recorded in over a third (36%) of serious case reviews where a child has died or been seriously harmed.*



Sources:
*Safeguarding & promoting the welfare of children affected by parental alcohol & drug use: a guide for local authorities – GOV.UK (www.gov.uk)

Offending history data shows a link between drugs & other offending & a high proportion of drug offenders reoffend



Drugs & offending histories

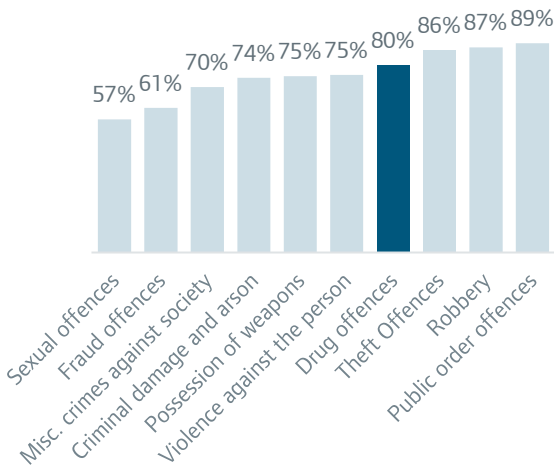
Criminal History reoffending data 12 months ending 2023



4/5 drug offenders were repeat offenders (of all MPS offenders sentenced or cautioned for drugs offences in 2023, almost fourth fifths (80% had a previous conviction or caution.)



Reoffending: % MPS offenders cautioned or sentenced in 2023 (by offence type) with a previous conviction or caution



*An offender's offending history counts the number of occasions on which an offender has previously received a conviction, caution or youth caution for any offence which has been recorded on the PNC.

National data shows that offenders with an index offence of drugs were most likely to have a previous offence* for **theft** (25%) or **summary offences excluding motoring** (21%).

Offenders with an Index offence of Drugs in 12 months ending December 2020 - previous offences (%). England & Wales

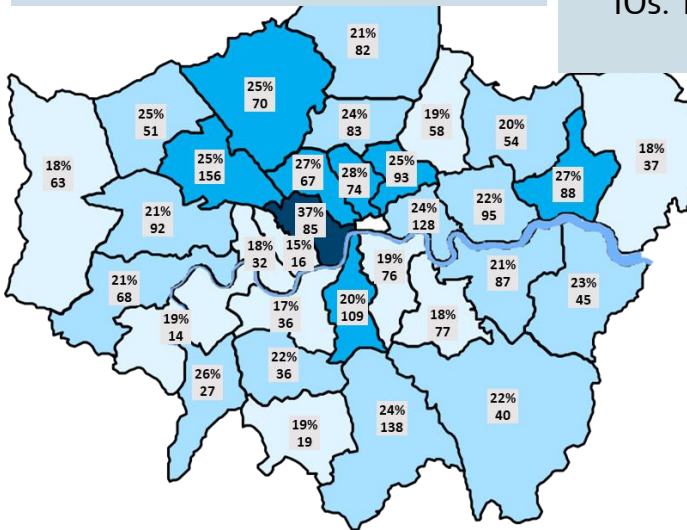
Major offence	%
Theft offences	25%
Summary offences excluding motoring	21%
Drug offences	17%
Breach offences	9%
Miscellaneous crimes against society	7%
Summary motoring offences	6%
Violence against the person	4%
Possession of weapons	3%
Public order offences	2%
Criminal damage & arson	2%
Robbery	2%
Fraud offences	1%
Offences outside England & Wales	0%
Sexual offences	0%

Drugs & reoffending

Proven reoffences over a one-year follow-up period* July 2021 – June 2022

23% Reoffending rate for adult offenders in London with an index offence (IO) for Drugs in Jul 2021 – Jun 2022

There has been a downward trend in the reoffending rate of drug offenders over the last 10 years (from 32% in July 2011 – Jun 2012).



*Proven reoffences are measured over a one-year follow-up period & a further six-month waiting period to allow for offences to be proven in court. Annual figures have been produced by aggregating the four preceding 3-monthly cohorts. Please note that this may result in a single offender being included in the annual cohort more than once.

**MSGs are groups of police force areas that have been found to be the most similar to each other based on analysis of demographic, social & economic characteristics which relate to crime. For the Metropolitan Police, the most similar forces are West Midlands, Greater Manchester & West Yorkshire

Reoffending rates amongst those with a drug IO in London are slightly higher than in England & Wales as a whole & each of the most similar forces

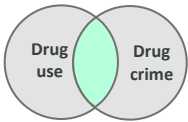
Adult offenders in London with an IO of Drugs have the third highest reoffending rate compared to other IOs. Theft (45%) and Public Order (29%) were the highest.

- Adult offenders in **Westminster** with an IO of drugs have the highest reoffending rate, followed by **Islington and Camden**.
- By volume, **Brent** had the highest number of adult reoffenders with an IO of drugs
- Twelve of the 32 boroughs have reoffending rates higher than the London average.



Impact

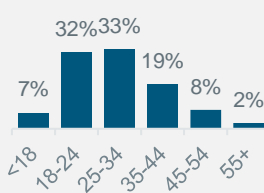
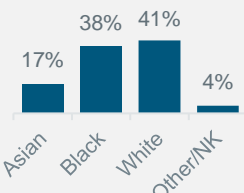
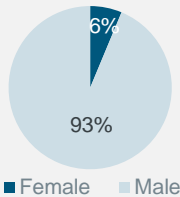
Drug offenders are mostly young & male. There is a significant overlap between offending & victimisation, with young, female & non-white offenders most at risk



Sample Cohort



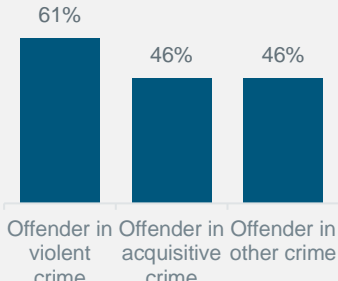
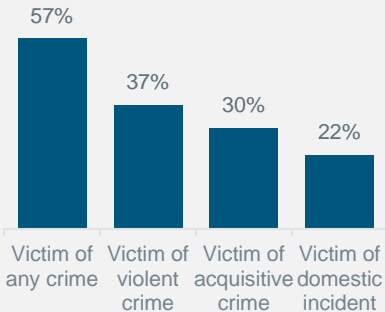
(Accused of drug offence in 2023)



Data was extracted from Met Insights on all those accused of drug offences reported in 2023 in London. Unique individuals were identified using the Met Insights Person Unique ID (PUID) field. A total of 22,237 individuals were recorded as accused of drugs offences in 2023.

For further analysis, a random sample of 2000 individuals was selected. The demographic makeup of this sample did not significantly differ from the full cohort. Data was then extracted on all crime records held on Met Insights (crimes recorded since 2014) featuring the sample as accused, suspect, victim, informant or witness, based on PUID.

The drug offending cohort was mostly male & aged 18-34. Black males aged 18-24 were the largest single demographic.

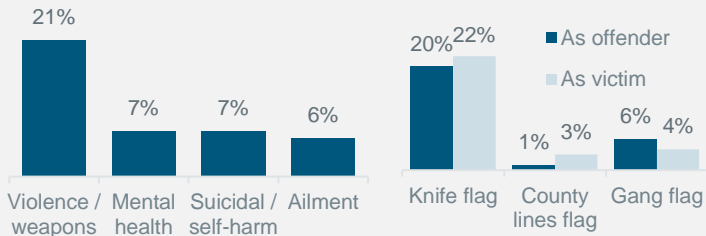
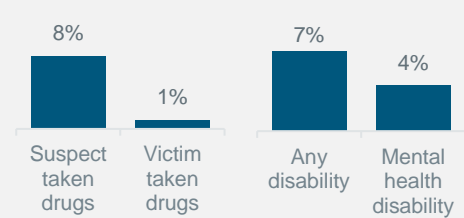


74% of the cohort were **suspects** in **more than one crime type*** & **51% were suspects in 3 or more**.
52% of the cohort were **accused** of **more than one crime type** & **26% were accused in 3 or more**.

Amongst those that were victims (57% of the cohort), **58% were victims of more than one crime type** & **25% were victims in 3 or more**. *Crime type refers to Major Crime classification

- Offending & victimisation history for crimes recorded since 2014.
- Under recording may occur where individuals were not identified as offenders or victims.
- Offenders refers to both suspect & accused records.

A high proportion of the drug offending cohort are also victims, with violence the most common crime type. Drug offenders are also committing other types of offences, particularly violence & acquisitive offences.



- Disability, flag & warning signals history for crimes recorded since 2014.
- Under recording is very likely because of police practice. The recording of disability data, flags & warning signals is optional & at the discretion of officers.

A low proportion of offenders were recorded as having a disability (below population averages of 13%), but under recording is likely. A fifth of offenders had a violence/weapons warning signal or knife crime flag recorded at least once.

Key findings by demographic

- **Female** offenders had a **higher likelihood of victimisation** than males (75% of vs 56%) & were more likely to be victims of **violence & domestic incident offences**.
- **Black & Asian offenders** had a higher likelihood of **victimisation** than white individuals (63% vs 52%).
- The **youngest** offenders had a higher likelihood of **victimisation** (69% for <18s) & were more likely to be victims of **violence** offences.



Re-offending rates for the cohort were high & the drug cohort was likely to be both perpetrators & victims of multiple crime types



Offending history

(Suspect & accused records recorded since 2014)

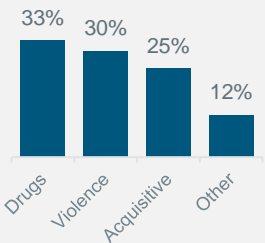
*Where offender appears as suspect & accused in the same crime only one record is counted

23,650 offending records*

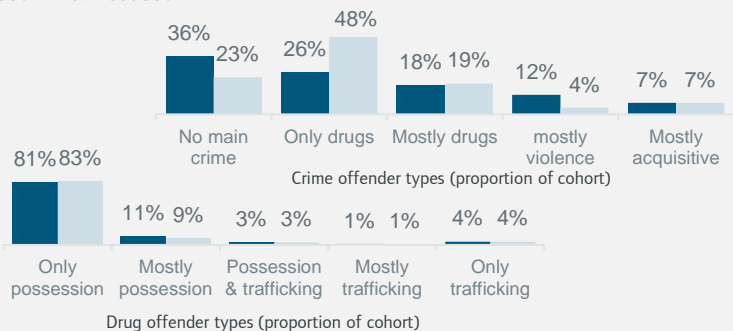


Average of 9, median of 5 & max of 125 offences per individual

■ Accused ■ Not Accused

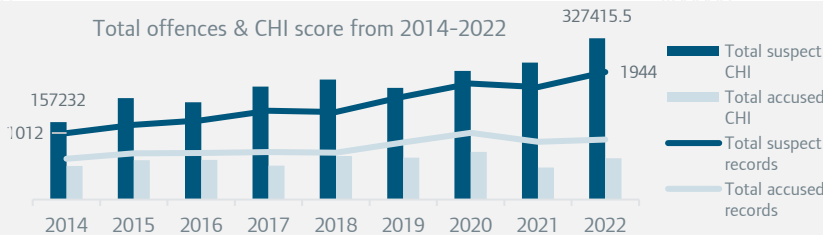


Proportion of all offender records (accused or suspect)



Drug offender types (proportion of cohort)

Total offences & CHI score from 2014-2022

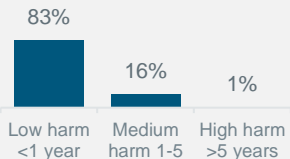


Average CHI score per offence†:

Suspect records: 129

Accused records: 77

CHI data not available for 2% of offences.



Proportion of all offender records excl. those with no CHI score (accused or suspect)

Offending rates for the cohort were high, & the number & harm of offence increased over the years prior to 2023. The cohort mostly committed drugs offences, but a large proportion committed multiple offences types, particularly violence & acquisitive.

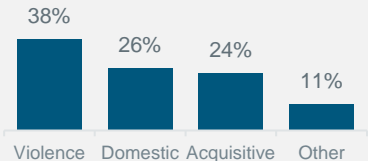
Victimisation history

(Victim records recorded since 2014)

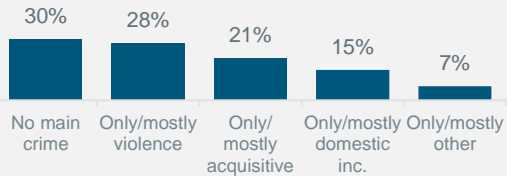
4,754 victim records

57% of the cohort had at least one victim record (1,148 individuals)

Average of 2, median of 1 & max of 100 victimisations per individual (total cohort)

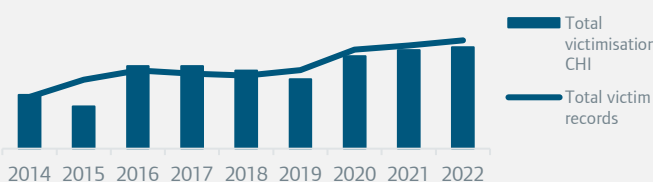


Proportion of all victimisation records

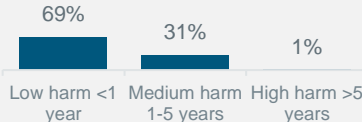


Victim offender types (proportion of victim cohort)

Total victimisations & CHI score from 2014-2022



CHI data not available for 33% of victimisations. The majority of these are domestic incidents which are not classified as crimes by the home office, & do not have a CHI score.



Proportion of all victimisation records (excl. those with no CHI score)

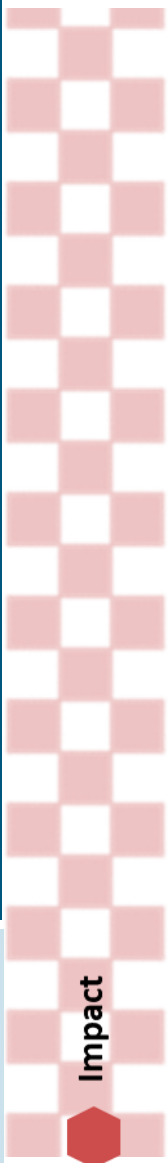
The drugs cohort were likely to be victimised across multiple offence types, particularly violence. Overall, the cohort was victimised less frequently than they offended, but numbers & harm of victimisations increased over time.

Key findings by demographic

- **Black males aged 35-44** were the most prolific offender group. However, offenders who are older, white or male were the most likely to appear **only** as offenders.
- Offenders who are younger, Black or female were more likely to commit **non-drugs offences**.
- Offenders who are older, Black & male were more likely to commit drug **trafficking** offences & **higher harm** offences.
- Older male offenders are more likely to be charged, as opposed to receiving alternative judicial disposal outcomes (e.g. community resolutions).
- White male offenders were victimised most frequently (although non-white individual & females were more likely to be victims at least once).
- Females & young offenders are more likely to be victims of **multiple crime types**.
- Asian victims & older victims were more likely to be victims of **acquisitive crime**.
- Offenders who are younger, Black or female were subject to the **highest harm victimisation**.
- Victim withdrawal, particularly when the suspect was identified was more common for female offenders. Suspects were less likely to be identified when male offenders were victims.

†Cambridge Harm Index Crime Scores

CHI score weightings represent minimum sentencing guidelines in days in custody or equivalent days needed to work to meet requirements of a community order or fine. Scores range from 0.1 to 5475 for murder offences. Drugs possession offences carry low scores (1-5), while trafficking offences score highly (547.5). For this analysis, high harm offences are categorised as 1825 & above (>5 years), medium harm are 365 & above (1-5 years) & low harm are below 365 (<1 year). 74% of all offence types with a CHI score attributed are in the low harm category. A score of 19 & above is in the top 40% of offences. A score of 365 & above is in the top 25% of offences. A score of 1825 & above is in the top 5% of offences.



There is a large body of research linking illegal drug markets to systematic violence & exploitation



It is broadly accepted that drugs are linked to systemic violence (related to the structure of illegal drug market transactions). Practitioner perceptions suggest a large & growing proportion of serious street orientated violence is related to drug supply.

Several factors have been found to make violence more or less likely, including:

- **Presence of gangs** is likely to increase violent conflict (Coomber, 2015). Young people report carrying knives as a response to perceived threat of gang violence (University of West London, 2023a).
- **Type of drug: Cocaine** is often assumed to have a more common association to violence than cannabis or MDMA (Bean, 2014). Cannabis transactions are less likely to involve violence as more likely to be “social supply”, while risk of violence higher in “open markets” e.g., street dealing (University of West London, 2023b).
- **Shift from importation of cannabis to UK farming** may also mean increased involvement or organised crime groups in the UK & trafficking & exploitation of individuals for work on cannabis farms (University of West London 2023b).

The NCA strategic assessment 2021 (NCA, 2021) highlighted a number of overlapping areas of harm linked to organised crime & drugs, including **modern slavery** (e.g. victims being forced to participate in county lines drug supply or work in cannabis farms) & **use of firearms** (link between drug supply & fire-arms enabled serious violence, with firearms regularly found at drug incidents).

MOPAC’s Serious Youth Violence Problem Profile* (MOPAC, 2022) found that **20% of teenage victims of serious youth violence & 29% of those accused in teenage violence had been arrested for drug offences** in the 12 months prior. These figures are even higher for those who were victims or accused of homicide offences.

The MPS strategic threat assessment for drugs suggest a **link between county lines drug supply & serious violence**. Over 80% of county lines offenders prosecuted by Op OROCHI & Op YAMATA have been previously arrested for violent offences.

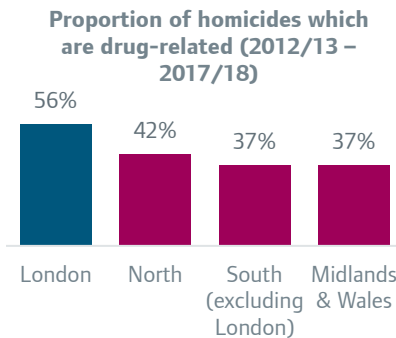
Who does systemic violence impact?

- Both victims & suspects of serious youth violence along with those found to be involved in county lines in London are disproportionately **young, black & male**.
- Those **not in full-time-education**, those with **previous contact with the criminal justice system, looked after children & children with histories of missing episodes** are also at risk of violence (both perpetration & victimisation).
- Girls & young women are also at risk of often hidden forms of violence & exploitation relating to drug markets (University of West London, 2023b).
- Geographical areas with a high concentration of vulnerable individuals in multiple occupancy housing have been found to create self-sustaining local drugs economies which increase opportunities for exploitation & violence (University of West London 2023a).

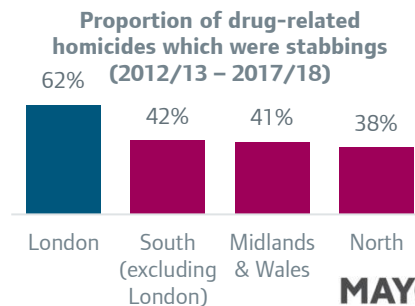
Drugs & homicide

2012/13 – 2018/18, Review of drugs by Dame Carol Black

Homicides occurring in London are more likely to be drug-related than the rest of England & Wales. Drug-related homicides have also increased at a faster rate in London than in the rest of England & Wales.



Drug-related homicides in London are also more likely to be stabbings. Drug-related stabbing homicides have also increased at a fast rate in London.



Source:
*A problem profile of Violence, Gangs & Young People, MOPAC, 2022

There is a large body of research linking illegal drug markets to systematic violence & exploitation



Some key findings from MOPAC funded reports (delivered by the University of West London (in partnership with ARCS Ltd))

Perceptions of Serious Youth Violence in London – Causes & Remedies (University of West London, 2023a)

- Key stakeholders perceived drugs as key driver of **violence**, along with wider issues such as **socio-economic factors, deprivation, community & individual trauma**.
- Practitioners, young people & residents highlighted severity of serious youth violence issues & exploitation & felt these issues, including severity of violence, were becoming worse.
- Stakeholders felt serious youth violence was impacting the **mental health of young people**, leading to increased self-medication through substance misuse.
- Carrying **knives** was viewed as 'logical' response to threat of hostility.
- Young people reported increased internal **gang** tensions, leading to more violence.
- Street-gang affiliated young people expressed willingness to do whatever was needed to **survive**.
- Perceived to be a wide range of issues relating to **girls & young women** – exploitation, carrying/storing weapons, county lines etc., – which had become more prevalent.
- Residents expressed concern about **high concentrations of vulnerable people** (including drug users) in certain areas, leading to local, self-sufficient drug economies & an increased risk of violence/exploitation.
- Tighter control of **county lines & localised drug dealing** was identified as a driver for violence with more senior members of gangs attempting to keep younger gang members 'in check'.
- Some respondents noted how drug users can become involved in illegal activities/violence to **fund drug use** & highlighted how drug use can lead to increased interpersonal violence.
- **Drugs were widely perceived to be a key driver of violence in London.**

Cannabis, Violence & Policing in London – Assessing Current Practice, Modelling Future Approaches (University of West London, 2023b)*



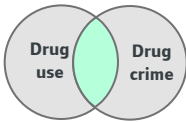
- **Cannabis** transactions are often perceived to have **less likelihood of violence** compared to transactions for some other drugs, mainly because cannabis is more likely to involve 'social supply'.
- **Risk of violence** varies according to **different type of drugs markets**, with open markets e.g. street dealing, carrying more risk of violence than social supply / closed markets.
- **Street gangs** operate in open markets which increases risk of internal group dynamics & gangs vying for control of areas, leading to increased likelihood of tension.
- **Child criminal exploitation** can often be linked to other forms of exploitation, such as sexual exploitation & serious violence, with exploited children both victims & perpetrators of violence.
- Exploitation of young people involved in drug dealing can often be '**hidden**', with many young people not realising they are being exploited & reporting they are involved in drug dealing under their own 'free will'.
- There has been a **shift from importation of cannabis to UK farming**, which has led to increases in profitability, criminal activity, trafficking & exploitation of individuals into the UK to work on cannabis farms & an elevated risk of violence through gang rivalry.

*Unpublished report Submitted to MOPAC by the University of West London (UWL) and ARCS Ltd



LONDON

There is evidence of correlation between drug misuse, offending & victimisation



Drug-use & offending

Research has highlighted a propensity for addicted drug users to **undertake acquisitive crime to fund a drugs habit**. Dame Carol Black’s review of drugs in England estimated that nearly half of all acquisitive crimes are associated with drug use.

There is support for theories that expensive drug use (such as heroin, crack, & cocaine use) is associated with income-generating crime & acquisitive criminal activity & that those dependent on heroin & other opiates are disproportionately involved in criminal activity (Bennett et al., 2008; Bukten et al., 2011; Pierce, et al., 2015).

Results of a meta-analysis of 30 studies showed that the **odds of offending were between 2.8 & 3.8 times greater for drug users than non-drug users** (Bennett et al., 2008).

Opiate use has been found to **elevate rates of acquisitive offending**, particularly amongst female offenders & non-serious acquisitive offenders (Pierce et al., 2017).

Some research has suggested that the link between drug use & crime may not be forward causation (drug use causing crime) but reverse causation (**involvement with crime leading to drug use**) (Hammersley et al., 1989) or confounding (crime & drug use **co-occurring because of common causes** (Seddon, 2000)).

A MOPAC & GLA City Intelligence Unit report into serious youth violence found a **correlation between adults in drug treatment & rates of violent offending**.

During the period April 2015 – March 2023, **The Metropolitan police recorded 166,60 offences where the suspect had taken drugs** (around 2,000 per year).*

The most likely offence types were **drugs** (58%, with over 90% possession offences), **Violence offences** (19%) & **sexual offences** (8%).

Links between Cannabis & Violence (University of West London, 2023b)

- Research found a lack of UK based studies on the link between cannabis use & violence, however some international studies have shown correlations between use & increased risk of violence.
- Poor mental health has been found to increase the risk of violent behaviour in cannabis users.
- Violence is more likely in those with cannabis use disorders.
- Early age of first use may also increase risk of violent behaviour.

**Note: Police flags can be inconsistent & are most likely to be used when perceived as relevant to the crime or criminal justice case.*

Offences with ‘suspect taken drugs’ flag recorded by Metropolitan Police, April 2015 – March 2023

Major offence	No. Crime reports	%
Drugs	9593	58%
Violence Against the Person	3083	19%
Sexual Offences	1320	8%
Theft & Handling	865	5%
Criminal Damage	626	4%
Other	1173	7%

Data from Met Insights, indicative only. Includes ‘Other accepted crimes’

Drug-use & victimisation

ONS data into victimisation & its relationship with drug misuse in England & Wales found that being a victim of violent crime was associated with more than twice the odds of reporting any drug use in the last year. *However, after adjusting for age & sex, the strength of the association was reduced & was no longer significant.*

During the period April 2015 – March 2023, **The Metropolitan police recorded 4,463 offences where the victim had taken drugs** (around 550 per year).*

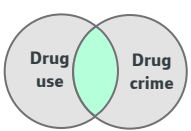
The most likely offence types were **sexual offences** (50%, with 79% rape offences) & **Violence offences** (20%).

At London level, **correlations have been found between adults in drug treatment & rates of violent victimisation** in London (GLA & MOPAC Serious Youth Violence Report, 2021).



Sources:
Data from Met Insights, Crimes reported from April 2015-March 2023, accessed 19/10/23
Victimisation & its relationship to drug misuse, common mental disorder & well-being in England & Wales: year ending March 2021

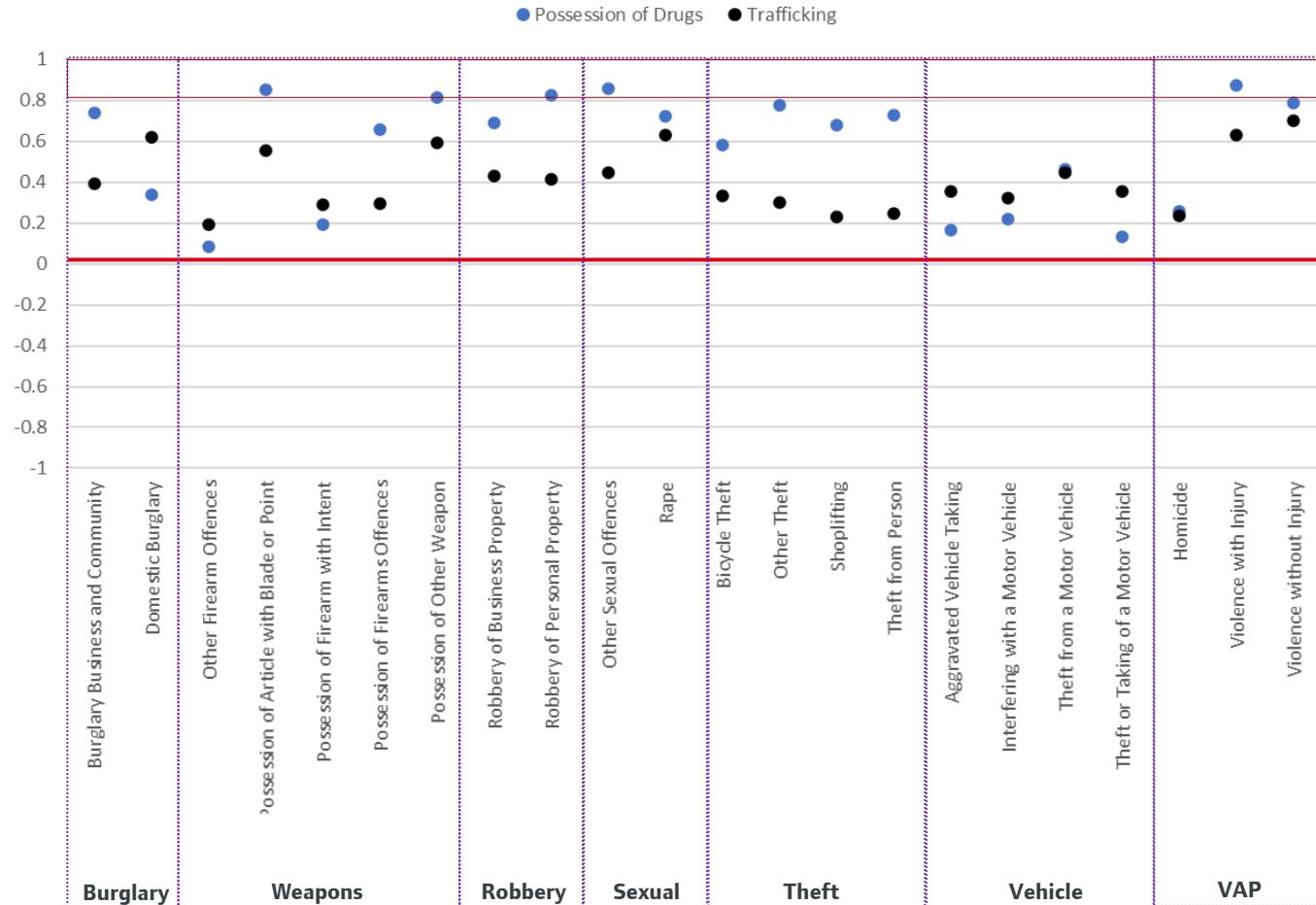
There is a relationship between drugs possession offences & violent crime at the ward level



Drugs & violent crime at ward level

MPS recorded crime data at the electoral ward level between November 2020 & October 2022

Correlations between volumes of identified drugs offences & the volume of other crime types



Strong correlations were observed between volumes of identified drugs offences & the volume of crime types.
Correlation does not imply causation.

Drugs possession

Possession of bladed article (0.85) & possession of other weapons (0.81)

This may be related to police activity e.g., stop & search activity yielding identification of drugs & weapons possession offences.

Personal Robbery (0.82)

Other Sexual Offences (0.86)

Violence with injury (0.88)

This is the strongest correlation observed across all wards when comparing to volumes of drugs possession offences recorded. As per earlier note, this does not necessarily indicate that there is a relationship between drugs possession & violent crime – more that those areas where high volumes of drugs possession is identified also tend to have higher volumes of recorded violence with injury.

Drugs trafficking

Correlations for drugs trafficking offences are not as strong as for possession – with the strongest being for **Violence without injury (0.69)**.



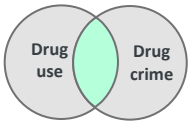
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Sources:

MPS geographic Crime Data (ward) November 2020 to October 2022

It is hard to estimate the prevalence of the use of drugs on victims (e.g., spiking) & in chemsex



Use of drugs on victims including spiking

While media sources have reported on recent increases in spiking in London & the UK, Research has been unable to accurately assess prevalence rates for spiking. Motivations for spiking include sexual motives, revenge or other predatory/malicious motives & the desire to ‘have fun’, get people to ‘loosen up’ or calm someone down. Contexts often include the night-time economy & entertainment environments with victims often female (Burrell et al., 2023).

The top boroughs for drugs used on victim offences were Westminster, Lambeth & Camden, with **Westminster accounting for 19% of all flagged offences in London.**

Almost half of drugs used on victim flagged offences were recorded as **sexual offences, with almost 80% violent or sexual crimes.**

Offences with ‘Drugs used on victim incl spiking’ flag recorded by Metropolitan Police, April 2015 – March 2023

Major offence	No. Crime reports	%
Sexual Offences	3752	47%
Violence Against the Person	2543	32%
Other Accepted Crime	784	10%
Theft & Handling	401	5%
Robbery	175	2%
Other	287	4%

Data from Met Insights, indicative only. Includes ‘Other accepted crimes’

Chemsex

Chemsex typically refers to the use of drugs during sexual activity, primarily amongst a minority of gay, bisexual & other men who have sex with men (MSM). Associated drugs include Gamma Hydroxybutyrate (GHB), Gamma Butyrolactone (GBL) & mephedrone. The link to crime is complex & it is believed that Chemsex-related vulnerability & offending are considerably under-reported. **Chemsex has been implicated in a range of sexual & non-sexual offending including homicide** (Hockenhull et al., 2017).

Chemsex has been a recent priority for the MPS, particularly following the murders committed by Stephen Port of four men using Chemsex drugs. In 2020 the Met launched project Sagamore, multi-agency response to Chemsex crime & vulnerability. A ‘Chemsex related’ flag was introduced to MPS crime systems in 2017.

Similarly, to drugs used on victims, Chemsex flagged crimes were generally recorded as **sexual offences & violence offences (55%).**

Numbers of both drugs used on victim flags & Chemsex flags have increased over time, likely driven in part by increased awareness within the MPS.

Offences with ‘Chemsex’ flag recorded by Metropolitan Police, April 2019 – March 2023

Major offence	No. Crime reports	%
Sexual Offences	393	35%
Violence Against the Person	225	20%
Other Accepted Crime	195	17%
Drugs	96	8%
Theft & Handling	80	7%
Other	147	13%

Data from Met Insights, indicative only. Includes ‘Other accepted crimes’



Response



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Chapter five: Response

This section of the Drugs Problem Profile provides an overview of the London-wide response to drugs, with a spotlight on the criminal justice response.

Chapter Contents

The System Response to Drugs

- [The National response to drugs](#)
- [Borough response to drugs & Project ADDER](#)
- [The health-specific response, engagement in treatment](#)

Spotlight on: the Criminal Justice System response

- [The police response to drugs](#)
- [Stop & search in London](#)
- [Outcomes for drug-related offences in London](#)
- [Considerations for criminal justice drugs policy-makers](#)

Key Highlighted Gaps

- Cross-borough analysis of strategic needs assessments and action plans.
- London or borough level treatment data & data for children & young people including outcomes.
- Understanding of the wider system response to drug use, e.g. diversion, intervention & prevention
- Evaluations of 'what works'.

Further Considerations for London

The current response to drugs across London is split across many different organisations & sectors, with areas of promising practice not always being shared across London. Regional Combatting Drugs Partnerships should focus on coordinating a commonality of aims & targets while developing a shared understanding of what success looks like. The Combatting Drugs Outcomes Framework is a useful tool to support these aims.

However, the current response to drugs across the capital (including the Combatting Drugs Outcomes Framework) focusses heavily on reducing drug-related crime & improving drug-related treatment. There is a need to **consider early intervention & prevention strategies** - particularly within the complex context of London.

Emerging Insights

The London response to drugs

The National Response to drugs is underpinned by the National Combatting Drugs Outcomes Framework. At borough or sub-regionally across London, local action plans & outcomes frameworks should all be feeding into this wider Framework.

Strategic outcomes and metrics			Intermediate outcomes and metrics		
Reduce drug use	Reduce drug-related crime	Reduce drug-related deaths and harm	Reduce drug supply	Increase engagement in treatment	Improve recovery outcomes
Headline metrics <ul style="list-style-type: none">• Proportion of individuals reporting use of drugs in the last year• Estimated prevalence of opiate and/or crack cocaine use (OCU)	Headline metrics <ul style="list-style-type: none">• The number of neighbourhood crimes; domestic burglary, personal robbery, vehicle offences and theft from the person• The number of homicides that involve drug users or dealers, or have been related to drugs in any way	Headline metrics <ul style="list-style-type: none">• Deaths related to drug misuse• Hospital admissions for drug poisoning and drug-related mental health and behavioural disorders (primary diagnosis of selected drug)	Headline metrics <ul style="list-style-type: none">• Number of county lines closed• Number of major and moderate discipline against organised criminal groups	Headline metrics <ul style="list-style-type: none">• Continuity of care: engagement in community-based structured treatment within three weeks of leaving prison (adults)• The numbers in treatment for adults and young people	Headline metrics <ul style="list-style-type: none">• Showing substantial progress by completing the treatment programme (free of dependent drug use and without an acute housing need or still in treatment and either not using or having substantially reduced use of their problem substances measured over the preceding 12 months)
Supporting metrics <ul style="list-style-type: none">• Number and proportion of households owed a homelessness duty with a drug dependency need• Rate per population of children of referral and assessments by social services with drugs as a factor• Number of permanent exclusions and suspensions and the proportion that are drug and alcohol related• Proportion of 11 to 15 year olds who think it is OK to take drugs to see what it is like, and think it is OK to take drugs once a week	Supporting metrics <ul style="list-style-type: none">• Proven reoffending within 12 months• Police recorded trafficking of drugs and possession of drugs offences• Hospital admissions for assault by a sharp object	Supporting metrics <ul style="list-style-type: none">• Hepatitis C prevalence (chronic infection) in people who inject drugs• Number and percentage of people in treatment that have died during their time in contact with the treatment system	Supporting metrics <ul style="list-style-type: none">• Volume and number of drugs seizures• Number and proportion of National Referral Mechanism referrals with a county lines flag	Supporting metrics <ul style="list-style-type: none">• Number of individuals in treatment in prisons and secure settings• Number of community or suspended sentence orders with drug treatment requirements• Number and proportion of adults starting treatment in the establishment within three weeks of arrival (from community or other custodial settings)• Unmet need for OCU treatment	Supporting metrics <ul style="list-style-type: none">• Proportion of people in treatment that have reported no housing problems in the last 28 days• Proportion of people in treatment that have reported at least one day of paid work, voluntary work, or training and education in the last 28 days• Proportion of people in treatment reporting a mental health need who received treatment or interventions• Proportion of parents that have received specific family or parental interventions

Drug Treatment in London



- The number of people receiving drug & alcohol treatment declined up until 2020/21, but funding has recently increased along with numbers in treatment.
- London records the lowest proportion of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (26% vs the England average of 43%).
- This suggests significant problems with the transition of prisoners to community treatment on release.

Stop & search in London



- Over 50% of Stop & Search is consistently related to drugs. In 2023/24 56% of all stops were drug-related.
- 32% of drug stops had a positive outcome, with 77% of these a positive outcome for drugs.
- Stops with a positive outcome for drugs were much less likely to be arrested than stops with a positive outcome for other reasons.



How does early intervention & prevention fit within the current response to combatting drugs in London?



Response

Over the last five years, the Government has been developing a National response to drugs

In 2019 the Home Secretary commissioned Dame Carol Black to carry out a review of drugs to identify what more can be done to tackle the harms caused by drugs. Recommendations from this two-part review formed the basis of the priorities set out in the Government's 10-year drug strategy published in 2022.

Review of Drugs – Phase One Report (Black, 2020)

- Provided an up-to-date analysis of the key problems relating to drugs.
- **Key findings:**
 - Estimated worth of **UK illegal drugs market is £9.4 billion a year.**
 - **Drug deaths at record levels.**
 - **Increased violence** associated with **UK Drugs market**, driven by involvement of OCGs & county lines.
 - **Misuse of opiates & crack/cocaine is closely linked to poverty & deprivation.**
 - **Demand** for many drugs, including powder cocaine, ecstasy & amphetamines, has **strong links with night-time economy** & alcohol consumption.
 - **Increased use of psychoactive substances** among **homeless people & prisoners.**
 - Large **increase in children & young people using drugs & being involved in drugs supply.**
 - **Drugs widely available in prisons.**
 - **Huge gaps in drug treatment provision**, compounded by **underfunding & lack of skilled workers.**

Review of Drugs: Phase Two Report (Black, 2021)

- Concluded that **existing prevention, treatment & recovery provision was not fit for purpose.**
- Highlighted **three key objectives** government should focus on, including;
 - (1) **Implementation of early diversionary interventions** for drug users plus **increasing the number of users accessing treatment & recovery support.**
 - (2) **Provision of first-rate evidence-based drug treatment service combined with a broad package of support services** (e.g., housing & employment support & mental health services).
 - (3) **Reduction in demand for drugs & drug use, especially recreational use, & drug use by minority & vulnerable groups.**
- Proposed **several major changes & accompanying recommendations** (32 in total) in **4 main areas:**
 - (1) **strengthening** of central government **leadership, increased funding & improved commissioning** of services,
 - (2) **rebuilding key services** for successful treatment & recovery (e.g., mental & physical healthcare),
 - (3) **increased focus on primary prevention & early intervention,**
 - (4) **more research to fill gaps in evidence** plus **improvements** to how **scientific research can help inform practice, commissioning & policy.**

UK Government's 10-year drug strategy (From harm to hope: A 10-year drugs plan to cut crime & save lives) (HM Government, 2022)







- UK government's 10-year drug strategy outlined plans to **stem the supply of drugs** by criminal gangs, provide **better drug treatment & support** & **reduce drug-related crime, death, harm & drug use.**
- Strategy focused on three key priorities:
 - (1) **Breaking drug supply chains** by:
 - **dismantling the county lines** distribution model,
 - **boosting the police & law enforcement** response to **stop drugs entering the UK & disrupt** the operation of **OCGs,**
 - **tackling drug supply in prisons** via **improved detection & security.**
 - (2) **Delivering world-class treatment & recovery services** by:
 - Adopting a **'person centred'** approach to break the cycle of addiction,
 - **Increasing investment in drug treatment & recovery services,** including services for **prisoners both in prison & in the community,**
 - Setting **new commissioning standards** to **increase transparency, ensure consistency & foster partnership working,**
 - Focusing on **trauma-informed treatment services** for **young people to prevent long-term drug use,**
 - Providing **more recovery support.**
 - **Piloting** of new **'problem solving'** substance misuse/**drug courts.**
 - (3) **Achieving a shift in the demand for recreational drugs** by:
 - **Building a world-leading evidence base** on what works to change **drug-related attitudes & behaviours,**
 - **Reducing recreational drug use** by adopting **tougher consequences,**
 - **Preventing drug use among children & young people** through **school-based / early interventions,** including **early support** for **young people & families at higher risk of using drugs / drug harms.**

The National response aims to direct coordination at Regional & Borough level



Borough Response to Drugs in London

- **The National Combating Drugs Outcomes Framework** - adds to the National Drugs Strategy guidance published in 2022 following Dame Black's report.
- Provides a **single set of metrics** - to measure national & local progress; help delivery partners structure & scrutinise work.
- All relevant partners including local authorities, the NHS, police, probations & prisons, should contribute to & **are jointly accountable for all outcomes** & elements of the strategy.
- Aligning with this national outcome's framework - each local authority is responsible for collaboratively producing their own Strategic Needs Assessment & Action Plan for drugs in their borough.
- See [Appendix](#) for example of local response to drugs in Lambeth borough.

Strategic outcomes and metrics			Intermediate outcomes and metrics		
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Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics	Headline metrics
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Project ADDER

Project ADDER (Addiction, Diversion, Disruption, Enforcement & Recovery) is a pathfinder from the Governments 10 year Drug Strategy, from Harm to Hope.

Project ADDER: Place Based Accelerators - very similar programme being piloted in London. Differs mainly in its whole-system approach & acknowledgement of a complex local context. The central foundation of both Project ADDER & Project ADDER: Place Based Accelerators - is partnership working & strengthening the relationships between organisations involved in addressing substance misuse locally.

Project ADDER in London aims to support and steer people away from a life of substance misuse, focusing on prevention, education, and treatment in addition to enforcement. Long term objectives include removing the market of drug supply, reducing the demand on the MPS, Probation, Courts, health care and negating the devastating impact of drugs on London's communities.

The metrics MOPAC & the MPS are using to measure the success of Project ADDER: Place Based Accelerators within London include:

- Number of arrests for drugs trafficking/weapons
- Number of OCG disruptions
- Value of cash seizures
- Weight of drug seized
- Number of substance misuse referrals

An independent evaluation of Project ADDER has been conducted by Kantar Public and is awaiting publication.

Combating Drugs Partnerships - multi-agency forums accountable for delivering the Government's 10-year drugs strategy within local areas & monitoring progress based on the National Combating Drugs Outcomes Framework. They provide a single setting for understanding & addressing shared challenges related to drug-related harm, based on the local context & need.





The number of people receiving drug & alcohol treatment declined up until 2020/21, but funding has recently increased along with numbers in treatment

Drug treatment in London

The number and rate of people receiving specialist drug & treatment in London had been declining over a number of years up until 2020/21, when numbers increased. As of 2022/23, numbers are similar to those seen in 2017/18, but are 17% lower than in 2013/14.

UNODC suggests one impact of the pandemic was that users with drug use disorders more often experienced withdrawal & relapse & that a greater willingness to access treatment was not met with sufficient service availability. **This could be a factor in increased drugs misuse deaths in the most recent period.**

Declines in numbers of people in treatment had been most marked in **treatment for young people**, and **opiate users**. Numbers have increased for both opiate and non-opiate users during the last 5 years.

National Context

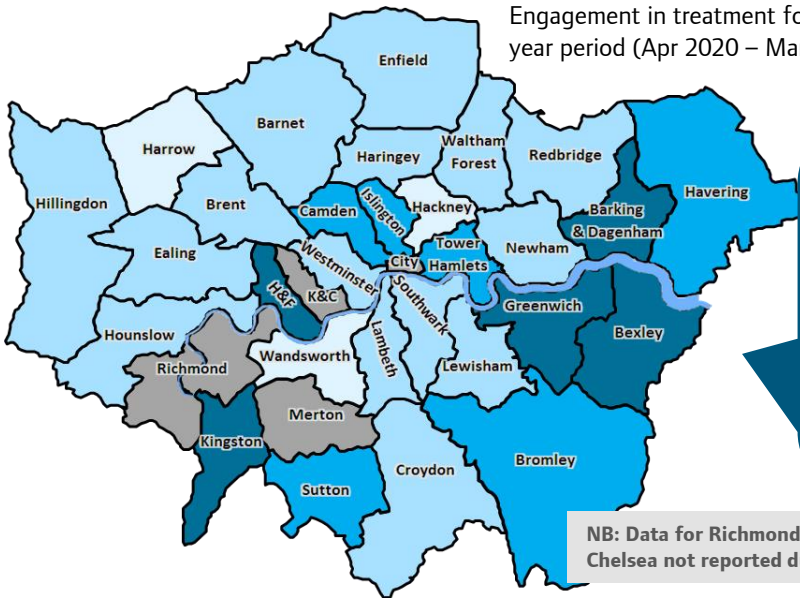
- Between 2014 & 2020. funding of, & expenditure on drug treatment across the country fell substantially. Both the numbers in treatment and successful completion rates fell significantly, particularly for opiate users, with the proportion completing treatment each year in 2021 nearly half of that 8 years prior.
- Deaths in treatment also increased over this period with both the number & the rates of opiate deaths over twice in 2021 of what they were in 2012-2013. While the rates & numbers of deaths are lower than seen in opiates, non-opiate deaths increased at the same rate, over a similar period.
- However, funding has since increased from 2020, & in 2021, DHSC announced £780million of spending to rebuild the drug treatment system as part of the 10-year drug strategy. As of 2022/23, the numbers in treatment are similar to those seen in 2013/14.



Engagement in treatment following release from prison

London records the lowest proportion of adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (26%) vs the England average of 43%) in 2023/24. This suggests significant problems with the transition of prisoners to community treatment on release. The highest engagement rates are seen in the Northeast (62%) and Northwest (60%) of England in 2023/24.

Across England, the proportion engaging in treatment has also increased over time (from 30% in 2015/16), while rates in London have not significantly increased over the same time period.



Engagement in treatment following release from prison over 3 year period (Apr 2020 – March 2023) by borough (%)

Engagement varies significantly across London, with the **highest engagement in East London** (Greenwich, Barking & Dagenham & Bexley), Hammersmith & Fulham and Kingston & the **lowest in Harrow, Hackney & Wandsworth**

NB: Data for Richmond, Merton and Kensington & Chelsea not reported due to sample sizes <30

Gaps & areas for further research

- Analysis of treatment outcomes & unmet needs
- London or borough level treatment data & data for children & young people
- Understanding of the wider system response to drug use, e.g. diversion, intervention & prevention



Response

Sources:
NDTMS - Monthly - PHOF
Review of drugs: phase two report



Police response to reducing drug use & drug-related crime

Proactive street level initiatives

- Street-level law enforcement tactics concentrating on larger areas, e.g., neighbourhoods, are more effective at reducing drug crime than methods focusing on smaller problem areas (Mazerolle, et al., 2020).
- Using 'proactive' problem-oriented / community-wide interventions, with a partnership approach, are more effective at reducing drug problems than 'reactive approaches' (e.g., hotspot policing / directed patrols) (Mazerolle, et al., 2020).

Focused deterrence strategies

- Also known as 'pulling levers' strategies.
- Aims to change offender behaviour by identifying underlying drivers of crime to inform crime reduction strategies.
- Uses a multi-agency approach with input from law enforcement, the community & social services, plus access to services & support.
- Effective at reducing crime resulting from street-level drug markets (drug market interventions) (Braga et al., 2019).

Example of relevant practice

- **Project Adder** (addiction, diversion, disruption, enforcement & recovery) – Home Office & Department of Health Joint initiative.
- **Objective** – Reduce drug-related deaths, drug-related offending, drug use prevalence & disrupt drug supplies.
- **Method** – Combined law enforcement activity & diversionary programmes (e.g., out of court disposals) to divert people away from offending.
- **Outcome** – Evaluation due 2024

Police led interventions

- Focuses on disruption of drug supply through supplier arrest & seizure.
- To deter drug use & drug-related crime.
- Based on assumption that this intervention increases drug prices, affects purity & decreases overall drug harms.
- Limited high-quality evidence on effectiveness of supplier arrest & seizure in reducing drug (Eggins et al., 2020).
- Some evidence to suggest this intervention may lead to increased drug-related violence & drug harms (Hughes et al., 2018).

Example of relevant practice

- **Operation Moorland** – Devon & Cornwall Police.
- **Objective** – Understand prevalence of / harm reduction relating to counterfeit Valium / Benzos using intelligence.
- **Method** – Mapping prevalence & types of circulated pills, sources, types of users.
- **Outcome** – Helped inform tailored public health messages.

Police-led diversion strategies

- Includes; diversion only (e.g., counsel & release), diversion with referral to services, diversion with police-led restorative justice.
- Evidence indicates that police-led diversion strategies are effective in preventing drug-related harms & offending (Blais, et al., 2022; Weir et al., 2022)

Example of relevant practice

- **Police-led diversion schemes** – Durham Police (Checkpoint Diversion Programme), Thames Valley Police & West Midlands Police.
- **Objective** – target drug-involved suspects.
- **Method** – Assessment & onward referral to treatment, support or education services combined with out of court disposal.
- **Outcome** – Reduce crime, policing costs & drug use. Improving health & circumstances of those diverted.

Example of relevant practice

- **Operation Orochi** – Metropolitan Police Service. Home county forces partnership to target line holders of county lines.
- **Objective** – Charge & remand line-holders for supply of drugs. Seize weapons, cash & assets.
- **Method** – Intelligence gathering from exploited children.
- **Outcome** – Disruption of county lines activity.

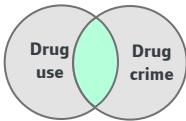
Example of relevant practice

- **Police in the classroom** – NPCC & PSHE Association initiative.
- **Objective** – Support teachers to deliver drug education lessons.
- **Method** – Trained officers from UK forces delivered 'Drugs & the law' school sessions.
- **Outcome** – early intervention to improve drug knowledge & police response to drugs/drug use.

Prevention & early intervention

- Using a public health approach to prevent harmful drug use; tackling root causes of health, social harms & drug dependence.
- Types of interventions found to be effective in preventing drug use include; early intervention (including pre-school), personal & social skills education, school-based interventions (e.g., programmes promoting academic & socio-emotional learning, implementation of policies supporting school attendance) (UNODC, 2018).

Response



MPS Drugs Action Plan 2024-2026 commitments

1. Minimise impact of drugs on communities by focusing local and specialist resource on areas most affected by drugs. Using Project ADDER and the principles of Clear, Hold, Build to achieve long term positive outcomes.
2. Retain focus on closing County Lines and London Lines to protect Londoners from exploitation and violence.
3. Further develop understanding of the links between drugs and violence to ensure proportionality in deployment of resources to achieve the maximum impact on perpetrators
4. Maintain investigative response to bring offenders to justice efficiently and effectively, ensuring appropriate convictions or out of court disposals are pursued.
5. Work with partners to minimise the harm associated with drugs.
6. Listen to community voices to better understand the harm caused by drugs on young people, families and communities.
7. Use available data and evidence to prioritise activity and target drugs causing the most harm or most financial benefits for organised crime
8. Understand online and digital drugs environment and links to in-person offending, pursuing online offenders and prevention opportunities
9. Maintain a performance framework to assess impact and support New Met for London, the Met’s Serious and Organised Crime Strategy and relevant national strategies.
10. Regularly review Action Plan, focused on changes within the drug market, tactics and methodologies deployed by organised criminals.

The Met’s Drugs Action Plan supports the Met’s wider mission to deliver More Trust, Less Crime and High Standards through A New Met for London

A New Met For London

“Community crime-fighting is how we cut crime, rebuild trust and restore our bond with communities. We’ll put more resource into local neighbourhoods and make sure those resources are delivering against the priorities of local people. We will work with them to fight crime and bring all the specialist resources of the Met together to make a difference in the highest crime, lowest trust communities.”

“Culture change will be delivered across the Met to embed the principle of policing by consent and build a strong culture focused on delivering for London and maintaining high standards”

“Fixing our foundations is how we’ll set our people up to succeed. We’ll organise and deploy our people better. We’ll give them the training, equipment and tools they need to rebuild trust and cut crime. We’ll equip them with the data and technology they need to use their powers precisely and cut crime while maintaining trust and upholding high standards.”

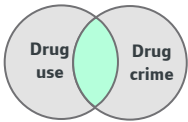
Project ADDER teams work across all boroughs to deliver a partnership response to drugs

Project ADDER

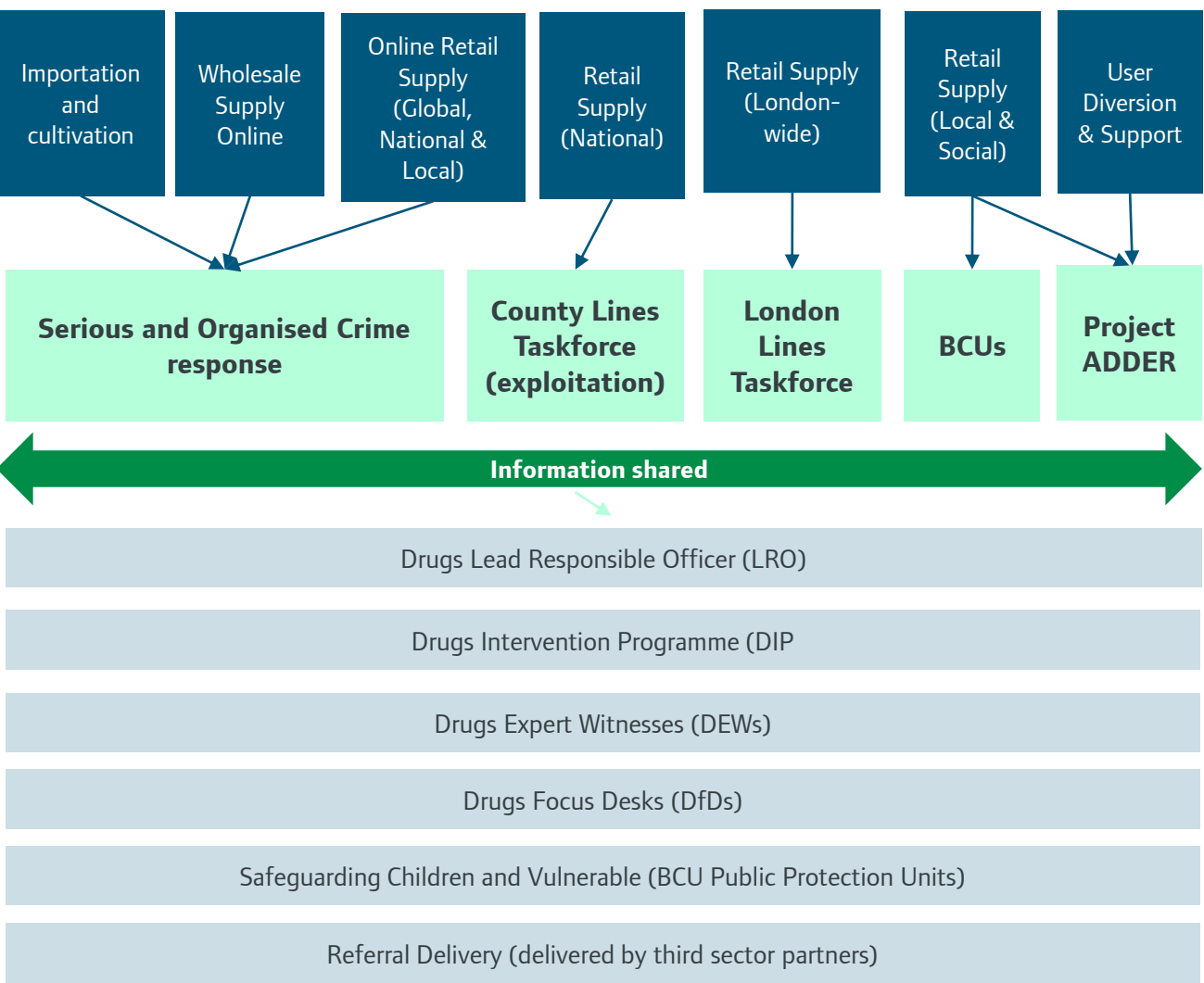
- Project ADDER police teams work across all 12 BCUs and 32 boroughs, to better connect policing teams with those drugs treatment, health and criminal justice partners to deliver a joined up response to London’s drugs challenges.
- The broad governance comes from a ‘quadrant’ approach covering North East, South East, South West and North West, with each Project Adder Hub covering 3 policing areas and led by a dedicated Detective Chief Inspector (x4).
- Each BCU is overseen by an Inspector and has a Sergeant and a Police Constable dedicated to Project Adder, to drive the work locally, integrate with partners (the ‘whole system/Public Health’ approach) and be responsible for local performance



Metropolitan Police Drugs Response



The Met’s Drugs Business model supports delivery of the Drugs Action Plan 2024-2026:



Relevant policy

EDIT (Evidential Drugs Identification Test)
Making use of Home Office approved drug testing kits for rapid disposal decisions on possession offences.

PWITS (possession with intent to supply)
Disrupting drug related violence by pursuing PWITS through proactive consideration of evidence to suggest offenders are engaged in selling drugs.

Cannabis possession
Focus on pursuing those involved in production and supply of cannabis, minimising criminalisation of those exploited, and emphasis on diversion and treatment for users, working with partners. Arrest as a last resort for possession. Offenders receive community resolutions and penalty notices on initial instances of possession. Offenders should be offered advice on local addiction treatment & vulnerable adult processes followed.

Tactics for disrupting drug-related violence

Orders

- Drug Dealing Telecommunications Restriction Order (DDTRO)
- Violent offender order (VOO)
- Criminal Behaviour Order (CBO)

Injunctions

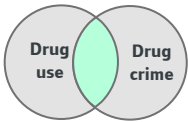
- Civil Injunctions
- Gang Injunctions

Other

- Closure orders
- Community protection notices
- Revoking driving licenses where there is a risk caused by drink/drug misuse
- Licensing reviews
- Section 50 Police Reform Act (power to demand name & address)

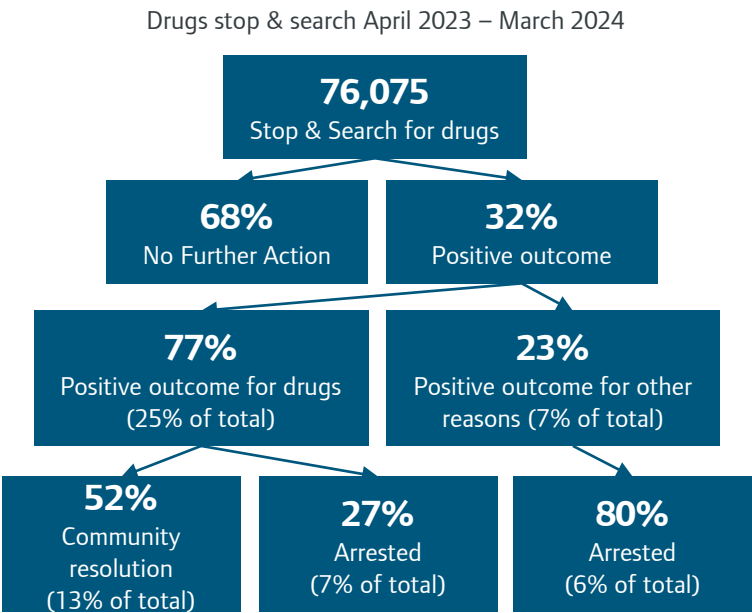


Drugs account for the majority of stop & search, which is a key driver for possession offences. Black individuals are disproportionately likely to be arrested



Stop & Search outcomes

Over 50% of Stop & Search is consistently related to drugs. In FY 23-24 **56%** of all stops were drug-related.



32% of drug stops had a **positive outcome**, with 77% of these a **positive outcome for drugs**. Stops with a positive outcome for drugs were much **less likely to be arrested** than stops with a positive outcome for other reasons.

Stop & Search & possession

At both borough & ward level there is a strong correlation between recorded drugs possession offences & stop & search* Indicating that the identification of drugs offences is strongly linked to proactive police activity.

Town centres are often hotspots for both drug possession offences & stop & search activity, supported by correlations with numbers of pubs, theatres & music venues in a particular area. Westminster has high rates of possession & stop & search.

However, there appears to be no correlation between stop & search or recorded offences with deprivation at the ward level or the population of an area. This appears to be a disjoin given the correlation between prevalence of drug use & deprivation & drug trafficking & deprivation.

*0.94 for all drugs SandS, 0.98 for all drugs SandS with a positive outcome, 0.94 for drug arrests following SandS. January 2021 – December 2022

**0.94 for persons & 0.88 for those involving vehicles for drug stops with a positive outcome

Stop & Search & demographics

While white adult males consistently account for the highest proportion of drugs stop & search, **Black adult males account for the highest proportion of people proceeded against for possession of cannabis & trafficking offences** (over three-year period 2019-2022). This is also true for those under 18, although children make up a very small proportion of stop & search & PPA volumes.

Black individuals were also 3.6 times more likely than white individuals to be arrested for drugs offences in 2022/23 (based on 2022 population estimates). Mixed ethnicity individuals are 1.8 times more likely. This same disparity is found for arrests of both children & adults.

The consequence of disproportionate arrest rates is that the caseload passed onto the CPS & courts for sentencing of drugs offences is already **skewed towards Black individuals**.

This is particularly pronounced for children aged under 18 years. Black offenders accounted for 50% of children proceeded against and 38% of those convicted for drug offences for the Met in 2023 (where ethnicity known).



Sources:
MPS Stop & Search Dashboard Data - London Datastore
MPS Monthly Crime Dashboard Data - London Datastore
Recorded Crime: Geographic Breakdown - London Datastore
Stop & search | Police.uk (www.police.uk)*
Criminal Justice System statistics quarterly: December 2023 - GOV.UK (www.gov.uk)
Police powers & procedures England & Wales statistics - GOV.UK (www.gov.uk)

Limited evidence for the effectiveness of stop & search on reducing crime & issues relating to disproportionality are challenges for police & policymakers



Stop & Search & associated use of force continue to be topics of controversy in England & Wales. Police & policy makers have emphasized the importance of the tool for keeping communities safe, taking weapons off the street & targeting dangerous offenders, along with identifying drug possession and harmful use, enabling signposting of individuals to support. However, there has been limited evidence for the effectiveness of stop & search on reducing crime in London, along with evidence of disproportionality in use.

Effectiveness

- A 2016 study (McCandless et al., 2016) found no discernible crime reducing effects from a surge in stop & search activity at borough level during an operation in London to reduce knife crime. The author's argued however that the study would not reveal any more localised crime-reducing effects.
- Other studies (Tiratelli et al., 2018, Bradford & Tiratelli, 2019) using ten years of police, crime & other data in London suggested that the effect of stop & search on crime is likely to be marginal at best. The authors argued for the importance of every stop being justified, rather than assuming a wider effect on crime.
- A 2022 study (Braakmann, 2022) looking at the impact of increased stop & search in Newcastle similarly found little effect on crime, drug or weapons offences, although possible reductions in anti-social behaviour likely due to increased police presence.
- Despite limited evidence of impact on crime in the UK, US studies, particularly in New York, have found associations between stop & frisk & crime reduction (MacDonald et al., 2016; Rosenfeld & Fornango, 2017; Weisburd et al., 2016).

Disproportionality of use

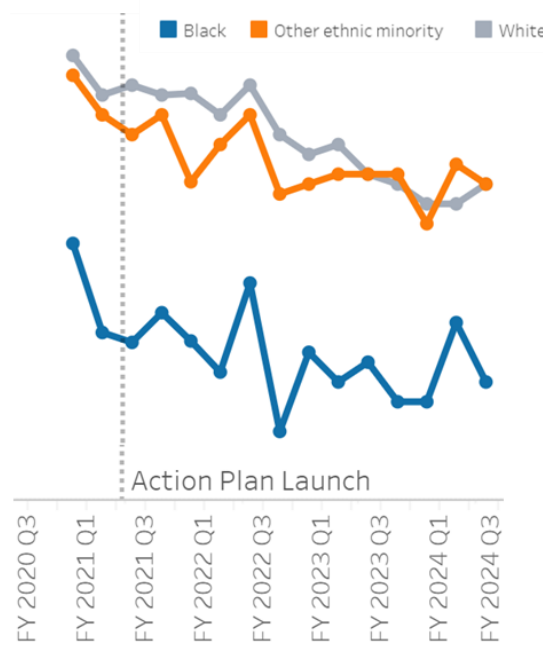
- The MPS Stop & Search Dashboard shows that in the 12 months to January 2024, Black individuals were stopped for drugs 4x as much as White individuals as a proportion of their respective populations (MPS Stop & Search Monthly Report | Tableau Public).
- As discussed on the previous slide, Black Londoners are also more likely to be arrested for drug offences.
- One study found that stop & search was more prevalent in areas of economic inequality, rather than areas that were more or less deprived overall, suggesting that police powers may be employed as a tool of social control.

Perceptions

- MOPAC Public Attitude Survey data shows a clear gap in perceptions of stop & search between Black Londoners & Londoners who are White or from other ethnic minority groups.
- In Q2 2023/24, **51% of Black Londoners said they supported stop & search** vs 71% of White Londoners & other ethnic minorities. **Only 37% of Black Londoners said they felt stop & search was used fairly in London**, vs 59% of White Londoners & 63% of other ethnic minorities.
- There has been a **decline in support for Stop & Search** over the past 4 years for all ethnicity groups, but this has been **particularly marked for Black Londoners**. In Q2 2019/20 74% of Black Londoners supported stop & search, compared with a low point of 46% in Q4 2021/22.
- Research has found that many young people from black & ethnic minority communities in London feel unfairly targeted & treated during stop & search, with consequences for impressions & trust in police (Keeling, 2017).

The Met are pushing for **positive stop & search encounters, engagement and onward referrals** of drug users through the **Project ADDER voluntary referral App**. Success is being continuously monitored and assessed.

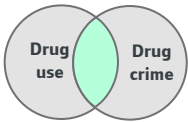
Proportion of Londoners who support stop & search over time (MOPAC Action Plan Data Dashboard)



MOPAC currently has four in-depth projects that will come together to generate one of the most nuanced explorations of Stop and Search to date - covering grounds, officer perceptions, big data modelling and the interactions within S&S. This package is expected 2025.



An out of court disposal is most likely for drugs offences - with London having a higher proportion of these outcomes compared to other police force areas



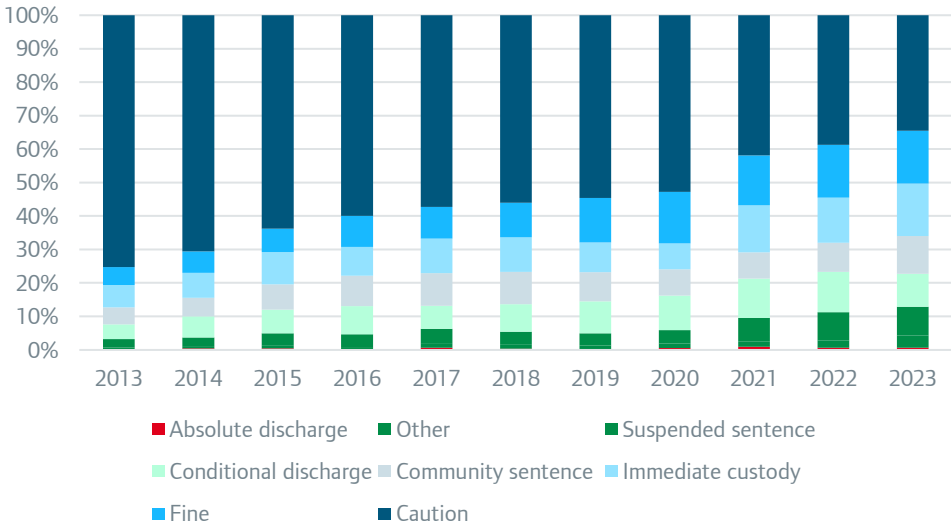
Outcomes for drug offences in London

38% of drug offences recorded by the Met had an out-of-court (informal) outcome* in financial year 2022/23. 22% had a charged/summonsed outcome & 13% had an out-of-court (formal) outcome.

Compared to the rest of E&W, London has a higher proportion of drug offences with an out-of-court outcome (38% vs 34% for informal & 13% vs 7% for formal).

The MPS recorded a lower proportion of Charged/Summonsed outcomes than other forces in E&W, particularly for Trafficking offences. However, the proportion was similar to Most Similar Group forces (West Midlands, West Yorkshire and Greater Manchester). The MPS recorded a high number of ‘Evidential difficulties’ outcomes where the suspect had been identified for trafficking offences compared to other forces.

Disposal by FTE drug offences (%) of all FTE in London, CY 2011-2023



Over the last 10 years the proportion of First Time Entrants disposed of with a caution for drug offences in London has decreased by 41 percentage points. In the same timeframe, other disposals have increased with immediate custody & fine increasing by 9 pp. & 10 pp. respectively.

The OOCDF framework which includes community resolutions, cannabis & Khat warnings, penalty notices for disorder & cautions was subject to a joint government & police review from 2013-14 which found need for reform. A new two-tier framework is being implemented whereby OOCDFs will take the form of a Diversionary Caution or Community Caution. Home office 2023

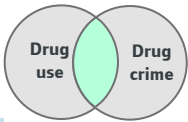
Outcome	Total Drugs			Possession of drugs			Trafficking of drugs		
	MPS	Other E&W	MSG	MPS	Other E&W	MSG	MPS	Other E&W	MSG
Charged/Summonsed	22.2%	26.3%	20.9%	21.9%	23.2%	20.5%	23.5%	36.8%	22.0%
Evidential difficulties (suspect identified; victim supports action)	20.5%	13.2%	18.4%	13.4%	10.3%	15.7%	49.5%	22.8%	25.6%
Evidential difficulties (victim does not support action)	0.7%	1.5%	4.0%	0.3%	1.2%	3.7%	2.4%	2.5%	4.9%
Further investigation not in the public interest – police decision	0.1%	3.7%	4.0%	0.0%	4.0%	4.7%	0.1%	2.6%	2.0%
Investigation complete – no suspect identified	5.2%	6.8%	12.4%	0.6%	1.5%	2.7%	23.5%	24.5%	37.7%
Out-of-court (formal)	12.8%	7.0%	4.4%	15.9%	7.7%	4.9%	0.5%	4.3%	3.2%
Out-of-court (informal)	38.3%	33.6%	32.4%	47.7%	42.5%	43.7%	0.3%	3.6%	3.1%
Prosecution prevented or not in the public interest	0.1%	4.6%	2.4%	0.1%	5.5%	3.0%	0.2%	1.7%	0.8%
Transferred to another body	0.0%	0.4%	0.4%	0.0%	0.4%	0.5%	0.0%	0.4%	0.1%
Taken into consideration	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Diversionary, educational or intervention activity	0.0%	3.0%	0.7%	0.0%	3.7%	0.7%	0.0%	0.8%	0.5%

*Excludes cases that were not yet assigned an outcome
NB: MSGs are groups of police force areas that have been found to be the most similar to each other based on analysis of demographic, social & economic characteristics which relate to crime. They are designed to help make fair comparison between police forces than the England & Wales average can sometimes offer.
Visit the following link for more information: <https://www.justiceinspectorates.gov.uk/hmicfrs/police-forces/data/>

Source: Police recorded crime & outcomes open data tables – GOV.UK (www.gov.uk)
First time entrants (FTE) into the Criminal Justice System & Offender Histories: year ending December 2023 – GOV.UK (www.gov.uk)



Key policy considerations within the Criminal Justice System



Criminalisation of Drugs: Research

- Drug policies focused on criminalisation & punishment may be ineffective in reducing drug-related harms (Holland, 2020).
- Tackling drug-related public health crisis requires shift from drug criminalisation towards public health approach (Dalgarno et al., 2021; House of Commons Health & Social Care Committee, 2019).
 - Negative impact of criminalisation on the individual & society; creates social inequalities (Scher et al., 2023), encourages maintenance & initiation of drug use through imprisonment (Favril 2023; HM Prison & Probation Service, 2020).
- Places financial & resource burdens on the police & CJS (Walcott, 2023), sustains violence associated with illegal drugs trade (HM Government, 2017).

Decriminalisation & Legalisation

- **Global Context**
 - As at January 2020, 30 countries had adopted some form of drug **decriminalisation** or **legalisation** model, often combined with public health investment (Talking Drugs, Release & the International Drug Policy Consortium, 2020) (e.g.'s include, Portugal, Uruguay & USA).
- **Impact**
 - Uruguay - No increase in cannabis use for those <21 years (Rivera-Aguirre et al., 2022).
 - USA – Single state studies - increased cannabis use in adolescents (Rusby et al., 2018).
 - Combined states research - no effect on adolescents’ cannabis use (Cerdeira, et al., 2020). (See also Athanassiou et al., 202; Dills et al., 2021).
 - Portugal – low drug-related death rates, 99% reduction in new HIV diagnoses (2011 to 2019) (Transform, 2011), 75% reduction in heroin users (2001 to 2017) (The Lancet, 2023).
 - *But* criticism levelled at evaluations of drug decriminalisation/legalisation models due to their narrow focus on outcomes related to reduction in drug use (See Scheim, et al., 2020).

Decriminalisation – Londoners’ Views (Public Attitudes Survey – MOPAC*)

- Over half of Londoners support reduced criminalisation of cannabis (58%).
- Support is highest amongst LGBT+ Londoners, where 84% support lesser legislation.
- Younger age groups (16-34) more likely to advocate for the reduced criminalisation of cannabis.

‘Problem-Solving’ Drugs Courts

- 2020 MoJ announced piloting of a new ‘problem-solving’ approach for offenders with offending linked to substance misuse. Approach offers community not custodial sentence & support from specialist services (e.g., mental health, drug & alcohol services) (MoJ, 2020).
- ‘Problem solving’ drugs courts originated in America. Evidence that they are effective in reducing crime & reoffending (Shaffer, 2006).
- Similar ‘problem-solving’ approach used in UK family courts. Evaluation of first Family Drug & Alcohol Court in England (in London) reported reduction in parental substance use & number of children removed from families (Harwin, et al., 2018).
- Piloting of first three ‘Problem-Solving Court’ (PSCs) for drugs in Liverpool & Teeside Crown Courts & Birmingham Magistrates Court (focus on female offenders) (MoJ, 2022).
- Courts use a system of supervision, reward & punishment (e.g., relaxed conditions to reward good progress, increased drug testing & reviews where behaviour does not meet agreed standards) (MoJ, 2022).

Tougher Sentencing

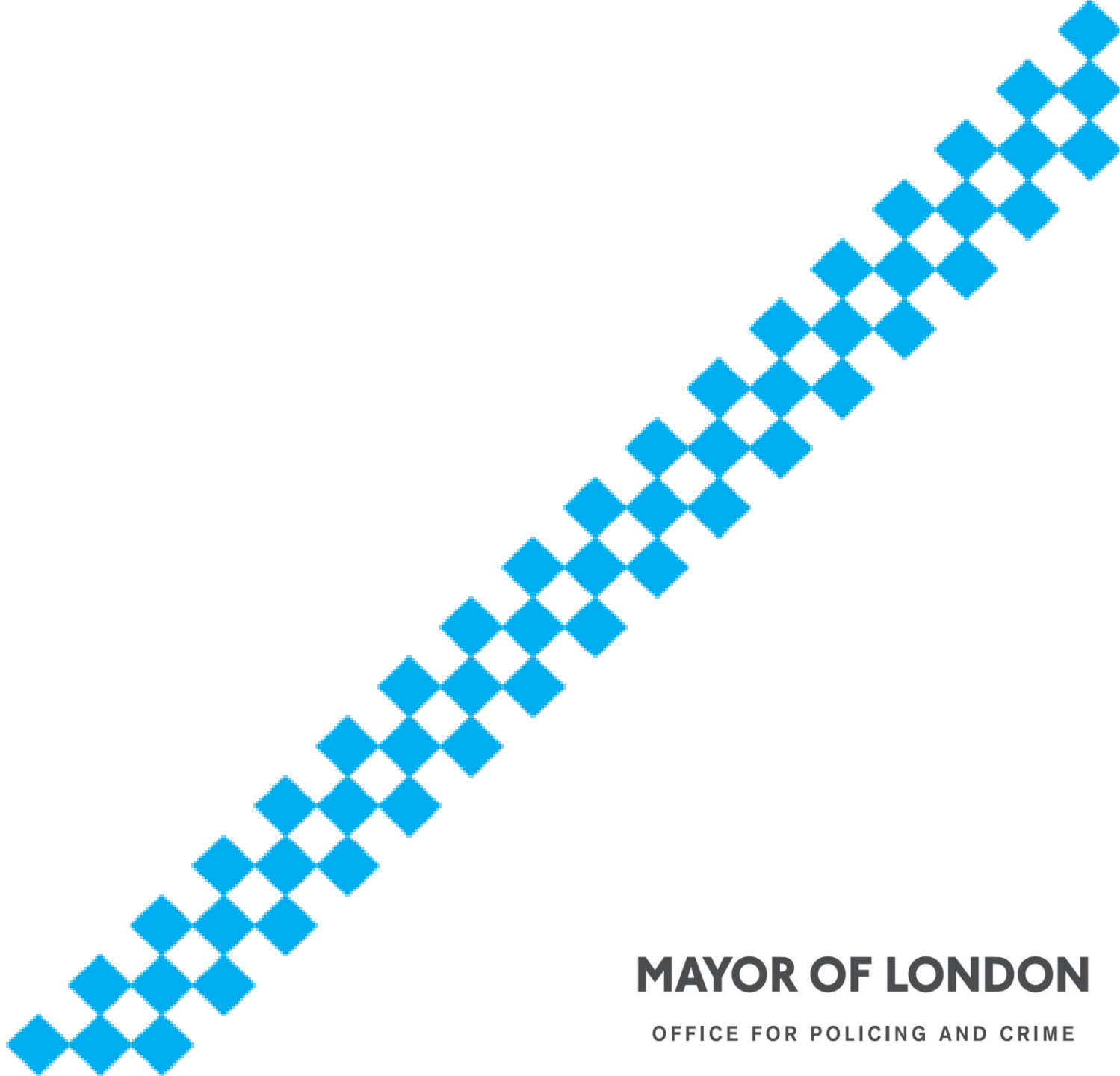
- 2022 - Home Office White Paper outlined proposals for tougher consequences for adult drug possession to reduce drugs demand (Home Office, 2022).
- Three-tier approach to drug possession offences; (1) first-time offenders - required to attend, & pay for, drug awareness course instead of prosecution, (2) second offences – receipt of out of court disposal with mandatory drug testing & behaviour change intervention, (3) third drug offence - required to attend, & pay for, another drug awareness course, & given a Drug Reduction Order.
- *But* paper criticised for narrow focus on criminalisation of drug possession & excessive penalties, plus lack of scientific evidence for many of the proposals (Drug Science, 2022).

Effect of punishment vs substance misuse treatment on re-offending

- Systematic review (mainly US based) – imprisonment of offenders has little impact on reoffending & its impact on reducing drug abuse is often short-lived. However, treatment is effective in reducing reoffending & drug use (Tomaz et al. 2023).
- Analysis by MoJ & Public Health England on drug treatment & re-offending - of 46,166 offenders receiving drug treatment, only 44% (20,290) went on to reoffend in a two-year post-treatment period (MoJ & Public Health England, 2017).



Appendix



MAYOR OF LONDON

OFFICE FOR POLICING AND CRIME

Proportion of 16 to 59 year olds reporting use of drugs in the last year in England & Wales - year ending March 2023

Drug type	April to March 2023
Any cocaine	2.45
Powder cocaine	2.44
Crack cocaine	0.10
Ecstasy	1.10
Hallucinogens	1.03
LSD	0.39
Magic mushrooms	0.84
Opiates	0.09
Heroin	0.04
Methadone	0.06
Any amphetamine	0.33
Amphetamines	0.32
Methamphetamine	0.05
Cannabis	7.57
Ketamine	0.90
Mephedrone	0.02
Tranquillisers	0.45
Anabolic steroids	0.10
New psychoactive substances	0.42
Nitrous oxide	1.26
GHB	0.05
Any Class A drug	3.27
Any drug	9.47

Source: [Drug misuse in England & Wales - Office for National Statistics](#)



Local practice spotlight: activities in Lambeth borough to enhance drugs response

Lambeth Combating Drugs Partnership

- The Combating Drugs Partnership in Lambeth supports the National 10 Year Drug Strategy
- The partnership adopts a whole system approach to monitoring and measuring progress across key outcomes
- A local delivery plan is in place to support this, which encompasses a variety of activities and interventions delivered by partners including police, prisons, substance misuse and treatment services, health, and primary care.
- Actions are mapped against the six overarching outcomes* and tracked, including metrics/KPIs and how these will be monitored

*Six overarching outcomes for successful delivery of the drugs strategy:

1. **Reduce drug-related crime**
2. **Reduce harm**
3. **Reduce overall use**
4. **Reduce supply**
5. **Increase engagement in treatment**
6. **Improve long-term recovery**

Improving Arrest to Treatment Pathways: Required Assessment

- Lambeth is currently undergoing a pilot to understand whether re-introduction of RA (Required Assessment) following a positive Drugs Test on Arrest (DTToA) would be beneficial.
- This approach is in place in other boroughs, and Lambeth is unusual as a large and central borough which does not currently implement this approach.
- Based on data from other boroughs, it is estimated that an additional 10-20 people would enter treatment each year via RA. Treatment following RA is always voluntary.
- The pilot will run to March 2025 and will involve liaison with other areas to ensure highest possible attendance rate, collaboration with Southwark to share police custody suites, enhanced treatment offers for crack and cocaine users, and close monitoring and review of implementation and outcomes of pilot.

Improving Prison to Community Continuity of Care in Lambeth

- Improving continuity of care is a national priority.
- In Lambeth, few people were engaging with treatment upon release from prison. The continuity of care rate was below the national and regional rates.
- In 2023, Lambeth's Combating Drugs Partnership (CDP) commissioned a review of local practices, working in partnership with the treatment service provider, prisons and other local partners. The findings of the review led to several actions:
 - Giving greater focus to quarterly data audits and follow-up with prison teams
 - Reviewing and improving the process for responding to prison alerts
 - Improving pre-release client contact (including in-reach, video calls and phone calls)
 - Reviewing all alerts and outcomes for released individuals at a weekly planning meeting
 - Increasing collaboration with partners agencies
 - Reviewing CJS resource requirements, leading to increased staffing
 - Funding resettlement worker positions in a referring prison (jointly with seven boroughs)
- As a result of the work, Lambeth's successful continuity of care rate doubled in one year and is currently 30 percentage points higher than when the work began, above the regional average. Rates continue to show an upward trajectory.

South East London Joint working through Commissioner network

Lambeth and other South East London Boroughs have come together to create a strategic and information sharing forum for those with commissioning/programme management responsibility in relation to substance misuse. The approach supports the sharing and development of commissioning approaches and delivery towards strategic outcomes of borough drugs partnerships, as well as providing opportunities to share information, risks, challenges, ideas and models for good practice.

Turning Point: SE London Resettlement Project

- Each borough allocated funding to a new co-funded prison resettlement project in 2024/25.
- The project brings together commissioners from seven London boroughs and Turning Point, the psychosocial substance misuse treatment provider in HMP Thameside, with the aim to improve continuity of care between the prison and participating boroughs. Early scoping demonstrated this was the prison which made the most referrals to the boroughs.
- The project funds two full prison-based resettlement workers, who would also regularly work in the community.
- The boroughs and treatment provider have agreed a Memorandum of Understanding covering the period early 2024 to April 2025. The provider gives regular progress updates and commissioners plan to use local and national data to review the effectiveness of the project. Due to the project being implemented very recently, there is no evaluation available at the time of writing; data and feedback from other boroughs which have implemented similar projects within HMP Thameside have been positive.

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