



Central Specialist Crime Command

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Caroline Russell AM
Chair of the Health Committee

Ref – London Assembly Health Committee

Sent by Email

10 December 2021

Dear Ms Russell,

Thank you for and further to your correspondence received by the Commissioner's Office on 18 November 2021. The Commissioner thanks you for writing to her and has asked me to reply on her behalf.

I have considered the questions posed by the London Assembly Health Committee and have responded to each question in turn.

Naloxone

1. What is the Met's current position on officers carrying naloxone (both nasal spray and administered by injection)?

A consultation process has been opened over the last few weeks gathering a full range of views from partners including Office for Health Improvement and Disparities, local authorities, Federation and others, assessing the viability of the Met having a wider rollout of naloxone to frontline officers. Naloxone is already stocked in custody suites for use by medically trained staff. Following consultation, a steering group will be established by January 2022 with key stakeholders (Chief Medical Officer/Legal Services/H&S lead/ Met Detention/Front-Line Policing/Federation/IOPC/external partners) to explore further with consideration being given to the Met running a pilot. An evidence based paper with recommendations will then be submitted for Management Board consideration. At this stage nasal spray would be more viable than injection.

2. To what extent is the Met engaged with other police forces across the country, such as in the West Midlands, which are currently trialling naloxone?

The Met have been fully engaged with other forces throughout the country and have gathered their feedback and best practice. This includes Police Scotland, West Midlands, Norfolk and Gwent.

3. What are the Met's key concerns with regards to officers carrying naloxone (both nasal spray and administered by injection)?

At this stage nasal spray would be more viable than injection which has implications in terms of officers having sharps on their person and how it would look aesthetically to the public observing a police officer injecting a member of the public.



4. Are there any practical or policy barriers which would need to be negotiated in order to facilitate the carrying of naloxone (both nasal spray and administered by injection) by Met police officers?

Practically, it needs to be agreed by certain departments such as Occupational Health, Public and Personal Safety and First Aid for officers to carry it. Resources are a potential barrier such as funding.

Drug consumption rooms

5. What is the Met's current position on drug consumption rooms?

At this time it is not something that the Met are looking at implementing in London.

6. Would the Met be willing to work with stakeholders to trial or implement drug consumption rooms in London?

At this time the Met are not looking at trialling or implementing drug consumption rooms, however are open to listening to partner views and any evidence base that partners may have.

7. What are the Met's key concerns with regards to the trial or implementation of drug consumption rooms in London?

At present they are not mentioned in the Drugs Strategy nor are they supported by the Home Office and National Police Chiefs Council. Persons in possession of illicit drugs would be breaking the law under the Misuse of Drugs Act. The local community where a drug consumption room would be located would have to be supportive of their existence.

8. What practical or policy barriers would need to be negotiated in order for the Met to cooperate with the providers of drug consumption rooms, so that they could be trialled or implemented?

Police have a legal duty to enforce the law. In relation to drug consumption rooms this is covered by the Misuse of Drugs Act 1971. Support from local communities where drug consumption rooms would be located would need to be secured as well as support from the Home Office and National Police Chiefs Council.

Drug testing services

9. What is the Met's current position on drug testing services, in particular those focused on testing recreational drugs which can be deployed at nightclubs and festivals?

At this time it is not something that the Met are looking at implementing in London

10. Would the Met be willing to work with stakeholders to trial or implement drug testing services in London?

At this time the Met are not looking at trialling or implementing drug testing services, however are open to listening to partner views and any evidence base that partners may have.

11. What are the Met's key concerns with regards to the trial or implementation of drug testing services in London?

At present they are not mentioned in the Drugs Strategy nor are they supported by the Home Office and National Police Chiefs Council. Persons in possession of illicit drugs would be breaking the law under the Misuse of Drugs Act.



12. What practical or policy barriers would need to be negotiated in order for the Met to cooperate with the providers of drug testing services, so that they could be trialled or implemented in London?

Police have a legal duty to enforce the law. In relation to drug testing services this is covered by the Misuse of Drugs Act 1971. Support would need to be secured from the Home Office and National Police Chiefs Council.

In terms of reducing drug related deaths the Met's principle tool is the Drugs Intervention Programme. The Met regularly refers over 1000 persons, who have tested positive after arrest for cocaine, crack and heroin, per calendar month to drug treatment centres across London so they can begin their recovery journey.

I hope that this answers all of the questions sufficiently, please do contact me again if you require anything further.

Thank you again for contacting the Commissioner on this matter.

Yours sincerely

Craig S. Turner

Craig Turner
Acting Commander.