



DORSET POLICE & CRIME PANEL – 24 JULY 2024

ADDICTION AND SUBSTANCE MISUSE

BY THE COMBATING DRUGS PARTNERSHIP MANAGER

PURPOSE

To provide an update on Addiction and Substance Misuse delivery, within Priority Three of the Police and Crime Plan – fight violent crime and high harm.

To detail progress to date and the actions undertaken or directed by the Police and Crime Commissioner (PCC) to meet the commitments set out in the Plan.

To address the following three Key Lines of Enquiry as provided by the Dorset Police and Crime Panel:

- A. The influence of alcohol abuse as a causation of crime generally falls into two clear categories: In the home, leading to domestic abuse, and in public, leading to violent episodes and a growing public fear for their safety in towns. What does the PCC consider to be the priority focus areas for alcohol abuse? What is his strategic approach to combating these focus areas, including working in partnership and use of commissioning powers? How is effectiveness monitored?
- B. Drug Crime again covers a wide range of areas. From simple possession through to County Lines and Organised crime. What does the PCC consider to be the priority focus in each of these areas, in terms of key threats? What is his strategic approach to resolving these focus areas, including working in partnership and use of commissioning powers? How is effectiveness monitored?
- C. To what extent does the PCC think that gambling is a driver for crime? What is his strategic approach, including working in partnership and use of commissioning powers? How is effectiveness monitored?

1. INTRODUCTION

- 1.1 Every day, lives are forever changed – indeed lost – due to addiction. Whether it be gambling, drugs or alcohol, families and communities everywhere are all too aware of the tragic consequences that come about when people are unable to break the cycle of addiction.
- 1.2 At the same time, national legislation and local public services alike have struggled to keep pace with the evolving landscape of substance abuse, including, for example, the proliferation of synthetic drugs and opioid use, which represent new challenges in terms of prevention, treatment, detection, enforcement, and emergency response. Additionally, the complex way that addiction can manifest itself, such as comorbidity with homelessness and mental health issues, further complicates police work, requiring officers to possess skills beyond traditional law enforcement.

- 1.3 This paper aims to set out the key considerations relating to addiction and substance misuse in Dorset and explain the actions undertaken by the PCC and Dorset Police to meet the commitments set out in the Plan. Although it is understood that addiction can apply to just about anything that an individual is undertaking to the point that it is causing harm, this paper will – in line with the Panel’s Key Lines of Enquiry – focus on three main areas: namely, drugs, alcohol, and gambling.

2. BACKGROUND

- 2.1 The third priority of the Police and Crime Plan is to fight violent crime and high harm. One of the themes contained within this priority is addiction and substance misuse.

- 2.2 The commitments for addiction and substance misuse cover complex and cross cutting issues. To reflect this, the priority has six supporting themes outlined below:

- Make certain that, first and foremost, Dorset Police takes a robust approach to tackling drug related criminality and exploitation. The Force should use their powers appropriately to disrupt county lines activity to reduce the damage caused to local communities, as well as associated violence, ASB and acquisitive crime;
- Ensure that a regional, joined-up approach is taken to drug dealing, substance misuse and gambling addiction so that the entire Southwest works together to reduce this risk;
- Work with Dorset Police and key partners – in particular, health and social services – to commission services and educational inputs that can help reduce the harm of drugs and alcohol;
- Introduce ‘sobriety tagging’ as and when the national legislation allows Dorset Police to do so. Review the current rules and decision-making relating to rehabilitation provision and lobby for change if required;
- Ensure that Dorset is the best positioned to be innovative and collaborative in this space, by taking up the joint lead of the association of the Police and Crime Commissioners’ national addiction and substance misuse portfolio; and
- Increase awareness of the harms of recreational drug usage.

- 2.3 The Police and Crime Plan addresses substance misuse and addiction jointly and, indeed, there is considerable overlap between the topics of drugs, alcohol, and gambling. The needs of people who come into, or are at risk of entering, the Criminal Justice System are often complex and encompass mental health, substance misuse, alcohol, gambling, and other identified addictions. However, diversion, support, and treatment for these needs often develop in silo from each other. Government funding streams and statutory and voluntary services have tended to focus on separate delivery, meaning policy and procedures designed to tackle these issues have tended to evolve separately. The work of the Combating Drugs Partnership (CDP) and relevant partners is focused on reducing duplication and ensuring services for different needs complement each other and align where possible.

- 2.4 However, while the overlap between these topics is clear – and work is ongoing to ensure that efforts are complementary, these issues will nevertheless be explored in more detail separately to clearly address the Key Lines of Enquiry.

The causes of addiction

Whilst an exploration of the causes and antecedents of addiction is outside the realm of this paper, it is helpful to include a short explainer, as understanding the multifaceted nature of addiction is crucial for developing effective prevention and treatment strategies.

Addiction is generally defined as not having control over doing, taking, or using something to the point where it could be harmful to you.¹ Research consistently finds that there are a range of risk factors associated with a higher rate to addiction. These include:

Genetic Predisposition

- **Hereditary Factors:** Studies show that genetics can account for about 40-60% of an individual's vulnerability to addiction.
- **Brain Chemistry:** Certain individuals may have brain chemistry that makes them more susceptible to the effects of addictive substances or behaviours.

Psychological Factors

- **Mental Health:** Conditions like depression, anxiety, ADHD, and PTSD can increase the risk of substance abuse and addiction. Individuals might also use drugs or alcohol to mask the negative effects of a mental health condition.
- **Adverse Childhood Experiences:** Past traumatic experiences, especially in childhood, can make a person more prone to addiction as a way to cope with emotional pain.
- **Personality Traits:** Traits such as high impulsivity, sensation seeking, and poor self-control are linked to a higher risk of addiction.

Environmental Influences

- **Family Environment:** Growing up in a household where addiction is prevalent can normalise such behaviours and increase risk.
- **Peer Pressure:** Social circles and peer influence can encourage the initiation and continuation of substance use, in particular.
- **Socioeconomic Status:** Although the research here is less clear, both poverty and high-stress environments are associated with higher substance use and addiction rates.

Social Factors

- **Cultural Acceptance:** Societal norms and cultural attitudes towards certain substances or behaviours, for example alcohol, can affect their use and potential for addiction.
- **Availability:** Easy access to addictive substances or activities can better support the opportunity for addiction to persist.

Biological Mechanisms

- **Reward System Activation:** Addictive substances or behaviours are typically associated with experiencing a mental 'high' - stimulating the brain's reward system by releasing large amounts of dopamine, creating a feeling of pleasure.
- **Tolerance:** Over time, repeated use can lead to tolerance (needing more stimulus to achieve the same effect).

¹ [Addiction: what is it? - NHS \(www.nhs.uk\)](https://www.nhs.uk)

The causes of addiction (continued)

- Dependence: Over time, repeated use can lead to dependence (experiencing negative withdrawal symptoms – a ‘come down’ without repeated stimulus).

Behavioural Factors

- Coping Mechanism: Individuals often turn to addictive behaviours or substances to cope with stress, anxiety, poor mental or physical health, or other negative conditions.
- Habit Formation: Regular use of a substance or engagement in a behaviour can create habitual patterns that are hard to break.

Early Years Development

- Age of First Use: Early exposure to addictive substances or behaviours – particularly including prenatal exposure – can increase the risk of developing addiction later in life.
- Brain Development: The adolescent brain is more plastic and susceptible to addiction during development, particularly in the areas of decision-making and impulse control.

3. CONTEXT AND KEY ISSUES

Drugs

- 3.1 In the year ending March 2023, an estimated 9.5% of people aged 16 to 59 years (approximately 3.1 million people) reported using an illicit drug in the last 12 months; with 7.6% reporting using cannabis (around 2.5 million people) and 3.3% reporting using a Class A drug (around 1.1 million people)².
- 3.2 Although there were no statistically significant changes in prevalence compared with the year ending March 2020, levels were higher compared with ten years ago (year ending March 2013) for any drug (8.1%), cannabis (6.3%) and Class A drugs (2.5%), where prevalence were at all-time lows across these three categories.
- 3.3 Across Dorset, drug users can broadly be divided into three groups:
- Firstly, so-called “social” drug users who use harmful substances but show no signs of repetitive patterns and for whom drug use is not a focal point in their life.
 - Secondly, “substance abusers” who may not use substances daily and have periods of abstinence without support, but who remain prone to binge usage.
 - Thirdly, those with active addictions characterised by compulsive drug seeking despite the harmful consequences.

All three drug user typologies are at serious risk of harm and have a significant impact on the local community. 21% of victims of the most serious violence perpetrated in Dorset between 2018-2022, had a flag on their records for drugs.

² [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

- 3.4 In the last year there have been 1 146 drug related crimes recorded across Dorset. This includes trafficking in controlled drugs, possession of a controlled drugs, intent to supply, along with other drug related crime.
- 3.5 During 2021-22 there were around 740 children living with drug users in treatment, and another 350 living with people with an alcohol dependency across Dorset and BCP. Parents with addiction often live within chaotic environments and their children receive inconsistent physical and emotional support. They also have an increased risk of physical and emotional harm, and abuse and neglect are typical adverse childhood experiences (ACEs) which affect the healthy development of children's brains. These impacts can stretch well beyond childhood.
- 3.6 Nitrous Oxide (NOS) and cannabis use are increasing. Cannabis is now the most consumed illegal drug in the UK, with a fifth of 15-year-olds using cannabis in the last year. Hospital admissions for under 25s for substance misuse is above the national average in Dorset at 996.6 per 100,000.
- 3.7 Over a quarter of under 18s in Dorset & BCP substance misuse treatment in 2021-22 reported being affected by other people's substance misuse and 8% of school exclusions related to drugs or alcohol.
- 3.8 There were 80 suspected drug related deaths in Dorset during 2023. Analysis of the provisional data suggests that the pattern of deaths remain similar to that seen during 2022 – a similar age distribution and predominantly males. Most occurred at the home address, and the greatest proportion of deaths occurred in Bournemouth area.
- 3.9 In Dorset, over half of service users in treatment and recovery support have complex physical and mental health needs which impact on their daily lives. Anecdotal evidence and case reviews suggest that a significant proportion with complex needs struggle to access services from wider partners to meet these needs. For example, of those clients who have mental health needs, 60% of these are receiving help from their GP, 20% are engaged with mental health services and 20% are not receiving any treatment.
- 3.10 Evidence also suggests that the average age of those in treatment is increasing – one in three clients are aged 50 or over, and 3% are aged 65 or over. The aging cohort in treatment are more likely to have significant health and care needs and the broader treatment system needs to be developed to meet these needs.
- 3.11 Approximately one in eight people drop out of treatment before 12 weeks across Dorset. When engaged in treatment, people use alcohol and illegal drugs less, commit less crime, improve their health, and manage their lives better. Keeping people in treatment long enough to benefit would therefore deliver improved outcomes, however, the key barriers are complex and include access to suitable housing, lack of a connection with non-drug using communities and accessibility of mental health services.

Alcohol

- 3.12 In 2022, 32% of men and 15% of women drank at levels that put them at increasing or higher risk of alcohol-related harm (over 14 units in the last week). 30% of those aged 55 to 74 drank at least 14 units of alcohol per week, the highest of all age groups.³

³ [Adult drinking - NHS England Digital](#)

- 3.13 Six per cent of men in the South West drank more than 50 units per week, placing them in the highest risk category, and a further 30% drank between 14 and 50 units per week, placing them in the increasing risk category. This total of 36% in these two categories is comparatively high with other regions (which ranged from a total of 25% to a total of 39%).
- 3.14 Six per cent of women in the South West drank more than 50 units per week, placing them in the highest risk category, and a further 13% drank between 14 and 50 units per week, placing them in the increasing risk category. This total of 19% in these two categories is the highest compared with other regions (which ranged from a total of 10% to a total of 19%).
- 3.15 Alcohol related hospital admissions have been increasing steadily in BCP and Dorset, since 2017/18. Data show that the rates of alcohol related hospital admissions in BCP are significantly worse than the England average; this is a long-term trend. In 2020/21, the rate of alcohol related hospital admissions in BCP was 589 per 100,000 in comparison to the rate in England of 494 per 100,000. In Dorset, the figure was 382 alcohol related hospital admissions.
- 3.16 COVID-19 had a significant impact on alcohol consumption, nationally seeing an increase in alcohol sales of 25% during periods of lockdown. Unplanned admissions for alcoholic liver disease during this period increased by 13.5% and alcohol specific deaths increased by 20% on the previous year's data. Local health and treatment services are still seeing these increased demands for specialist services.
- 3.17 For young people in England the average level of hospital admissions for alcohol specific conditions is 31 per 100,000 young people, the figure is higher in BCP and Dorset, at 60 and 47 respectively.
- 3.18 There is also significant hidden harm associated with alcohol due to its contribution to domestic violence and child neglect.
- 3.19 As with substance misuse, alcohol is considered through the Combating Drugs Partnership needs assessment and delivery plan. One key area identified is the impact of alcohol in the over 55s population in terms of treatment and recovery. Alcohol harm impacts on ASB and violent crime. In prevention, alcohol – along with other substances – has been prioritised through inputs with schools and support with families.
- 3.20 The Dorset Reducing Reoffending Strategy includes the tackling alcohol, drugs, and addictions as one of nine pathways to reducing reoffending. It identifies that around two-thirds of prisoners used illegal drugs in the year prior to imprisonment. Alcohol is linked to around half of violence crime, as well as others, whilst drugs are linked to significant proportions of acquisitive crimes, such as theft, burglary, vehicle crime and shoplifting. There is also a clear association between problem gambling and crime.

Gambling

- 3.21 There is currently no convention on how rates of problematic gambling should be measured, but the UK regulator suggests that 2.5% of people surveyed are 'disordered' gamblers, individuals who gamble with negative consequences and possible loss of control. A further 3.5% are moderate-risk gamblers, with moderate levels of gambling-

related harm. 50% of respondents undertook some form of gambling in the month prior to being surveyed, most commonly participating in lotteries or scratch cards.⁴

3.22 A recent review published by Public Health England “Gambling-related Harm Evidence Review” identified the following risk factors linked to harmful gambling:

- Impulsivity (cognitive trait),
- Alcohol consumption,
- Being male, and
- Experiencing depression.

3.23 The Gambling Commission found that 26% of 11–17-year-olds used their own money to engage in gambling activities in 2023. The most common forms were arcade games, placing bets with family and friends, and betting on card games.

3.24 The Addiction Recovery Agency (ARA) is the National Gambling Support Network provider for the South West, funded by Gamble Aware to support individuals and families who are impacted by gambling related harms.

3.25 ARA have found that almost one in five adults gamble online in the UK, and that there are 340,000 adults in the UK diagnosed as having a gambling disorder; Harmful gamblers are 15 times more at risk of suicide than the general public, and two people a day in the UK take their own lives due to gambling harm. Around 4.3 million people are directly affected by another person’s gambling.

3.26 In terms of the economy, 15% of gamblers have gambled in the workplace in the past four weeks, and the cost of gambling harm in the UK to the public purse is £1.27 billion whilst the gambling industry spends £1.5 billion per year on advertising.

3.27 As with substance misuse and alcohol, gambling has been considered through the Combating Drugs Partnership needs assessment and delivery plan development.

3.28 The PCC has acted as the Association of Police and Crime Commissioners (APCC) co-lead for addiction and substance misuse since 2021. In this capacity he has worked with the APCC to produce a Gambling Checklist for PCCs to review and action. There are 20 recommended ‘asks’ and ‘takeaways’ for PCCs to consider, under four thematic areas which are under constant review:

- Improving understanding, raising awareness;
- Access to services and support;
- A better response in the policing and criminal justice system; and
- Stop the Proceeds of Crime Act (POCA) from hitting families and blocking recovery.

⁴ [Gambling participation and the prevalence of problem gambling survey: Final experimental statistics stage \(Step 3\) \(gamblingcommission.gov.uk\)](https://www.gamblingcommission.gov.uk/gambling-participation-and-the-prevalence-of-problem-gambling-survey-final-experimental-statistics-stage-step-3)

4. PROGRESS MADE AGAINST THE POLICE AND CRIME PLAN

Drugs

- 4.1 The PCC's role as the APCC co-lead for addiction and substance misuse ensures that Dorset is in the best position to be innovative and collaborative with local, regional, and national partners.
- 4.2 Dorset Police has strong networks locally, regionally, and nationally to identify drug related networks, including Organised Crime Groups (OCGs), operating both in and out of Dorset. Between 2020 and the 2022 there were a total of 26 OCGs identified to be operating in Dorset whose primary threat was recorded as drugs. OCGs involved in the distribution and sales of drugs also come with the additional threat of serious violence. For instance, between the period of 2018-2022, 40% of most serious violence and homicide offenders had a flag assigned to their records for a drugs warning.
- 4.3 The previous government established the national strategy From Harm to Hope⁵ to tackle the issues of drug related crime within our communities. The strategy noted that seaside towns are among the areas with higher prevalence of multiple disadvantages (drug addiction, homelessness and contact with the criminal justice system). Bournemouth ranked ninth for opiate and crack misuse, and eighth for multiple disadvantages and complexities. It is estimated that there were a further 1500 opiate and/or crack cocaine users in the Dorset County area.
- 4.4 The PCC has heard from those with lived experience of substance misuse and involvement in county lines and understands just how damaging drugs can be not only to the users' lives but also to their families. As well as how the effects of drugs can be for a community. Shoplifting, anti-social behaviour, and vehicle crime are just some of the offences often linked to drugs. Such feedback appears to be common across all police force areas and it is something that the PCC is determined to address in Dorset.
- 4.5 In early September 2022, the Combating Drugs Partnership (CPD) was established, in response to the requirements in 'From Harm to Hope'. Chaired by the PCC, the CDP supports delivery of the three main strategic ambitions to:
- Break drugs' supply chains;
 - Deliver a world class treatment and recovery system; and
 - Achieve a generational shift in the demand for drugs.
- 4.6 To support the development of Dorset's CPD, a Joint Analytic Sub-Group was established with the task of completing a Pan-Dorset Needs Assessment. This needs assessment was the basis for the CDP Delivery Plan which complemented the national outcomes and supporting metrics required by the national strategy.
- 4.7 A further three sub-groups lead the CDP's delivery plan activities, each one having responsibility for a strand of the delivery plan and advising the CPD at each board meeting regarding progress and challenges:
- **Enforcement** – Ensuring Dorset Police take a robust approach to tackling to drug related criminality and exploitation.

⁵ [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope)

- **Prevention** – focusing on education and support with children, young people, and families at risk.
- **Treatment and Recovery** – to improve engagement with and access to treatment and recovery services in communities, and throughout the Criminal Justice System.

Enforcement

4.8 Operation Scorpion is a partnership drugs operation which involves all five South West Police and Crime Commissioners, their respective police forces, the South West Regional Organised Crime Unit (SWROCU) and other key partners including British Transport Police. It aims to make the region a hostile environment for illegal drugs, concentrated on drug supply and the associated harms. The recent seventh phase of Operation Scorpion had three aims:

1. To demonstrate a 'Ring of Steel' around the South West, making it clear that drug gangs and associated crime will be targeted and removed from the region.
2. To focus on visible street dealing by disrupting those who cause harm in communities through visible drug dealing and the associated crime.
3. To encourage the public to submit intelligence which may assist in identifying and tackling those responsible for causing drug related harm to communities.

4.9 During the abovementioned Operation Scorpion week of action there were 37 arrests, 15 warrants executed, £77,800 worth of Class A and B drugs seized, £18,000 cash seized from various addresses, 14 adults and five children safeguarded, 45 stop searches conducted and hotspot patrols carried out across the county. Further weeks of targeted activity are planned throughout the year ahead.

4.10 Dorset Police also has Op Viper, the Force's own dedicated and proactive initiative targeting criminality, taking drugs off the streets, sharing intelligence, and protecting the vulnerable. This team uses intelligence and enforcement to disrupt county lines in order to make Dorset a hostile place for those dealing illegal drugs and bringing misery to communities. The Force has a specific County Lines Task Force, which is supported by Neighbourhood Enforcement Teams (NETs) to disrupt and deter incoming drug networks. Throughout June, for example, Op Viper resulted in a total of 54 drug disruptions, with 17 arrests, six people charged, 25 safe and wells visits, and seizures of pepper spray, drugs, phones and cash. Together, Op Scorpion and Op Viper are working to robustly tackle drug crime across our county.

4.11 Furthermore, a new national approach to tackling OCGs groups acting in neighbourhoods known as Clear, Hold, Build (CHB) is in its early stages of roll out in Dorset. This multi-agency approach focuses on targeting OCG drug and related crime and ASB within a specific geography, which is jointly identified by partnership data and intelligence. To have a sustainable impact it consists of three phases:

Clear – initial targeted enforcement activity (arrests and relentless disruption) that target OCG members, their networks, business interests, criminality, and spheres of influence. The police use all powers and levers to impact on their ability to operate, creating safer spaces to begin restoring community confidence.

Hold – consolidating and stabilising the first phase to stop remaining or other OCG members capitalising on the vacuum created. This aims to improve community

confidence by ensuring spaces remain safe. Visible neighbourhood policing in hot spot areas is used to provide continuing reassurance.

Build – delivering, in partnership, a range of community-empowered interventions that tackle drivers of crime, exploitation of vulnerabilities and hotspots of harm through:

- Improved engagement with services,
- Increased confidence within the community, and
- Greater reporting to police and partnerships.

4.12 Dorset's CHB was launched in March 2024 and is focused on Bournemouth Town centre. Results will be shared in due course, once initiatives are up and running.

Prevention, Treatment and Recovery

4.13 To tackle and reduce the risk of drug crime we need to prevent demand in the first place and to maximise access to treatment services to support those who are already using drugs. Drug Testing on Arrest (DToA) has been introduced across both Dorset Police custody suites, with the focus on perpetrators of violence, abuse and intimidation against women and girls (VAWG).

4.14 The use of DToA will potentially lead to a reduction in further offending as a result of the rehabilitation offered. A positive test can then be used by the Crown Prosecution Service when the primary criminal case is being considered and can form part of the sentence which can include a rehabilitation treatment requirement. Initial results in Dorset, from 27 individuals being tested within custody, produced one positive test for opiates, 19 positive tests for cocaine, and three positive tests for both. Eighteen subsequent referrals were made for Drug Treatment Assessments.

4.15 Local substance misuse treatment services can offer multi-disciplinary interventions to people who use drugs involved in the criminal justice system, managing them from the point of arrest (drug testing on arrest > out of court disposals > arrest referral > support to probation court officers > pre-sentence planning) to release (assertive support on release from custody and prison > working with prisons for the smooth transition of individuals back to the local area) and on to specific programmes aiming to reduce alcohol and/or drug related crime throughout treatment.

4.16 There are a variety of different treatment options available across Dorset, as substance misuse issues can be addressed either through an out of court disposal via a court order or on release from prison – based on the substance itself, the level of dependency, and the age of the individual. Treatment services can assist and support family members as well. To ensure that people in the Dorset and BCP areas are supported through relevant services, continuity of care targets are kept under review via the CDP. The continuity of care target for Dorset is 58% (55% according to May 2024 figures) and the continuity of care target for BCP is 57% (60% in May). Work is underway to improve continuity of care within both Dorset and BCP, which will be overseen by three new sub-groups – namely, the Number of people in treatment task and finish group; Recovery group; and Drug related deaths group.

- 4.17 As part of a Community Sentence, courts can impose a Drug Rehabilitation Requirement (DRR) instead of receiving a custodial sentence. If a court order is given, the offender must engage with both the probation service and the nominated treatment service. Failure to comply with this order results in the individual going back to court to be re-sentenced.
- 4.18 Alcohol Abstinence and Monitoring Requirement (AAMR) tags became a sentencing option in March 2021. Over the past year, 78 so-called sobriety tags have been fitted as part of a community sentence. Like DRRs or ATRs, failure to comply with this order results in the individual going back to court to be re-sentenced. As part of the tagging requirement treatment services will also be provided to individuals.
- 4.19 In terms of prevention activity focused on young people, Talk About Trust, with funding from the PCC, has designed and piloted drug education resources, trialled with over two hundred children during the Easter Term 2024. The materials cover issues such as NOS, vaping, MDMA, ketamine, cannabis, and cannabis derivatives, and were delivered via a short series of lessons for Year 9 students, an animated short film, teacher training, student assembly and interactive games. Indications of behaviour change or motivation to experiment with drugs were compared with children in two control schools who did not have the resources. Teachers delivering the pilot resources were interviewed to see what worked well and what needs adapting in Phase 2, which is due to be delivered in the Autumn term 2024.
- 4.20 There are, of course, additional educational inputs provided to young people in Dorset. This includes the work of the Safer Schools and Communities Team, which has produced a variety of relevant inputs and tools in this space – including ‘click and play’ videos focused on alcohol and drugs, as well as county lines, for use in schools. This also includes the work of the charity Vita Nova, which has been granted funding from the PCC’s Fix the Future Fund. This funding went towards the ‘Wasps Nest’ play, which is being performed in schools across the area. The powerful piece of work, performed by people in recovery from addiction, depicts the story of a teenager who becomes embroiled in county lines and knife crime, and how he found himself lured in.
- 4.21 Preventative activity, treatment, and recovery in relation to adults often involves the use of an Out of Court Disposal (OoCD). An Adult OoCD is to utilise suitable conditions to rehabilitate offenders and prevent re-offending. In suitable cases, vulnerable offenders are issued conditions which give them access to free support from partner agencies or commissioned services which aim to treat their vulnerabilities. Non-vulnerable offenders however are set conditions to attend education courses for which they pay. Ensuring the correct diversions for each offender will then assist with preventing re-offending.

Alcohol

- 4.22 The APCC Addictions and Substance Misuse portfolio has prepared an Alcohol Related Crime checklist⁶, with a particular focus on the nighttime economy. This enables PCCs to quickly appraise the delivery of their Force and benchmark it against a national standard.

⁶ [next-steps-for-pccs-on-alcohol-related-crime-and-homicides.pdf \(apccs.police.uk\)](#)

Enforcement

- 4.23 Dorset Police through their Neighbourhood Policing Teams have used effective operations in hot spot areas of Dorset which are designed to tackle key perpetrators of violence crime, drug offences and ASB. These are often linked to alcohol and, working within a multi-agency partnership these perpetrators are targeted to improve the safety of the wider community.
- 4.24 The night-time economy is inextricably linked with alcohol disorder and Dorset Police Crime Prevention Officers are frequently engaged to provide assessments of vulnerable and high demand areas within our town centre and the wider night-time economy. This information is shared with partners to achieve improvements.
- 4.25 Again, as also applies to drug users, OoCDs can be used to divert offenders into treatment and education services. This includes diversions for alcohol led crimes such as ASB, violence and domestic abuse.
- 4.26 Linked to OoCDs, Immediate Justice is a diversionary scheme for adult offenders who have committed ASB related offences such as criminal damage, theft, public order (where alcohol is typically the driver), and lower-level assaults where a conditional caution or community resolution has been identified as suitable disposal via an OoCD. This is for first time offenders only and Immediate Justice will be a one strike.
- 4.27 The offender, once accepted on to the programme, will be made to repair the damage they inflicted on victims and communities by completing unpaid community-based work as swiftly as possible after the conditional caution or community resolution has been issued. Community reparative work is undertaken through an external supplier who supervise and arrange the work with the offender.
- 4.28 Dorset also utilise Restorative Solutions who perform an Anti-Social Behaviour Course which seeks to educate to prevent offending. The Immediate Justice (IJ) programme has been running since November 2023, and results are reported to the Home Office as part of the funding requirement.
- 4.29 Forty-three referrals were made in the initial phase of delivery, of which 24 were from Dorset Police, 12 were from BCP Council, and seven were from Dorset Council. These resulted in:
- 10 Adult Conditional Cautions,
 - 29 Community Resolutions,
 - 4 Voluntary Interventions,
 - (With 2 referrals being rejected as not appropriate)
 - In addition to these, 17 people also undertook an education or awareness course.

Prevention, Treatment and Recovery

- 4.30 The work of the Combating Drugs Partnership subgroups also includes a focus on alcohol. A key output of this has been the development of the ARCH approach (Alcohol Related Crime and Homicide) to support local activity. ARCH considers alcohol-related crime and disorder, from ASB through to the most serious crimes of all, including domestic violence, serious sexual assault, and homicide. As joint lead for this area the PCC is representing Dorset nationally as part of a new group to help set the role of policing to tackle alcohol-related crime and homicide.

- 4.31 The Office for Health Improvement and Disparities has set out the priorities and supporting outcomes framework for the CDP treatment and recovery groups delivery plan. These targets relate to the numbers of adults and under 18s receiving structure treatment for opiate use, non-opiate use, and alcohol use.
- 4.32 The initial data set highlighted the BCP had lower than expected number of people over 55 years receiving structured treatment for alcohol use. As a result, the commissioning team is focusing on increasing engagement with the over 55 population. The team delivering this are in community-based settings such as the Dolphin Centre in Poole making advice and treatment more accessible. Within the first six months of implementation, the numbers of over 55s in structured treatment increased significantly, exceeding the target.
- 4.33 Of note, the Treatment and Recovery working group are now reviewing the “Drug Related Death” process to look to include alcohol related deaths. Dorset PCC was a key partner in the development of the national guidance for the drug related death panel guidance. We now need to replicate the process for alcohol related deaths where we see higher numbers which may cause some challenges with capacity.
- 4.34 As previously mentioned, local substance misuse treatment services offer multi-disciplinary interventions to people who use alcohol, and there are a variety of different options for treatment on offer across Dorset, which are considered by the CDP. Complementing these, courts can impose an Alcohol Treatment Requirement (ATR) as an alternative to a custodial sentence, in the same manner as with Drug Rehabilitation Requirements (see paragraphs 4.14 to 4.16 for further detail).

Gambling

- 4.35 The APCC Addictions and Substance Misuse portfolio has also produced a Gambling Checklist for PCCs to review and action. There are 20 recommended ‘asks’ and ‘takeaways’ for PCCs to consider, under four thematic areas which are under constant review. The four thematic areas are:
- Improving understanding, raising awareness,
 - Access to services and support,
 - A better response in the policing and criminal justice system, and
 - Stop POCA from hitting families and blocking recovery.

Prevention, Treatment and Recovery

- 4.36 To support the national response to the above themes, the Addiction Recovery Agency (ARA) was appointed as the Southwest area provider for services including training for professionals and support for those wanting support with their problematic gambling addiction. Since 2021 ARA has worked with Dorset Police, the Probation Service, and local authorities to improve the local awareness of harmful gambling and embed the referral routes to support.
- 4.37 Training packages are now being rolled out to the wider partnership including alcohol and drug treatment services, public health, and social services via the CDP.

- 4.38 Nationally ARA supported 1758 people with gambling harm within the last 12 months. They look at early intervention, structured intervention, and continual intervention. 97% were satisfied with the service they received.
- 4.39 Locally, through the OPCC, a range of measures have been implemented to enable the better identification of problem gamblers at various points through the criminal justice system journey – from initial screening and signposting to support, to support within police custody to reduce the risk of future offending, through to supporting the Criminal Justice Liaison Service to improve both prison and probation services.
- 4.40 For example, problematic gambling has been added to the list of risks that are screened for when individuals come into police custody and if any concerns are identified they are provided with the relevant information and signposting to the ARA service and a referral can be made.
- 4.41 Additionally, support has been put in place for Dorset Police and OPCC officers, staff, and volunteers by including gambling harm within the substance and alcohol misuse policy to ensure all colleagues are aware of support services, and training for line managers will be provided to support this. ARA have also been included within the welfare department and referrals when required are made.

5. NEXT STEPS AND CHALLENGES

- 5.1 OPCC is working hard to ensure that the antecedents to and consequences of addiction and substance misuse are prioritised by the police and partners across the county, and the Police and Crime Plan clearly sets out that detail. Over the past three years, considerable progress has been made against these commitments.
- 5.2 This is an area of extreme importance to the PCC and he, along with his office will continue to deliver the commitments within the Police and Crime Plan.
- 5.3 The uncertain funding landscape remains a key challenge for both policing and its key delivery partners. This has necessitated working more creatively to achieve the necessary funding to meet the demands of adults and young people seeking to access treatment and recovery. The additional funding secured has resulted in a significant increase in the numbers of people accessing structured treatment for substance and alcohol addiction, but this is not guaranteed for the next financial year which puts at risk potential developments to improve services but also to maintain the current offer.

6. RECOMMENDATION

- 6.1. Members are asked to note the report.

COMBATING DRUGS PARTNERSHIP MANAGER

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