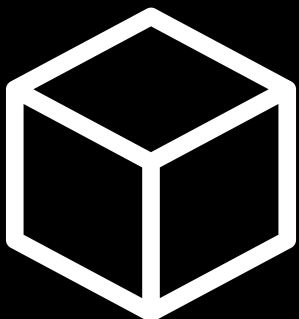


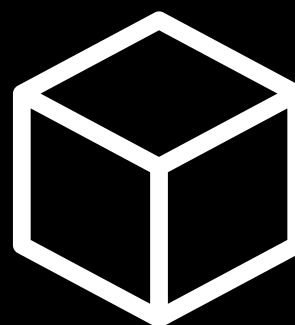
REVIEW OF DRUGS: PHASE ONE



**BLACK BOX
RESEARCH &
CONSULTANCY**

About Black Box Research & Consultancy

Black Box Research and Consultancy Ltd provides organisations and stakeholders with a range of services tailored to meet their needs and demands. We produce evidence-based research and provide training which draws upon extensive practitioner experience in conjunction with academic knowledge and theoretical underpinnings. Our overall aim is to focus on the well-being of children, young people and vulnerable adults, and demonstrate how they can be supported throughout different stages of the educational, social care and criminal justice system. We work alongside legal teams providing expert witness testimony, and local authorities and third-sector organisations to develop their safeguarding procedures.



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Dame Carol Black



Professor Dame Carol Black is a senior medical practitioner who has advised the British Government on issues such as Health and Social Security. She was Principal of Newnham College, Cambridge between 2012 and 2019 before being asked by the then-Home Secretary Sajid Javid to lead the major review into drugs, violence, recovery, and prevention.

Dame Carol took a 'market-driven' approach to her analysis of illegal drugs in the UK. In doing so, her focus on profits, supply and demand do not necessarily address the underlying institutional and societal causes that spur individuals to begin selling or using substances.

Rooting her analysis in the "market" does, however, allow for a clearer picture of the supply systems and networks currently taking hold in the UK

Moreover, her focus on drug-related violence, as well as her advocacy for greater funding provisions for drug-related treatment, should be welcomed.

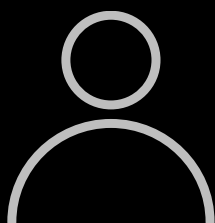
Phase One: Understanding user & supplier characteristics

The report identifies the co-existence of county lines models of distribution alongside 'local dealers', but emphasises the particularly violent and destructive nature of the county-lines model

In order to better understand the relationship between demand and supply of drugs, the report seeks to understand both the consumers and suppliers of illicit drugs in the UK. These very general profiles are outlined over the next two pages.

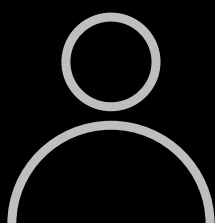
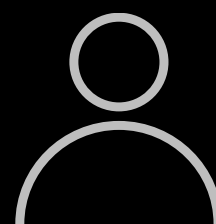
User Characteristics

Using data from the report, we have been able to identify a generalised set of "profiles" to understand who is buying and using certain drugs.



Cocaine: Users are often white, male, under 30. Geographical prevalence in South West England & East Midlands. There has been a considerable decrease in user figures in London.

Heroin: Users tend to be older and more likely to also use crack cocaine. Geographical prevalence of heroin is linked to areas of deprivation. There has been a marked decrease in the use of the drug in cities.



Cannabis: Users are likely to be under the age of 30. This drug is used more frequently by the general population than any other. Users are also more likely to seek help or treatment for health complications relating to cannabis.

Synthetics*: Users tend to be under 30. Use of synthetic drugs remain high in homeless and prison populations, however further research is needed as data on these groups is limited.



*such as ecstasy, amphetamines, and 'new psychoactive substances' (NPS).

Supplier Characteristics



Cocaine: The importation and sales market is dominated largely by Albanian OCGs. Dealers tend to be older, white, and operate in the night-time economy. Users tend to buy from their friends rather than dealers.



Heroin: This drug tends to be imported by Pakistani, Turkish, and Albanian OCGs. It is likely to be dealt alongside crack cocaine in urban settings by local OCGs and Street Gangs.

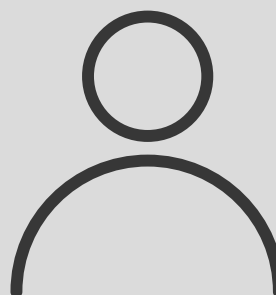


Cannabis: There is considerable "small-scale" private production in the UK. OCGs are often involved in both the growth and distribution of cannabis. Vietnamese groups, who have been linked to human trafficking, are also known to be involved.



Synthetics: Ecstasy and amphetamines are produced in Belgium, the Netherlands, and the UK. New Psychoactive Substances (NPOs) are being produced mostly in China. OCGs and the dark web are vital for the distribution of such drugs.

The county lines model is predicated on the exploitation of, often, young men between the ages of 15 and 17. The report highlighted that although children from vulnerable backgrounds are most likely to be coerced into county lines distribution, there is no "ideal type" of runner. Children from "stable families" are also involved. The report states that some young people are actively willing to partake in this type of activity as an "opportunity to earn money and status".



Enforcement

Border Force

The report makes clear that the task facing Border Force is considerable due to the sheer number of routes into the UK. It highlights the complex networks and routes available to OCGs who smuggle drugs into the UK by sea, air, post, and train.

It is noted that, although Border Force has seized considerable quantities of cocaine from South America, such acquisitions are unlikely to 'dent' the profitability of the supply model currently used.

Law enforcement is also struggling to deal with the increased levels of parcel deliveries across the EU. Prescribed medications and illegal drugs which come in pill-form, are often posted to users and slip through the net.

The National Crime Agency

The NCA faces similarly difficult challenges as the leading source of intelligence for OCGs and in tackling county lines. The report found that one key weakness of the organisation was the sheer scope of its competencies. Competing priorities, as well as budget cuts, have lessened the agency's efficacy at tackling drugs-related crime.

Police

Owing to budget cuts and the rise of other issues such as mental health, drug-based policing is no longer considered a top priority for many police forces. Working partnerships have been strained by the closure of initiatives such as "The Drug Interventions Programme", meaning organisations campaigning on this issue are now more disparate.

The number of prosecutions for drug-related offences fell by 40% between 2011 and 2019 due to a more liberalised approach to cannabis. Police have instead shifted their focus to drug-related violence rather than consumption, with efforts to seize weapons and convict suppliers.

Treatment upon entry in Prison

The report identifies that 1 in 4 prisoners are jailed because of offending related to drug use. Many of those in prison serve minimal jail time (the median time is around six weeks) making any prospect of treatment incredibly difficult, with the high turn-over of prisoners making recovery very challenging .

Drug use within Prison

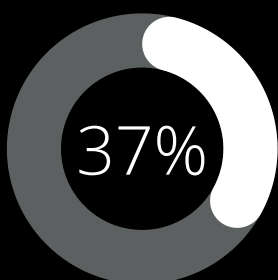
It is believed that on an average day 12,500 prisoners are using drugs. The majority of this number of people entered prison having already started taking drugs. However, a study in 2017/2018 found that 8% of female and 13% of male prisoners developed drug-related habits in prison. The most common drugs are cannabis, opioids, and synthetic cannabinoids.

Life After Prison

The review uncovered that only 1/3 of those referred for community treatment then go on to partake in such schemes. This figure decreases considerably in relation to non-opiate users, down to just 1/10. 1/6 opiate users, on the other hand, have been in treatment for over ten years. These figures also mask the geographical variation in success rates, with far fewer taking up treatment in London.

Prisoners who had used psychoactive substances (such as 'spice') while in jail tended not to continue using after their release.

Accountability & Treatment

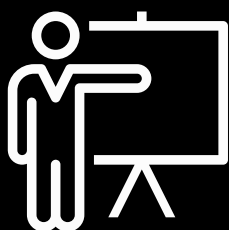


A recent study by Zosia Kmietowicz, published in the British Medical Journal, found that £26m worth, or 37%, of specialist services for youth addiction have been slashed since 2014. Services in the North West, West Midlands, and London were hit hardest. The report cites budget cuts as being one of the primary factors undermining treatment provisions.

In addition, some Local Authorities have experienced cuts of around 40%, thus reducing services for both young people and adults.



Cuts to services have also amounted in a shift towards third-sector providers who compete with each other to win contracts. This means that the quality of care and safety within treatment programmes can be compromised, with an aim towards pushing down costs and prices.

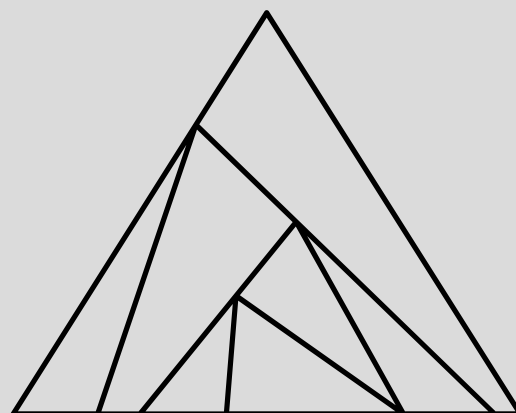


Owing to cuts to services, adequate training for providers is also under threat. The report states that training places for addiction psychiatrists, for example, have plummeted from 60 to just 5. Currently, providers are having to deal with urgent, often 'short term' needs. This, combined with slashes to funding and a foreseeable shortage of expertise, will further exacerbate the difficulty to implement a long-term strategy.

The report makes clear that solutions to the UK's current drug-related issues cannot be pursued in isolation. Alongside prevention work, issues relating to homelessness, employment, and poverty must be integrated into treatment-based schemes.

Children & Young People

Evidence suggests that young people can be attracted to the perceived 'benefits' of drug dealing, namely money and status. This is an effective coercion technique deployed by County Lines drug suppliers who hope to recruit young people in both urban and non-urban settings. It is possible for any such individual to fall into either or both categories of victim or offender.



The report suggests that many young people involved in supplying drugs do not meet the threshold of the "National Referral Mechanism", a mechanism aimed at Youth Offending Teams to identify victims of Modern Slavery. Observations from the Black Box team over the past 12 months suggest that there has been an increase in NRMs being issued, in many cases, where there is limited evidence to suggest victimisation. This, combined with the recent *R V Breckani* ruling - which renders them inadmissible in criminal trials - have made NRMs seemingly inefficient and ineffective



**27,000 gang members
in England & Wales**



**2,000 London teenagers
are linked to County
Lines**

Drug use among 11 to 15 year olds has increased by 40% since 2014



Homicide rates of victims aged 16-24 have doubled between 2015/16 and 2017/18



Child and teenage involvement in drug supply is set in the context of increased levels of child poverty, an increase in permanent exclusions (disproportionately among young black men) and cuts to children's services. Such factors are likely to increase instances of neglect, familial substance misuse, domestic abuse, and poor mental health. The issues facing young users are manifold. Often, those accessing treatment or experiencing treatment interventions have poor mental health and are more prone to self-harm. They are also more likely to be victims of sexual assault and exploitation.

The report makes it clear, in stark terms - **"there is unlikely to be sufficient capacity to respond to the needs of children and young people"**. Though not entered into detail in the report, it should be said that this will have long-term consequences on the UK's system of social care. In deferring or denying early-intervention and early-treatment, the current infrastructure will likely cause a 'backlog' in instances of vulnerable people who, for no fault of their own, have been unable to access adequate support from the state.

Thank you to our contributors, Dr Grace Robinson and Martha O'Neil for their work on this report. A second report detailing the second phase of the Review of Drugs is expected to be issued in the coming weeks. In the meantime, do not hesitate to get in touch with the team at Black Box for further information and for a list of our services.



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