

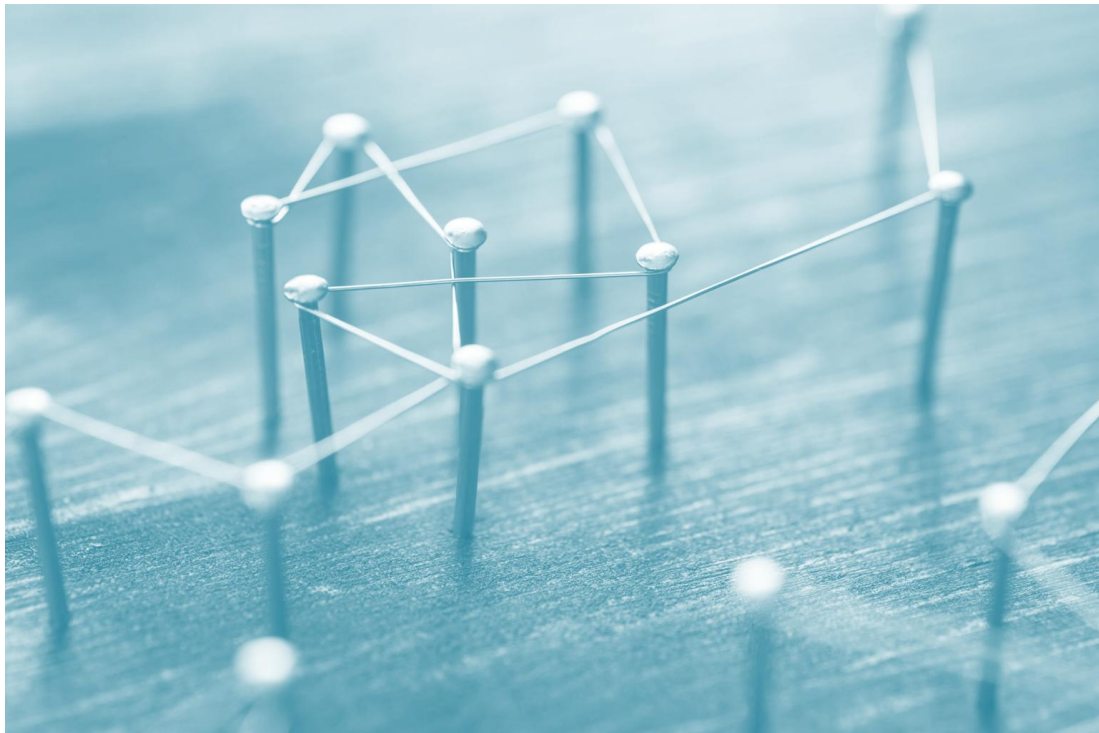
DRUG & ALCOHOL TEAM

Cornwall and Isles of Scilly

Reducing Harm | Promoting Recovery

SAFER CORNWALL

Kernow Salwa



CORNWALL & ISLES OF SCILLY DRUG AND ALCOHOL NEEDS ASSESSMENT

The Drug Market, exploitation and
other criminality
Update 2025/26

Acknowledgments

This update to the Drugs Needs Assessment for Cornwall and the Isles of Scilly was prepared by the Amethyst Community Safety Strategic Intelligence Team, with support from the Drug and Alcohol Team, Cornwall Council.

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Introduction

In December 2021, the government published their **10-year UK Plan**¹ to combat illegal drugs, backed by additional funding for 2022 to 2025, to start to **reverse the impact of disinvestment** in drug treatment over the previous decade.

The national strategy seeks to deliver the recommendations of Dame Carol Black's landmark **independent review of drugs**.² The 10-year commitment sets out the expectations of how **Government and public services will work together** and share responsibility for delivery. This includes specific **guidance**³ for **local partners**.

Every area is required to have a local **Combating Drugs Partnership** to drive effective delivery of the national Drugs Strategy. This partnership must **agree priorities** through a **strategic needs assessment** and develop and deliver a local **drug strategy and action plan**.

In Cornwall, that responsibility is discharged through the **Community Drugs Partnership**. Oversight and governance is provided by the **Safer Cornwall Strategic Board** and the Chair is the Senior Responsible Officer.

Local drug and alcohol strategies continue to be included under the umbrella of the **Safer Cornwall Partnership Plan**.

¹ [From harm to hope](#), UK Government, December 2021

² Dame Carol Black's [Independent Review of Drugs](#), Home Office and DHSC

³ [Drugs Strategy Guidance for Local Delivery Partners](#), Home Office, June 2022

Identifying local priorities

The strategic needs assessment aims to provide a **shared understanding of local needs and evidence** for drug and alcohol provision. This informs the design of local services and enables individuals, their families and the wider community to have their **needs met more effectively**.

We undertake a **full needs assessment every 4 years** and the first iteration in this cycle was published in 2023.⁴ We undertake an **annual review and refresh** to ensure that our evidence base keeps pace with emerging trends.

This latest update focuses on **what has changed** since the last assessment and is provided as a set of three thematic papers:

- Our treatment system
- The Drug Market, exploitation and other criminality
- What our people say - consultations







In addition, in 2025, we published a comprehensive report on [drug-related deaths in 2024](#).

Local plans responding to these needs assessments **consider both drug and alcohol-related harms**, and how to meet the complex needs of people who use alcohol as well as other drugs. Alcohol is included alongside drugs in all relevant activity and performance monitoring and reporting.

⁴ The 2022/23 strategic needs assessment and 2024/25 update are published in the Safer Cornwall library under [Drugs Needs Assessments](#)

National Drugs Outcomes Framework

Unless otherwise stated, all figures relate to 2023/24, compared with the 2021/22 baseline and all figures are for Cornwall and Isles of Scilly.

Reduce drug use 	Reduce drug-related crime 	Reduce drug-related deaths and harm 	Reduce drug supply 	Increase engagement in treatment 	Improve recovery outcomes 
<p>Headline metrics</p> <p>8.7% of people used drugs People aged 16-59 reporting any drug use in the last year Crime Survey 2025 (England & Wales only)</p> <p>2,348 opiate/crack users Estimated local population 6.9 per 1000 population ▼ -10% England 8.5 ▼ -11% (2022/23 estimate compared with 2019/20)</p>	<p>Headline metrics</p> <p>1,742 neighbourhood crimes 3.0 per 1000 population ▲ +21% England 11.2 ► -3% Recorded by police, year to Sep-25</p> <p>0 drug-related homicides 0 per 1000 population Recorded by police, year to Sep-25</p>	<p>Headline metrics</p> <p>112 deaths related to drug misuse (2022-2024) 7.1 per 1000 population ▲ +13% England 5.2</p> <p>Substance misuse hospital admissions (Jul-25) 26 per 100,000 aged 15-24 ▼ -24% England 32.9 24.3 per 100,000 aged 25+ ▼ -16% England 25.8</p>	<p>Headline metrics</p> <p>6 County Lines closed Recorded by police, year to Sep-25</p> <p>20 Disruptions against Organised Crime Groups 19 minor disruptions, 1 moderate Recorded by police, year to Sep-25</p>	<p>Headline metrics</p> <p>65% prison leavers With a drug-related need picked up by community services within 3 weeks England 58%</p> <p>4,024 adults ▲ +15% 148 young people ▲ +83% Numbers in treatment in the last year (Oct-25)</p>	<p>Headline metrics</p> <p>48% treatment progress ► -4%</p> <p>People in treatment showing substantial progress England 46% (Oct-25)</p>
<p>Supporting metrics</p> <p>206 households Owed a homeless duty, citing drug use 13% of households owed a duty, England 10%</p> <p>275 drug and/or alcohol-related exclusions ► +3% 13 permanent exclusions / 5.3% of all exclusions - England 5.0% (2023/24) 262 suspensions / 1.6% of all suspensions - England 2.2% (2023/24)</p> <p>Children's Social Services Where drugs was identified as a factor 415 referrals ▼ -9% 5.2% of all referrals/39.2 per 10,000 children in Cornwall</p> <p>661 assessments completed 8.3% of all assessments/62.5 per 10,000 children in Cornwall</p> <p>% 11-15 year olds who think it's ok to take drugs "To see what it's like" - cannabis 11%, cocaine 4% "Once a week" - cannabis 6%, cocaine 4% NHS Digital SDD 2023 (England only)</p>	<p>Supporting metrics</p> <p>Proven reoffending rates within 12 months 2023/24 cohort vs 2021/22 23.2% of adults ► +0% England and Wales 28.0% 19.1% of young people ▼ -5.6% England and Wales 31.8%</p> <p>655 drug possession crimes 1.1 per 1000 population ▼ -7%</p> <p>291 drug trafficking crimes 0.5 per 1000 population ▲ +14%</p> <p>Recorded by police, year to Sep-25</p> <p>50 Hospital admissions for assault with a sharp object ▲ +25% from 2021/22 20% are under 25 years of age</p> <p>Devon and Cornwall Police Force Area, 2023/24 (NHS Digital, rounded to nearest 10)</p>	<p>Supporting metrics</p> <p>49% Hepatitis C infection in people who inject drugs (South West, 2023); England and Wales 53% [latest published]</p> <p>39 people died whilst in contact with treatment (2022-2024) 35% of drug-related deaths ► -3% England 26% ► 0%</p>	<p>Supporting metrics</p> <p>1,796 drug seizures 34% Class A / 57% Class B / 9% Class C/other Recorded by police, year to Sep-25</p> <p>3 NRM referrals People referred into the National Referral Mechanism for County Lines Recorded by police, year to Sep-25</p>	<p>Supporting metrics</p> <p>847 unmet need People using opiates and/or crack users not in treatment (estimate) 36% of prevalence estimate England 53%</p> <p>No local data (no prisons in Cornwall)</p> <p>People in treatment in prisons and secure settings</p> <p>Community or Suspended Sentence Orders with Drug Treatment Requirements</p> <p>Adults starting treatment in the establishment within 3 weeks of arrival from the community or other custodial settings</p>	<p>Supporting metrics</p> <p>84% no housing problems ▼ -4% Adults reporting no housing problems in the last 28 days England 87% (Oct-25)</p> <p>25% adults in work, training or study ► -2% Adults completing at least 1 day of paid work, voluntary work, education or training in the last 28 days England 27% (Oct-25)</p> <p>14% adults ▼ -6% Adults with an unmet mental health treatment need England 18% (Oct-25)</p> <p>6% parents ► +2% Parents that have received a specific family or parenting intervention England 15% (Oct-25)</p>

Reference: [National Combating Drugs Outcomes Framework: supporting metrics and technical guidance](#) Sources: Police recorded crime (Devon and Cornwall Police), includes burglary (residential), robbery of personal property, vehicle offences and theft from the person; [Deaths related to drug poisoning by local authority](#), England and Wales (ONS, 2025); [Public Health Profiles](#) (OHID); inpatient finished [admission episodes](#) with a cause code of 'assault with a sharp object', by Police Force Area, NHS Digital; [NHS Smoking, Drinking and Drug Use among Young People 2023](#), NHS Digital (2024) - the survey report for the 2025 survey is scheduled for autumn 2026; [Proven reoffending statistics](#), Ministry of Justice, published January 2026 (cohort 2023/24 compared with cohort 2021/22); [Unlinked Anonymous Monitoring Survey of HIV and viral hepatitis](#) among people who inject drugs, UK Health Security Agency 2024; [Suspensions and permanent exclusions in England](#), statistics for state-funded schools academic year 2023/24, Department for Education, July 2025

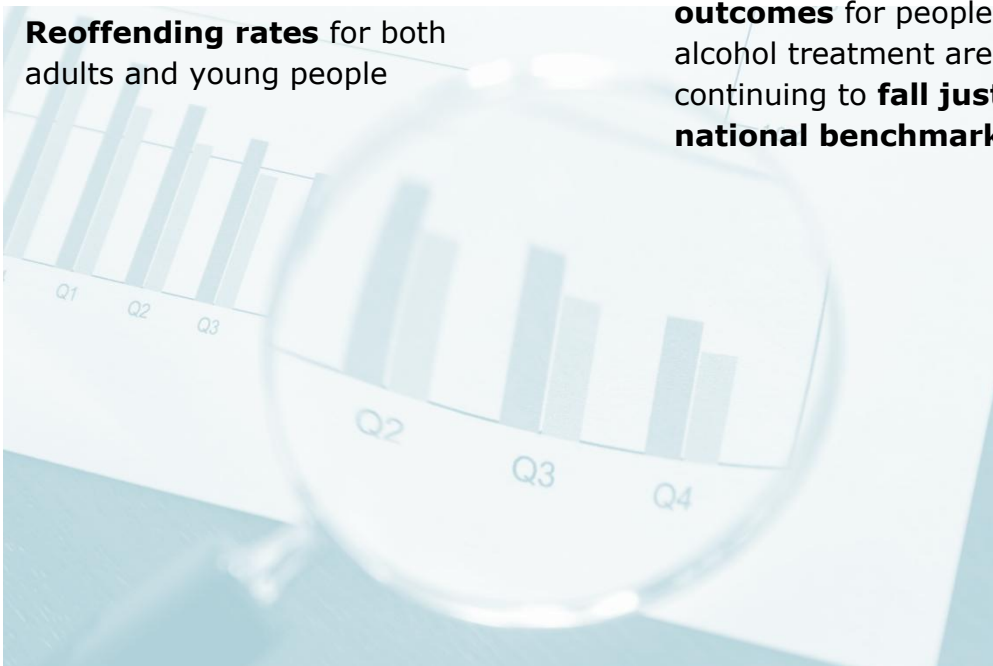
What does this tell us about our system?

Highlights

- **Local prevalence of opiate and/or crack use** is estimated to be lower than national rates; **drop in OCUs** compared with the last estimates (in line with the national picture) – within the estimates we are seeing **more crack use** and less opiates.
- **Lower rates of unmet need** than the England rates across all drug groups which indicates that the **system is performing well** at attracting and engaging people who need treatment into services.
- More likely to **identify and meet mental health** needs than the England average.
- **Hospital admissions** for substance misuse have **reduced and below** England rates, particularly amongst **15-24 year olds**.
- **Low rates of neighbourhood crime** (thefts) but some types of crime have increased.
- **Reoffending rates** for both adults and young people consistently track below the England average.
- Significant **improvement in continuity of care** in 2024, now stable at 65% and above the national rate.
- Fewer **drug and/or alcohol-related exclusions** and referrals to Children's Social Care where drugs is recorded as a factor.

Challenges

- Above average rate of **drug related deaths** with a rising trend; the percentage of deaths in treatment is also above England rate.
- Overall **progress in treatment** is above national average but has seen a small decline. Progress for **non-opiates and alcohol** is third quartile and a priority to improve.
- **Housing and employment outcomes** for people in drug and alcohol treatment are stable but continuing to **fall just below the national benchmark** rates.



Drugs and crime

One of the three priorities in the national Drug Strategy⁵ is *Breaking Drug Supply Chains*, including tackling **County Lines** and reducing associated violence and homicide.

Linked to this are the Local Outcomes Framework measures to:

- Reduce drug-related crime
- Reduce drug supply

In 2022/23 Devon and Cornwall police developed a **Drug Market Profile** which was shared with local partnerships in April 2023. This is the first time that such a product was made available at local level. It aimed to support partnership working to develop a system-wide response to tackle drug supply.

The key findings were included in the [2022/23 needs assessment](#).

The Drug Market Profile has been **reviewed and refreshed in 2025** and due to be shared with partners in early 2026.

Key themes emerging from partners' understanding of **changes in the drugs market** were discussed at a themed multi-agency workshop undertaken for the Safer Cornwall Strategic Assessment. This session also provided **local partner insight for the refresh** of the Drug Market Profile.

The police also routinely produce a quarterly **Partnership Intelligence Report** on the theme of **drug-related activity**. These are provided to partners alongside a bi-annual **Serious and Organised Crime Profile**.

⁵ HM Government (2022), [From harm to hope: a 10 year drugs plan to cut crime and save lives](#)

Drug Related Threats

Nationally drug trafficking is highlighted as a **major driver of serious violence**. Analysis by the National Crime Agency highlights that **violence is endemic within drug trafficking activities**, used for intimidation, coercion and as retribution for drug related debts.

The independent review by Dame Carol Black estimated that **61% of known Organised Crime Groups** involved in drug supply had some violent capability and 29% owned illicit firearms⁶.

The latest Drugs Market Profile highlights that the **Drug Market in Devon and Cornwall has significantly evolved** in the reviewed period.⁷ The emergence of new business models has radically transformed the drug retail landscape and **simplified the route from supplier to customer**: social media platforms, postal supply and home deliveries are now integral to drug supply chains.

Whilst the previous **supply model of County Lines** has changed, with lines now being **controlled locally** and operating within internal force boundaries, County Lines continue to supply crack cocaine and heroin through **exploitative practices**.

A rapid growth in the cocaine supply market in Devon and Cornwall is likely linked to the

increasing demand from recreational users. It is almost certain that methods of sale such as **social media platforms or postal delivery** have enabled recreational users to access illicit drugs anonymously and independently from a facilitating "middleman".

Lower wholesale prices have created an opportunity for Serious and Organised Crime threats to leverage their business model from source to supply. This has been evident in **Western Balkan distribution model** whose footprint continue to expand in force.

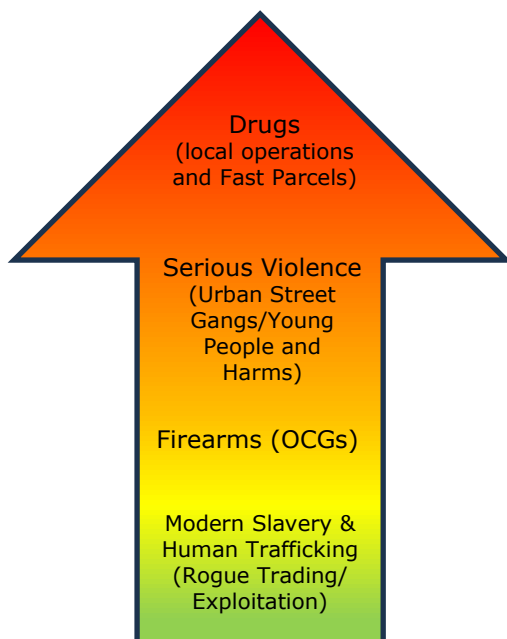
The emergence of **potent synthetic opioids**, likely driven by shortages in the availability of heroin supplies caused by the Taliban ban of Afghan Opium production, is presenting an increasing risk to the end user and will highly likely be an increasing contributory factor to overdoses and near fatal overdoses.

It is likely that changes in distribution models will **lead to increased competition and will drive violence** related to Serious and Organised Crime. Serious violence perpetrated by metropolitan drug threats has already influenced the behaviour of low-level local nominals who are looking to emulate similar levels of violence.

⁶ Home Office (2023) [No Place to Hide: Serious and Organised Crime Strategy 2023-2028](#)

⁷ Summary from Force Drug Market Profile 2025, period reviewed 01/05/23 - 30/04/25.

Police Serious and Organised Crime profiles⁸ provide a 'threat arrow' for each partnership area, based on the **evidence of the most prevalent threats** within the area. They are established on professional judgement at the time that the profile is written.



Drug trafficking is consistently assessed as the highest threat for Cornwall (and the Peninsula).

Key themes this year were noted as **synthetic opioids, ketamine, cuckooing** and increasing distribution through the **postal system**. Drug-related intelligence is submitted from **all parts of Cornwall** from East to West.

The Have Your Say survey continues to highlight **witnessing drug use and dealing** and drug-related anti-social behaviour (where people are perceived to be under the influence)

⁸ Cornwall and Isle of Scilly – Serious Organised Crime Local Profile Jan-Apr-2025

as the **most cited factors in people feeling unsafe** in their local area. There is a **public perception of little action being taken** to tackle drug-related harms in communities.

In Autumn 2025, members of the **Community Drugs Partnership** came together with the police for a themed multi-agency workshop undertaken for the Safer Cornwall Strategic Assessment. Key themes emerging from partners' understanding of **changes in the drugs market** were discussed and agreed. This session also provided **local partner insight for the refresh** of the Drug Market Profile.

Opiates, crack cocaine and synthetic drugs



Synthetic Opioids

The **threat, risk and harm** associated with the use of synthetic opioids is **increasing**. Synthetic opioids are known collectively as nitazenes and are commonly found in powdered form, commonly mixed with heroin.

Our **local intelligence picture is constantly under review** to identify and flag incidents involving synthetic opioids. A recent police assessment indicated, with **high confidence**, that a supply line is **adulterating their heroin** with synthetic opioids.

Successive Drugs Needs

Assessments have highlighted the **escalation of crack use and associated harms** in the last 5 years.

Numbers have increased in people accessing treatment for crack use only, and to a lesser extent for crack use adjacent to opiate use. In contrast, there has been **almost no change in the number of opiate users** over the same time period.

Opiate and/or crack users make up 38% of the people in drug and alcohol treatment services, with crack users accounting for an increasing proportion.

Drug-related deaths continue to rise – there were 59 deaths in 2024⁹ compared with 41 in 2023 (up by 44%) and a similar number is anticipated in 2025. The number of deaths have doubled compared with ten years ago.

Synthetic opioids pose a significant and growing threat. 4 deaths in 2024 involved synthetic opioids, none of whom were engaged in treatment at the time. **Deaths may be significantly undercounted** – due to not being tested for specifically/ not detected due to rapid post-mortem degradation.

The risk of death is significantly increased, compounded by **requiring a greater quantity of naloxone** to reverse overdose.

The UK saw a surge in use in 2023 with high potency nitazenes **sold in their own right or being mixed** with other opioids, benzodiazepines and synthetic cannabinoids.

Drug availability and use changed during the pandemic and we saw the emergence of **high strength illicit benzodiazepines**, counterfeit drugs and increased use of cannabis and illicit prescription drugs. We also saw a shift to **more drugs being bought online**.

New synthetic substances are being found in all drugs in Cornwall's illicit drug market and this is confirmed in police drug testing. Synthetic drugs present a **very high risk of overdose** to users.

Drugs affected include pharmaceutical drugs that a wider group of people are buying from the illegal market, including young people. Synthetic drugs have also been found in **adulterated vapes**. Risk related to **illicit benzo-diazepines** has been an emergent **theme in drug related deaths** over recent years.

It was previously indicated that users **unable to afford or obtain heroin** are using illicit benzodiazepines instead and this is common amongst drug users in **supported accommodation** due to their affordability. We have a comprehensive **Synthetic Opioids Preparedness Plan** in

⁹ [Drug Related Deaths Report 2024](#) Drug and Alcohol Team, September 2025

place. **Emergency Planning exercises** have been undertaken to consider risks, mitigations and response activities should there be an alert in relation to synthetic opioids or other high risk substances increasing in circulation.

Our capability to respond to synthetic drugs is hampered by **limitations in timely, accurate and routine testing**.

Workshop Insights: Crack

Police report evidence of **powder cocaine being sold with bicarbonate** for conversion into crack rocks. These can be **sold very cheaply** due to localised, low level production. Increased accessibility increases use, leading to **dependency and linked health and crime related harms**.

The Drug and Alcohol Team is aware of increasing community intelligence regarding **crack cocaine being aggressively marketed to vulnerable** people, including people who are rough sleeping and/or street drinking in some of our larger towns.

Services working with vulnerable women are reporting **sexual exploitation and abuse linked to crack** and in several cases, this has also come to the attention of the MARAC¹⁰ as a feature of coercive relationships.

¹⁰ Multi Agency Risk Assessment Conference (MARAC) involves the active participation of all of the key statutory and voluntary



Ketamine

The threat and scale of the Ketamine market has increased due to **enhanced popularity** and apparent ease of **accessibility**. Ketamine is known to cause **significant health harms**, both mental and physical.

The current intelligence picture suggests that **use of ketamine has increased**. Concerns have been raised particularly about its prevalence **amongst young people**, with the drug predominantly supplied in **peer-to-peer settings** or through **social media platforms** though many intelligence gaps remain.

Although cannabis remains the most used substance amongst our **young people** but we are seeing **increased ketamine use** and the **use of solvents and aerosols re-emerging**. This increase reflects a national trend, not limited to Cornwall, with widespread concern across the UK.

We have previously seen a rise in **young people in treatment citing ketamine** as a problem drug, although this has dropped back within the current year. **Polydrug use** commonly features in ketamine use amongst young people known to treatment.

We continue to see a frequent **references to ketamine** in relation

agencies who are supporting a person(s) experiencing domestic abuse. It is used primarily to manage high risk cases.

to young people referred for safeguarding interventions¹¹ for **exploitation**.

The young people's drug service reports that **ketamine tolerance** has led to escalating use and increased the risk of dependency. A **pain-use cycle can develop**, where users take more ketamine to relieve pain from previous use.

Prolonged ketamine use can result in **permanent and irreversible bladder damage** and nasal complications and there have been some cases of young adults affected locally.

Deaths linked exclusively to ketamine toxicity are rare – but we recorded our **first ketamine-related death in 2024**. Risk of overdose increases when it is mixed with other substances.

Workshop Insights: Ketamine

The young people's drug service are seeing a **notable increase** in ketamine use as part of **recreational, poly-drug use**, reportedly often used to 'take the edge off' post-cocaine consumption.

There appears to have been a **widespread misconception** that ketamine is a 'soft' drug. **Information about the permanent health harms** linked to ketamine are now accessible across social media platforms, but this was

¹¹ Missing and Child Exploitation Panel – operational safeguarding response for young people experiencing or at risk of exploitation.

slow to establish and problems may have escalated in the interim. Further to escalating concerns about ketamine use, the Community Drug Partnership has developed a **Ketamine Action Plan**. This includes **updated pathways with Primary Care and Urology** for adults and young people and **training** on Ketamine for practitioners. A system wide '**Lunch and Learn**' on this topic is being developed.

Cannabis

Cannabis is the **single largest drugs market** with the highest estimated usage in the population. The majority of recorded drug offences and over half the drug seizures undertaken by police relate to cannabis.

The police report that the number of **intelligence submissions relating to cannabis cultivations has decreased** in the last year. Whilst it is likely that the [postal supply model](#) has had an impact on local cultivation, large scale grows have been disrupted in various locations in Devon.

Cannabis is regarded as lower risk overall, but **synthetic cannabinoids** have been flagged as a **raised risk**. As for other synthetic drugs, synthetic cannabinoids are **more potent** and could contain **more harmful substances**, unbeknownst to the user. We have

had a small number of cases of **synthetic cannabinoids found in vapes** – risk to young people, with some cases in local schools.

Workshop Insights: Drug supply routes

Supply networks are more localised rather than County Lines. Organised Crime Groups remain an active threat and continue to target vulnerable individuals.

Local user-dealers are a key supply route, buying large quantities to share/sell on. This type of user-dealer **may not recognise themselves as dealing or at risk** selling small quantities to 'friends'.

Selling drugs can be seen as a means to make 'easy money' but there is a **heightened risk of violence and reprisals** if they come to the attention of established networks.

Violence and weapons use, whilst present, were not seen to have escalated amongst young people. Where young people are engaging in violence, it appears to be **territorial and status-related** in order that they are seen not to tolerate 'disrespect'.

Digital drug markets are evolving and facilitating fast, discreet transactions with swift delivery times across Cornwall. **Telegram** is the dominant leader.

There is a proliferation of sites selling a catalogue of drugs, **accessible via QR codes**.



Postal Supply Routes

Police intelligence shows a **significant increase in the use of the postal service** to import drugs into Devon and Cornwall, mostly Cannabis. Currently **Cornwall is less affected** by repeat interceptions of packages but this may not be a true reflection of the risk.

This method usually involves '**little and often**' amounts, but there is an **emerging threat** of this model being used to **import larger quantities of drugs** from the USA, with Organised Crime Groups (OCGs) increasingly seeing this a viable option. It is likely that OCGs are employing tactics such as using false names and **using family, associates, and exploiting vulnerable people** to facilitate delivery.

The use of **exploitative tactics** is a key aspect of the increasing threat. **Houses of Multiple Occupation** disproportionately feature as destination addresses of frequently intercepted parcels. It is likely that OCGs are exploiting the **vulnerabilities of residents** at these addresses. Exploitation in these circumstances is very likely to be **under-reported**.

Exploitation

The harms of drug trafficking include associated **violence, threats, control** and **coercion** of **vulnerable targets** (including 'cuckooing'), particularly linked to Organised Crime Groups.

Intelligence has increased regarding **groups of young people and links to drugs threats** and associated violence and other crime. Concerns about **escalating anti-social and aggressive behaviours** amongst our young people are being flagged Cornwall-wide.

Community services working with young people report seeing **younger people getting caught up in challenging behaviour (aged 10-12)**. They are vulnerable to being exploited by older young people who are being exploited to deal drugs.

Whilst this involves only a minority of children, it can **increase fear amongst peer groups**. Children involved in crime are also victims, often through abuse and neglect in early childhood, but also within their social networks and relationships with peers.

Exclusion from school is a significant risk factor. Rates of permanent exclusions and suspensions (per 100 pupils) in Cornwall are **well above national rates** and there are some **significant geographic clusters**.

Research by the National Crime Agency highlights that **100% of**

children involved in County Lines had been excluded from school and that school exclusion was a contributing factor for child criminal exploitation.

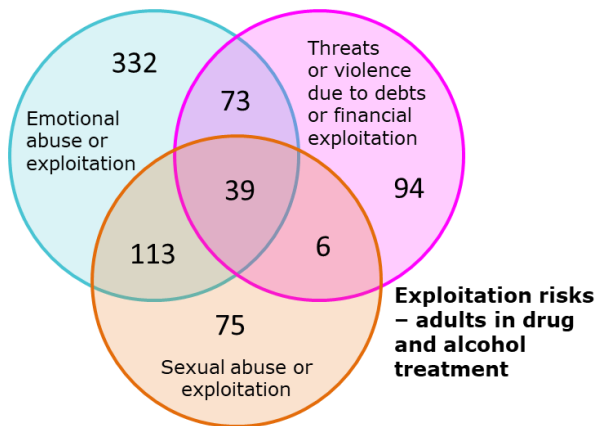
A lack of suitable education, coupled with other vulnerabilities can lead to the **loss of a sense of belonging** from their school or community. **Loss of contact with professionals** who can identify them as being at risk of harm means that **targeted work could come too late** and increase the risk.

The Drug and Alcohol Team are aware of increasing community intelligence regarding **crack cocaine being aggressively marketed to vulnerable people**.

A **custom report looking at exploitation** risk markers has been developed in Halo, the case management system for commissioned services for drugs and alcohol and for domestic abuse and sexual violence.

As at Q2, **731 adults** engaged in drug and alcohol treatment in the most recent 12 months were recorded as currently at risk of/experiencing some form of exploitation (14% of the caseload in the last year).

Compared with last year, **more people are being identified with exploitation risk markers** – particularly for sexual exploitation.



Whilst some cases, where appropriate, are **referred to MARAC** for safeguarding and safety planning interventions, further work is needed to understand **what other approaches** are used when exploitation is identified.

The cohort includes **young adults that may have transitioned from children's services** and some are likely to be care/care experienced – this has been identified as an area for further work.

Effective **multi-agency responses to sexual exploitation within a coercive relationship** are in place via the MARAC¹² and vulnerable women's initiatives. We are improving the support available and gaining intelligence.

Significant progress has been made in training the workforce about signs and understanding of exploitation but **support for young adults at risk/experiencing exploitation is inconsistent** and lacks a robust pathway.

¹² Multi Agency Risk Assessment Conference, used to manage high risk domestic abuse cases

In 2025, a **Joint Thematic Review of 4 young adult women** was undertaken under the auspices of Our Safeguarding Children Partnership (as they had all been Looked After Children).

This was **undertaken jointly** with Safeguarding Adults, Drug Related Death, Suicide and Domestic Abuse Related Death review leads because they **met the criteria for all of these Review processes** and were totemic of a wider population identified as being at risk and of concern.

The recommendations centre on the development of a tri-partnership strategy framework that brings together a co-ordinated approach for **integrated support for vulnerable adolescents** and young adults, supported by a strategic needs assessment.

In particular, it is recommended that this approach includes a structured support offer for:

- **Parents** who have experienced adversity or are holding complex trauma.
- Adolescents and young adults in need of **accommodation and housing** support.

Criminal behaviour associated with the chemsex 'scene', including violence and exploitation, has been **identified nationally as an emerging theme** within serious and organised crime.

Further to research published by the Metropolitan Police Central Serious Sexual Offences Team, a more in-depth topic paper was produced for the 2024/25 assessment.

- This research found that 50% of crimes linked to chemsex were sexual offences, with the other 50% including **violence, exploitation, drug offences and fraud**.
- The demographic of **people engaging in chemsex is diverse**, involving people from all backgrounds and walks of life, including people involved in the supply of drugs used and users, and this **increases the risk of exploitation**.
- People who do not participate in chemsex **use the scene to single out vulnerable people**; due to the nature of the encounters and that people can be both perpetrator and victim at different points makes them **less likely to disclose**. This coupled with the wider **lack of confidence in the police** particularly within the LGBTQ+ community means that this type of crime is very under-reported.

Locally chemsex is not being highlighted as a risk factor within serious and organised crime in Devon and Cornwall. The drugs linked to chemsex are **infrequently cited as problem drugs** within the treatment system. The **recommended approach to providing advice and support** to people involved in chemsex is a **collaboration** between sexual health services, drug and alcohol services and relevant 'by and for' VCSE support organisations.

For more information see the Topic Paper [Chemsex, exploitation and organised crime](#)

Our local response

Our [Local Drug Information System](#) is used to raise awareness on new and emerging drug issues. The system has been **updated and aligned to new guidance**. This is used to gather and assess intelligence and inform the relevant partners of any emerging risks so

they can respond accordingly (by issuing an alert for example).

Partner awareness about the police's [Community Partnership Intelligence Portal](#) is good but it is **under-used**. This means that information sharing is frequently ad-hoc and may be

missing key pieces to provide a good quality intelligence picture.

More training for practitioners is needed to build confidence in the systems – target key services such as housing and use a simple, accessible format such as ‘Lunch and Learn’.

There is a strong **reliance on proactive police response to remove drug threats**, and fast partner response to **manage the risk** – drug alerts, harm reduction communications to people at risk. New alerts require **mobilisation of additional resources quickly** and adds pressure to the system. There are significant capacity issues at local level in some police sectors.

A **partnership approach** is important – sometimes an **unintended consequence** of police operations is that a **more harmful drug** may get a foothold in the local market due to disrupting usual routes of supply (for example, synthetic or contaminated drugs).

Key to prevention of harm is understanding the **additional vulnerabilities/risk factors** amongst people and/or places that could lead to significant problems.

We have an **effective and responsive community treatment service** in place, including outreach and support for those hardest to reach.

Drug Related Crime

Key statistics¹³

- 889 Drug offences recorded by police
 - Trafficking 262 ▼-16%
 - Possession 627 ▼-20%
- 2,628 Shoplifting offences ▶+3%
- 1,840 Neighbourhood crimes ▶ 0%
 - 609 Residential burglaries ▶+1%
 - 139 Robberies (personal) ▲+8%
 - 205 Thefts from the person ▼-8%
 - 887 Vehicle offences ▶ 0%
- 862 knife-related crimes ▲+10%
 - 164 possession offences ▶ 0%
 - 419 violent crimes ▲+9%
- 0 drug related homicides (Oct-24 to Sep-25)

Whilst information is available about the volume and types of crimes, **drug-related crime is not readily identifiable** in police data. This means that we are unable to assess the overall extent to which **violence, ASB, acquisitive crimes and firearms** are **driven by the drugs trade** and which groups represent the greatest risk.

Drug dealing, particularly heroin and crack cocaine, **poses a violent threat** to the community, which is seen locally through the **exploitation of vulnerable people**, the enforcement of drug debts and **violence within and between groups**, including use of weapons.

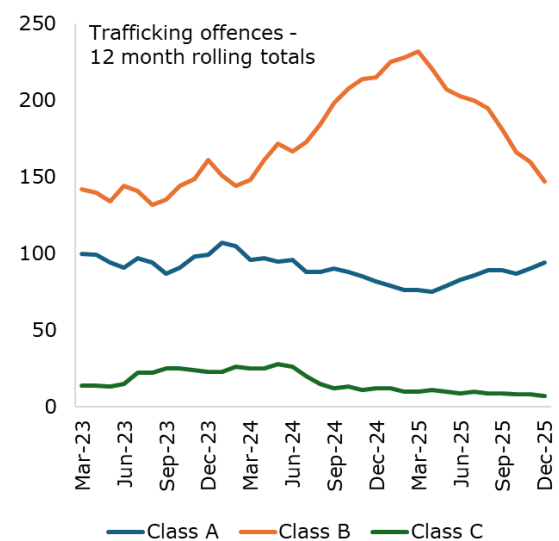
Services working with young people continue to express **concerns about**

¹³ Police data covers the calendar year 2025, compared with the previous year, unless otherwise stated.

knife carrying. Reasons cited for carrying are **primarily for defence** and **perceived threats** to their personal safety. A quarter of knife-related crimes involve a victim under the age of 25, of which half are under 18.

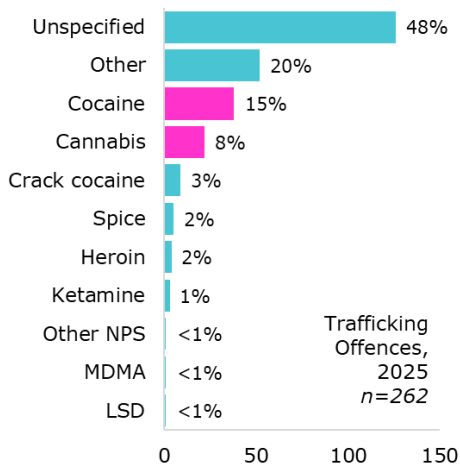
Police activity is the main driver of recorded drug offences

Drug offences make up **2% of all recorded crime** in Cornwall. Trends in reported offences tend to reflect the level of **police proactivity** and operations rather than provide a true indication of prevalence of drug-related activity.



In the last 12 months there were **262 drug trafficking offences**. The number of crimes **reduced by 16%**, further to an increase of 18% the previous year. Of these crimes, 36% related to class A drugs, 56% class B and 3% class C.

Cocaine and cannabis are the specific drugs most frequently recorded. The majority of crimes, however, are recorded as **drug unspecified**, mostly for the importation of Class B drugs.



Over the same period the police recorded **627 offences for possession of drugs** in Cornwall, **down by 20%**, again further to a rise the previous year. Two thirds of these offences were for class B drugs (mostly cannabis), 30% of crimes related to class A drugs (most frequently cocaine) and 2% were for class C.

Compared with previous years, there were **more seizures** of cannabis, cocaine, crack cocaine, ketamine and MDMA in 2024/25. This included a number of **high volume seizures** of cocaine and cannabis. There were fewer seizures of heroin and benzodiazepines.

¹⁴ [Review of Drugs Evidence Pack](#) - evidence relating to drug use, supply and effects, including current trends and future risks, part

The steep rise in shoplifting has peaked, other types of theft are now rising

Dependency on heroin and crack cocaine is thought to be linked to around **half of all theft, burglary and robbery**.¹⁴

The Crime Survey for England and Wales (CSEW) is the best way to track long-term trends in common crimes like theft. The CSEW¹⁵ shows **long-term reductions in all types of theft offences** against the person. Police data also shows a drop in thefts, including falls in both vehicle-related thefts and burglary.

There are two types of theft, however, that have seen **sharp rises** in recorded crime since the pandemic. Police data nationally showed a 15% increase in **theft from the person**, and also a 20% rise in **shoplifting** (which is not covered by the CSEW) in 2024/25. Both **shoplifting** and **theft from the person** are at their highest level since current police recording practices began in 2002/03.

Locally, Cornwall also experienced a **steep rise in shoplifting in 2024/25**. The rise locally is believed to reflect a combination of a **genuine rise** in offending combined with increased reporting. **Proactive work with retailers** was a key factor in this. The number of crimes **peaked in July 2025** and since then has followed a reducing trend.

of Dame Carol Black's Review of Drugs, Home Office and DHSC (2020)

¹⁵ Home Office (July 2025), [Crime in England and Wales](#), year ending March 2025.

Robbery, particularly **robbery of a business property**, has increased and this is in line with the national trend. The rate of robbery in Cornwall is **comparatively low**.

Low level thefts 'Other theft' have also risen by 16% compared with the same period last year.

A recent **Community Harm Profile**¹⁶ produced by the police examined the extent and nature of persistent and severe anti-social behaviour, anti-social behaviour related crime and neighbourhood crime.

This noted that the Force has a **low rate of recorded neighbourhood crime**¹⁷, ranking 41st out of 43 Forces and the lowest compared with the average for similar Force areas across the country.

Despite the low rate of crimes, the **recorded level of Community Harm has been increasing** in recent years, with an increase of 18% in 2024 compared with 2023. It is likely this increase has been affected by the changes and improvements seen within Force 101 performance.

66% of suspects/offenders are repeats. Applying the principle of the 'Power Few', in terms of harm¹⁸ **85% of harm was caused by 10% of suspects/offenders**.

¹⁶ Strategic Problem Profile: Community Harm (with a focus on Persistent and Severe ASB and Neighbourhood crime), Devon and Cornwall Police, January 2026

The profile includes a recommendation to "*engage with local partners and councils to explore how the Force can support with individuals impacted by alcohol, drugs, and mental health – as there is a realistic probability that these individuals are the highest repeat victims and/or offenders.*"

Analysis of the **criminogenic needs** of people under supervision by Probation (featured in the 2024/25 Drugs Needs Assessment) confirms a **high prevalence of drug related needs** particularly amongst those who had committed acquisitive crimes, violence and drug offences.

There are **well-evidenced links between acquisitive crime and cost-of-living pressures** created by recession, but this is one of several issues that may drive higher rates.

Crack cocaine use in the local population is also likely to be a factor in some places. **Use of crack cocaine can escalate offending**, including thefts and aggressive behaviours, although **poverty, unemployment and social exclusion** are often underlying factors.

Further reading:
[Drug Needs Assessment 2024/25](#): Drug-related needs in the Criminal Justice System (page 52).

¹⁷ Measured as a rate per 100,000 population in the 12 months to June 2025, where a rank of 1 = lowest crime rate

¹⁸ Based on the Cambridge Community Harm Index, which calculates the severity of crime

Appendices

[Appendix A: Topic paper – Chemsex, exploitation and organised crime](#)

[Appendix B: Understanding threat, risk and harm with MoRiLE](#)

[Appendix C: Further reading](#)

[Appendix D: Glossary](#)

A: Topic paper – Chemsex, exploitation and organised crime

This topic paper is reproduced from the 2024/25 Needs Assessment



Chemsex is a term for the **use of drugs before or during planned sexual activity**, usually between men, to sustain, enhance, disinhibit or facilitate the experience. Some people who are not men who have sex with men also use drugs as part of their sex lives, but the term chemsex refers to a practice with a specific history and culture.

Chemsex commonly involves **three specific drugs** – crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs. These practices can have an adverse impact on health and wellbeing.

Chemsex in itself is not a crime but it can be an environment in which crime can occur and proliferate. In the last year, criminal behaviour associated with chemsex has been identified nationally as an **emerging theme within serious and organised crime**.

Only a small proportion of men who have sex with men (MSM) engage in Chemsex. The Positive Voices Survey reported that the **prevalence of Chemsex** was **slightly higher** in 2022 with **14.1%** of patients attending HIV specialist care reporting chemsex in the previous 3 months compared with 13.1% in 2017. Chemsex use was more prevalent among younger people, with approximately 1 in 5 reporting use among adults aged 44 years and under.¹⁹

GHB/GBL, Crystal Methamphetamine and, less commonly, **Mephedrone** are the **main drugs** associated with chemsex. The use of MDMA, Ketamine, Cocaine and Viagra have all been identified to be taken in addition. The **drugs can be used in a variety of ways** including snorting, smoking, injecting (termed 'slamming'), inserting into the rectum and mixing with drinks.

Sexual experience is reported to be **significantly heightened**, making it as addictive as the drugs that are used. For the people involved in the scene it **becomes an all-encompassing** subculture and is termed the '**Chemsex bubble**' because of its pervasive nature, this makes it hard to leave the scene and for those that do there is a high return rate.

Dame Carol Black's Review²⁰ highlighted **people who engage in chemsex as a particularly 'at risk' group**, who do not receive an adequate, or any targeted, service. The report also noted the **lack of robust evidence as to the extent of risk sex-related drug use and associated harms**.

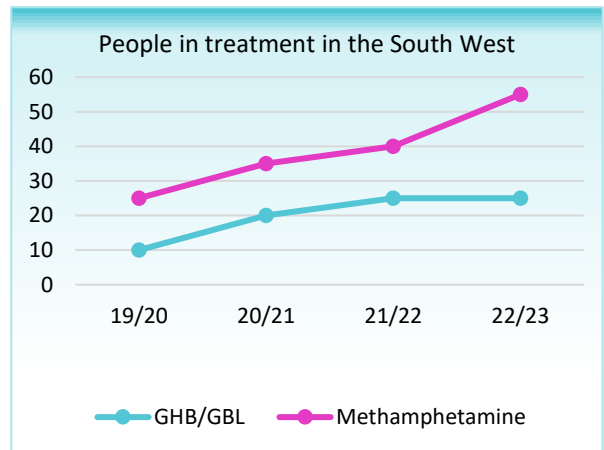
¹⁹ [HIV: positive voices survey - GOV.UK](https://www.gov.uk/government/publications/positive-voices-survey)

²⁰ <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

Chemsex drugs as a problem drug

The numbers of people in treatment for the drugs associated with chemsex are relatively small in the South West but are showing **steady increases for GHB/GBL** and **notable increases** for **Methamphetamine**. This is in contrast to Mephedrone use which is declining. The South West trend mirrors that seen more widely across England.

Our local data for Cornwall shows **less than 5 instances of Mephedrone** recorded as a problem substance within the last year, and no specific references to GHB/GBL or Methamphetamine. There are 119 references to amphetamines more generally as a problem substance, accounting for just 1% of treatment episodes over the course of the year.



Findings from **Project Sagamore**, which looked at chemsex and crimes relating to it “undermined the comfortable story about it being a party drug and about it being fun, because the findings on violence are particularly hard hitting within the chemsex context”.

Intelligence Analysts from the Central Serious Sexual Offences Team at the Metropolitan Police Service approximate that **50% of crimes** associated with chemsex are **sexual offences** with the **other 50%** being made up of the following:

- **Violent crime** (often linked to the use of crystal meth)
- **Acquisitive crimes** – burglary, theft and robbery
- **Fraud** – voyeurism and blackmail linked to demanding money for taking indecent images
- **Drugs** – either using, dealing or spiking
- **Exploitation e.g., cuckooing** - where people take over a person’s home and use the property for some form of exploitation

Why are Chemsex crimes under-reported?

30-35 deaths were linked to GHB/GBL in the 6 months up to June in 2024.²¹

The **demographic of people engaging in chemsex is diverse** – there are vulnerable people with chaotic lifestyles, poor mental health, unemployed and

²¹ Crime and Justice Analysts Network – workshop on Chemsex Behaviours (Metropolitan Police)

street homeless and high profile, high achievers with stable home lives and families all mixing together, which increases the risk of exploitation.

People who do not participate in chemsex **use the scene to single out vulnerable individuals**, they arrange to meet to have sex and take drugs but upon arrival items are stolen or pictures are taken with a view to **extorting money**. Suspects rely on the fact that **their victims will feel shame** around participation which makes them a convenient target as they are far **less likely to report crimes to the police**.



As a result of **online platforms and hookup apps** such as Grindr and Scruff, and a result of the pandemic, it is easier than ever to connect and access the scene. **Chemsex content is emerging online** with evidence of live streaming and 'content to order' being made available to people who want to access remotely. Due to the ease of access, it may well be the first sexual encounter/experience for young gay men.

Typically, in a drug hierarchy you would never see a high end dealer interacting with an end user, but this is not the case in Chemsex. **Dealers in this context attend and engage in drug taking** and this poses a more significant risk to vulnerable people in attendance.

Victoria Carruthers, Lecturer in Victimology and Criminal Justice at the University of Portsmouth explains that clandestine, underground, gay sexual activity has its roots in the history surrounding **oppressed gay sexuality**, further exacerbated by the **stigmatisation** experienced during the AIDS pandemic. This has served to internalise homophobia within gay men.²²

As part of the research for the Baroness Casey Report a survey was undertaken to establish LGBTQ+ attitudes to policing in London, the results showed that **51% of respondents did not have confidence in the Met** to treat people fairly and equally. In addition, data collated by the Met shows a **significant increase in hate crime against gay men and women** rising 75% over the last five years in London 3,551 offences recorded in 2022/23.²³

Drug-induced predatory behaviour is prevalent as men become disinhibited through drug use. The issue of consent becomes contentious and there is an assumption that attendance means consent which is not the case. **People can be both perpetrator and victim** at different points which makes them less likely to disclose.



LEARNING PREVENTION

Project Sagamore, a partnership between the Metropolitan Police and HMPPS, was established in response to a growing trend of chemsex-associated criminal activity identified in the criminal justice system. They **focus on prevention, education and rehabilitation** by:


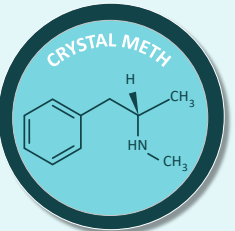

- **Training probation officers** to recognise chemsex, its causes and manifestations.
- **Working with offenders** in prison and after their release to help them comprehend the crimes they have committed, take responsibility for their actions and also address unresolved trauma that they may have experienced themselves.

A formal structured **two-part approach** was implemented by the team:

- Firstly, a **Court assessment tool** was created – to enable probation officers to ask relevant questions which would help inform criminal justice interventions post sentencing.
- Secondly a Rehabilitation Activity Requirement Chemsex Toolkit (**RARCH**) was developed – offenders undertake regular sessions with specially trained probation officers to understand underlying causes behind offending and what needs to be put in place to prevent re-offending.

²² [Let's talk about Chemsex | University of Portsmouth](#)

²³ [BARONESS CASEY REVIEW Final Report \(met.police.uk\)](#)

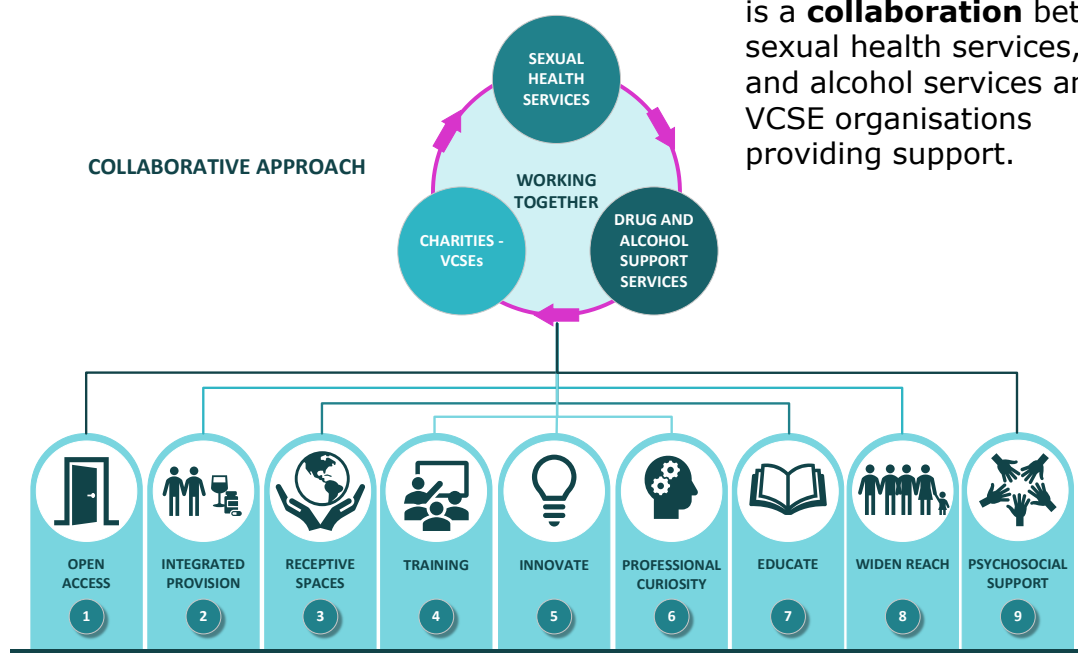
 <p>CLASS B (recategorised from class C to class B in 2022 due to associated risks)</p> <p>Frequency and Harm</p>	<p>Creates a sense of euphoria</p> <p>Loss of inhibitions</p> <p>Increased confidence</p> <p>Higher sex drive</p>	<p>GHB, GBL and closely related substances (GHBRS) have an acute dose response curve - doses need to be measured carefully because even a marginal increase (as little as .5ml) can lead to unconsciousness and overdose.</p> <p>Poly-drug use can be fatal and mixing GHBRS with benzodiazepines, ketamine and particularly alcohol can have serious consequences. GHBRS are highly addictive which means dependency develops quickly. Withdrawal symptoms can range from mild: anxiety; tremors; insomnia; vomiting and high blood pressure to significant: severe anxiety; paranoia and psychosis; confusion; delirium and hallucinations. Seizure and death may occur. Withdrawal has high relapse rates after detoxification, meaning once an individual is addicted it is difficult for them to break the addiction cycle.</p> <p>The sedative properties of GHBRS are open to abuse and can leave a person incoherent or comatose. This can heighten the risk of possible drug facilitated sexual abuse (DFSA).</p> <p>Weaponisation of GHBRS is of particular concern because GHBRS are eliminated from the body rapidly, meaning it is very difficult to definitively pronounce in criminal cases. GHBRS cause amnesia, meaning victims of crime sometimes do not recall they have been the victim of crime, or can remember very little about it.</p>
 <p>CLASS A</p> <p>Frequency and Harm</p>	<p>Increased confidence</p> <p>Less likely to feel pain</p> <p>Increased sex drive</p> <p>Increases energy and suppresses appetite so can go without sleep or food for days</p>	<p>Crystal Methamphetamine usage can elevate body temperature increasing the risk of raised blood pressure and heart rate, with the potential to cause heart attack, stroke, coma or even death.</p> <p>Comedowns can leave a person exhausted, aggressive and paranoid, in some cases even suicidal. For some, this can lead to longer term impacts on mental health, including low mood, anxiety and psychosis.</p> <p>Methamphetamine use has been associated with a five-fold increased risk of psychotic symptoms, that increases with duration and frequency of use and with concomitant use of alcohol and cannabis. Although most episodes of psychosis resolve within a few weeks of abstinence, approximately 30% last longer than a month.</p> <p>Use can lead to very strong psychological and physical dependence, especially if it is injected or smoked [engenders] a very strong drive to keep on using it despite evidence of accumulating harms. Tolerance builds up quickly so the person taking it needs increasingly larger quantities to achieve/sustain the same high.</p>
 <p>CLASS A</p> <p>Frequency and Harm</p>	<p>Increases energy, feeling awake, alert and disinhibited</p> <p>Feelings of euphoria</p> <p>An intense and focused sex drive</p>	<p>Mephedrone is less routinely used due to its pricing and methods of consumption.</p> <p>It is a powerful amphetamine and prolonged use could lead to heart problems and can impact memory.</p> <p>Limited and reasonable use of mephedrone is something that is hard to do, and many people who use it regularly end up taking massive doses of the drug over short time spans which could cause long-term damage.</p> <p>Injecting or 'slamming' can also cause damage to veins and arteries and may cause ulcers and even gangrene.</p> <p>It becomes harder to enjoy sex without drug use following protracted consumption.</p>

[GHBRS] <https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds>
<https://www.dean.st/chemsex/chems-crystal-meth/>

Hillier B, Carthy E, Kalk N, et al. Developing a coordinated response to chemsex across health, justice and social care settings: expert consensus statement. BJPsych Bulletin. Published online 2024:1-8. doi:10.1192/bjb.2024.46

Providing support and advice

The recommended approach is a **collaboration** between sexual health services, drug and alcohol services and VCSE organisations providing support.



- 1 • **Facilitating pathways** to services to enable ease of access. Traditionally due to well established and trusted routes into support gay men are more likely to seek help via community sexual health services first – this needs to be broadened to facilitate an open door policy at multiple touchpoints including drug and alcohol and mental health services.
- 2 • **Integrated sexual health and drugs and alcohol service provision** in order to provide holistic support and broaden routes in to help.
- 3 • Creating **open, non-judgmental environments** which enable people to talk openly about their sexual behaviour and drug use. Feeling understood and supported is key to therapeutic engagement for a group who may have experienced varying forms of trauma.
- 4 • **Training is an essential part of developing better service models** and having a clear understanding of the available pathways/next steps once disclosure has happened is critical in achieving successful outcomes. An example of this is the London Ambulance Service who have been trained to identify the symptoms of chemsex drug use and are able to treat with sensitivity and discreetly signpost to support services.
- 5 • **Enabling innovative practice and cascading when its proven to be effective.** An example of this is the creation of PIP PACs, an initiative of the Gay Men’s Health Collective, they are safer chemsex packs innovated by gay men for gay men with direct knowledge and experience of recreational and problematic drug use, withdrawal, and recovery. Updated regularly, contents include colour-coded injecting kit and sharps disposal; gloves, condoms and lubricant and safer chemsex, safer hook-up and rights on arrest booklets. They produce approximately 100-150 kits per month based on demand.
- 6 • **Professionals should be encouraged to ask questions** around living arrangements when engaging with services users to try and determine if they are victims of **cuckooing, coercion and serious organised crime.**
- 7 • **Taking information and education into spaces** where men converse around chemsex e.g., providing information on dating platforms such as Grindr, Scruff, Growler etc.
- 8 • Ensuring that support is available for, and extended to, the **friends, families and loved ones** of those supporting chemsex users.
- 9 • Providing **physical detox** for the drugs associated with chemsex is only **one facet of recovery. Psychosocial interventions are important**, essentially people have to change everything about their lifestyles. The psychological support in the community is key. Being able to provide **peer mentoring** support particularly from those with lived experience is effective in supporting recovery.

B: Understanding threat, risk and harm with MoRiLE

The **Management of Risk in Law Enforcement** (MoRiLE) programme was created in 2014 through the National Police Chiefs Council's Intelligence Innovation Group. The programme developed a process for all law enforcement agencies that provides a **common framework and language** for understanding risk, involving more than 300 UK and international agencies.

In 2016, MoRiLE became a **nationally accredited**²⁴ way of working for all police Forces and other law enforcement agencies such as the National Crime Agency, to inform their Strategic Assessments. **Safer Cornwall led on the national programme** for developing the model for Community Safety Partnerships.

How it works

The process is **easy to use and understand** and allows a range of different issues to be compared fairly against each other. The process uses a **simple scoring tool** to combine individual scores given in the following areas:

- **Impacts** on the victim, the local community, and the environment
- **Likelihood** – how often the issue happens, how much and whether it is getting better or worse
- **Organisational position** – reputational risk if the problem isn't addressed well, political pressure (locally or nationally), and the effectiveness of the local response (costs, the right number of people with the right skills).

The list of themes reflects key crime types, local priorities and wider community safety issues such as problem drinking, drug use and road traffic collisions. The process is delivered by **community safety analysts** in collaboration with thematic specialists and practitioners to provide **balance and insight**.

The final scores are grouped into **High, Moderate and Standard** level risks. High level risks typically have the following features:

- **Significant physical and psychological impacts** on victims and their families, including long term impacts on children. **Financial impacts** such as lost work time, problems getting and keeping a home and a job.
- The **more visible issues in communities** have a major impact on how safe residents feel in the local area and attract negative attention from the media and community groups. Some harms are more hidden, such those linked to abuse and exploitation, and the community is less aware.

²⁴ Police Authorised Professional Practice

- Incidents **happen often** (at least weekly), some are high volume (like domestic abuse) or low volume but very serious (like hate crime). Any **escalating trends** will drive up the risk level.
- **Economic costs are long term and impact across all services**, including police, offender services, health services, community support and treatment services, housing and social care.

C: Further reading

- [Drugs Needs Assessments](#) including the comprehensive 2022/23 assessment and subsequent updates.
 - Cornwall and Isles of Scilly Drugs Needs Assessments – 2022/23 and 2024/25 update
 - Young People’s Substance Use Needs Assessment 2024/25
 - Alcohol Needs Assessment 2022
- [Drug Strategy Reports](#) showcasing the work done locally in the in support of the national Drug Strategy. **Three consecutive years** are available.
- Annual [Drug Related Deaths Report](#) for Cornwall and the Isles of Scilly, covering the calendar year 2024. It follows the guidance and requirements by the Department of Health and the Home Office for all areas to have in place a system of recording and conducting confidential inquiries into drug related deaths within their specific areas.
- [From harm to hope](#): A 10-year drugs plan to cut crime and save lives (cross-Government Strategy, launched in 2021)
- [Independent review of drugs](#) by Professor Dame Carol Black, parts 1 and 2. Home Office and Department of Health and Social Care (2020).
- Alcohol and drug misuse and treatment statistics (collection), Office for Health Improvement and Disparities. [National statistics](#) to support improvements in decision making when planning alcohol and drug misuse treatment services.

D: Glossary of key terms and acronyms

Term	Description
ACE(s)	Adverse Childhood Experience(s)
ACMD	Advisory Council on the Misuse of Drugs
Acquisitive crime	Crime grouping consisting of burglary, shoplifting, vehicle offences and other types of thefts
ASB	Anti-Social Behaviour
CDP	Combatting Drugs Partnership – see JCDU
CHB	Clear, Hold, Build – a national Home Office programme and a multi-agency led initiative to tackle organised crime
CSA/E	Child Sexual Abuse/Exploitation
CSEW	Crime Survey for England and Wales
CSP	Community Safety Partnership. Statutory partnership established further to the Crime and Disorder Act 1998 to tackle crime and disorder issues. Responsible authorities are Council, Police, Fire, Health and Probation. In Cornwall, the CSP is called Safer Cornwall. There is a separate CSP for the Isles of Scilly.
DA(SV)	Domestic Abuse (and Sexual Violence)
Hate incident/crime	Any incident where the victim or a witness feels that they were targeted because of disability, race, religion, gender identity or sexual orientation; if the behaviour constitutes a criminal offence, it becomes a hate crime
HMIC(FRS)	Her Majesty's Inspectorate of Constabulary, expanded to include Fire and Rescue Services in 2018
IPS	Individual Placement and Support. IPS works by providing employment support alongside clinical treatment.
JCDU	Joint Combatting Drugs Unit – the cross-government unit responsible for the national Drug Strategy. It works across the the Department of Health and Social Care, the Ministry of Justice, the Department of Work and Pensions, the Department of Levelling Up, Housing and Communities, the Department for Education and the Home Office. Local partnerships are referred to as CDPs (Combatting Drugs Partnerships)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer (or Questioning) and others with gender expressions outside traditional norms, including nonbinary and intersex.
MARAC	Multi-Agency Risk Assessment Conference, used to manage high risk domestic abuse cases
MHTR	Mental Health Treatment Requirement

Term	Description
MoRiLE	Management of Risk in Law Enforcement - accredited models to assess threat, risk and harm developed through the national MoRiLE programme
Naloxone	Opioid antagonist that reverses the effects of an opiate overdose
NDTMS	National Drug Treatment Monitoring System
Neighbourhood Crime	Crime grouping made up of domestic burglary, personal robbery, vehicle offences and theft from the person.
NICE	National Institute of Clinical Effectiveness
NPS	Novel/new psychoactive substances – synthetic drugs
NRM	National Referral Mechanism – a framework for identifying and referring potential victims of modern slavery and ensuring they receive support
OCG	Organised Crime Group
OCU	Opiate and/or crack cocaine user. A drug user who does not use opiates or crack is sometimes referred to as a non-OCU
OHID	Office for Health Improvement and Disparities
ONS	Office for National Statistics
OCLP	Organised Crime Local Profile – detailed profile developed by Devon and Cornwall Police with local partners for serious and organised crime themes
OPCC	Office of the Police and Crime Commissioner
SCRA	Synthetic Cannabinoid Receptor Agonist
SDD	NHS Smoking, Drinking and Drug Use (SDD) report – a biennial survey of young people
SOC	Serious and Organised Crime
THC	Tetrahydrocannabinol – the psychoactive component of cannabis
UNODC	United Nations Office on Drugs and Crime
VCSE	Voluntary, Community and Social Enterprise (Sector)
YJS	Youth Justice Service