

CLEVELAND COMBATING DRUGS PARTNERSHIP STRATEGY

2023 – 2032



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FOREWORD FROM THE SENIOR RESPONSIBLE OWNER: STEVE TURNER, CLEVELAND POLICE AND CRIME COMMISSIONER



It's an unfortunate reality that drugs are a blight on communities across Cleveland and have been for some time. Not only do illicit substances cause significant harm to those who are in the crippling grasp of addiction, but drug supply networks cause untold horror to those affected by human trafficking, modern slavery, county lines and violent crime.

The estimated number of opiate or crack users in Cleveland stands at 17 per 1000 population – a far higher rate than the national rate of nine. Whilst the national rate of deaths to substance misuse per 100,000 population is 5.1, in Cleveland this figure starts at 9.4 and reaches over 17 in certain areas.

To address this complex issue, we have formed the Cleveland Combating Drugs Partnership, bringing together a broad coalition of partners spanning across the criminal justice and health sectors. In my tenure as Police and Crime Commissioner, I hear the public's concerns how drugs are impacting our communities directly. From a personal and professional perspective, I am committed to tackling drug harm across Cleveland, which is why it was important to me to act as Senior Responsible Officer for the partnership.

Together, we have developed this strategy – which showcases how we will collectively reduce drug-related crime and reduce supply, whilst ensuring vulnerable people are safeguarded and treatment availability is improved. As with any public health crisis, we are trying to implement an 'upstream' approach, by preventing people from becoming hooked on substances in the first place – or addressing their dependencies at the earliest possible stage.

Through increased investment in enforcement, we want to disrupt and eradicate well-established drug supply networks across the area. We already have some success in this area, with project ADDER making 1,645 drug seizures and 206 organised crime gang disruptings in the twelve months to September 2023.

We will closely scrutinise existing systems and practices, seeking to enhance, improve and remodel where appropriate. It is my ambition that this strategy could be a national blueprint - upon which other areas secure learning for their own local strategies and solutions.

A handwritten signature in dark ink, appearing to read 'S Turner', with a long horizontal flourish extending to the right.

Steve Turner,
Cleveland Police and Crime Commissioner

INTRODUCTION

The Home Office estimates that drugs – including supply and misuse – costs society £20 billion a year with an estimated 300,000 people being addicted to heroin and/ or crack cocaine. In addition, it is estimated that there are over one million hospital admissions for alcohol related conditions, with misuse – including alcohol related crimes - believed to cost the UK between £21 and £52 billion a year.

The Cleveland area – comprising of the local authority areas of Hartlepool, Middlesbrough, Redcar-and-Cleveland, and Stockton-on-Tees – continues to see more people accessing treatment and recovery services for substance and problematic alcohol misuse; rates of drug and alcohol related offending – including neighbourhood crimes and serious violence – continue to rise with people and communities bearing the brunt of the impact every single day. This situation must change, and this partnership and its component organisations will make this a clear priority until this becomes reality.

The Home Office commissioned an independent review of drugs that was conducted by Professor Dame Carol Black. This reviewed what could be done to address addiction, what could be done to tackle the supply of drugs - and the serious violence it generates, along with how treatment and recovery could be improved.

Part one of Dame Carol Black's review was published in February 2020, with the second part published the following year in July 2021 containing 32 recommendations. Recommendations included:

- Government investing in treatment and recovery was required
- More partnership working and co-commissioning as part of a whole-system response to tackling substance use
- Inclusion of lived experience across all contact points
- Reduction of stigma
- More research and evaluations to inform 'what-works' in treatment and recovery

In response to the review, the 'From Harm to Hope' strategy was published in December 2021. This is split into three core components:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a shift in the demand for recreational drugs

It detailed how the Government would tackle the supply of drugs and reduce drug-related-deaths whilst improving the health of those that use substances over the next ten-years.

At a local level Combating Drugs Partnerships were to be convened to ensure accountability and oversight of local delivery of the national strategy. Following consultation with partners across the Teesside area it was agreed that the Cleveland Police force area would form the geographic area of our local partnership.

Further, the local partnership agrees to commit to an ambitious over-arching and long-term strategy which depends upon a whole system response, committed 'working together' arrangements and embedding of a whole-life-course, person-centred and trauma-informed approach to tackling drugs and problematic alcohol misuse across the whole system.

We recognise that this is an ambitious challenge that will require incremental change and commitment across the partnership. We envisage achieving this through the implementation of more focused and time-limited, place-based priority setting set out within a delivery plan that sits behind the high-level priorities outlined in our strategy. This partnership will coordinate and ensure accountability for this approach which will include a focus on tackling the drivers of drug and alcohol misuse through improved life chances and health and wellbeing outcomes, integrated and whole-system prevention and early intervention opportunities, a robust policing and criminal justice system to tackle the supply of drugs, and drug related crimes, and building on the 'Excellent' treatment and recovery system that is informed and co-produced with lived-experience This is driven by a desire to improve the overall health, safety and wellbeing of Cleveland's communities.

Cleveland has a vast array of established forums that overlap with the complexities associated with the work of this strategy. These forums address key areas of work that feature in the 'From Harm to Hope' strategy, the priorities within this strategy, and other overlapping issues.

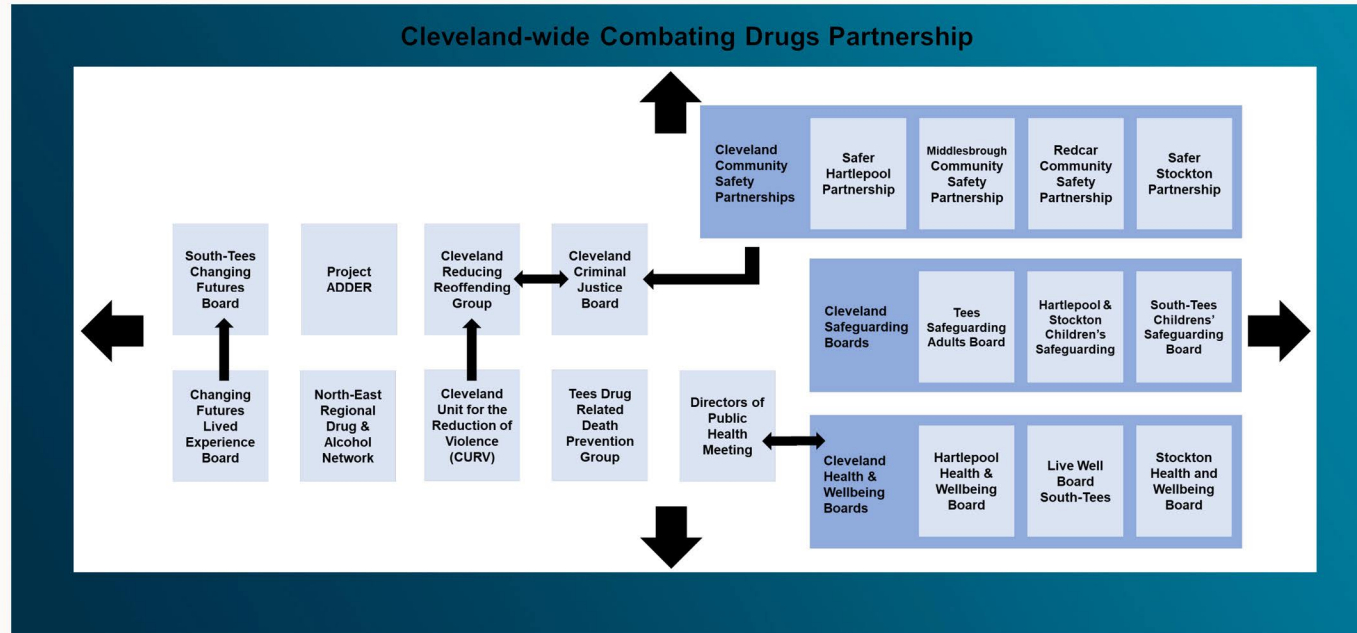
As such, we do not want to create any duplication of effort or add confusion. Rather, this strategy, to be overseen by the Combatting Drugs Partnership will provide strategic oversight, coordination and communication for activities of partners and partnership forums contributing to its outcomes wherever it occurs across the system and will act as an executive board where any issues require escalation.

The Joint Needs Assessment, that was completed in October 2022 to inform this strategy, highlighted the different challenges faced by each local authority area which has its own arrangements for treatment and recovery provision. We recognise the role of key partners working within different locality boundaries and the need for place-based responses, and the challenges of locality boundaries in the context of policy, practice and commissioning. We will ensure, as far as possible, that the partnership is locally aware and supports the delivery of locality specific strategies, including the sharing of best practice.

The voices and full involvement of people who have experience of drug and alcohol related harm are an essential part of our local partnership. We will consider how representation can be sought from a variety of people, including those who use (or have used) drugs and alcohol, their family members, family members of those who have died or been killed as a result of involvement in drugs and anyone who has been affected by drug-related harm.



Meaningful and ongoing engagement with people with lived and living experience (PWLE) will underpin the whole remit and work of the CDP. Partners are all acutely aware that the stigma, a feeling of being judged/labelled and the associated embarrassment often stops people from seeking help. It is our collective aim and responsibility to challenge stigma, ensure our strategies set out our aims to prevent it and tackle its impacts, and ensure that people are able to access support when and where they need it.



CLEVELAND COMBATING DRUGS PARTNERSHIP ROLES



Senior Responsible Owner (SRO)



Partnership Lead



Data and Digital Lead

VISION AND MISSION

OUR VISION:

To make Cleveland safer by reducing the impact of impact of drugs on our communities.

OUR MISSION:

We will achieve our vision by focusing on the role of stigma, lived experience, trauma informed and person- centred approach, along with an integrated whole systems response.

OUR PRIORITIES



WHERE WE ARE NOW



31.5% of offenders reoffend



Drug offences have increased by 13.8% on the previous 12 month period



Neighbourhood crimes have increased by 12.0% on the previous 12 month period



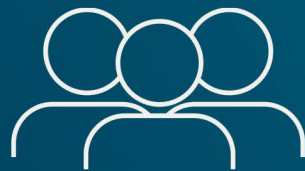
4690 drugs have been seized in the 12 months ending December 2023



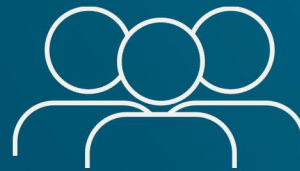
Deaths due to substance misuse, per 100,000 people:
- Hartlepool: 17.7
- Middlesbrough: 17.5
- Redcar-and-Cleveland: 9.4
- Stockton-on-Tees: 9.6
- England: 5.1



Cleveland has a rate of opiate and crack users that is almost double the England average. [aged 15-64, rate per 1,000 population]



Adults in treatment [September 2021 – August 2022]:
- Opiates: 55% in comparison to the 48% England average
- Non-opiates: 23% in comparison to 22% England average
- Alcohol: 22% in comparison to 29% England average



91% of adult clients are in effective treatment, which is slightly lower than the England average of 93%. [94%: 96% for opiates, and 81%: 85% for non-opiates]



The rate of hospital admissions for substance misuse, per 100,000 population [aged 15-64], fluctuates from 80 to 137 across the Cleveland area. England rate: 81



The rate of adults completing treatment and not re-presenting is 15%, which is lower than the England rate of 21%

WHERE WE ARE NOW



Cleveland has the highest recorded crime rate (per 1,000 population) in England and Wales. [141.7 in comparison to 91.7]



4th highest robbery rates



2nd highest theft rates



Highest burglary rates



Highest rates of shoplifting



4th highest rates of drug offences



2nd highest for violence against the person offences



6th highest for possession of weapons offences

*As of January 2024

PRIORITIES

The following three sections are not numbered in terms of prioritisation for the partnership.

PRIORITY ONE:

Prevention, Early Intervention and Harm Reduction

Objective: Fewer People Using Drugs

- Build a whole-system, trauma-informed and whole-life course integrated approach to tackling drugs and alcohol across Cleveland Police
- Increase collaborative opportunities between Local Authorities, Health, Housing, Criminal Justice Partners and Communities/ Voluntary and Community Sector to join up on work to reduce vulnerability and exploitation, improve workforce development/training and to improve continuity of care
- Enhance the voice and engagement of people with lived experience in policy development and commissioning
- Better engagement with communities, including vulnerable groups, to better understand views, attitudes, behaviours and wider determinants for addiction

Objective: Building a positive culture to support primary prevention in the system

- Develop a programme of activities across a range of settings to educate people and communities about the risks and harms associated with drugs and alcohol
- Challenge stigma through work in communities and campaigns/ communications
- Build on opportunities to recruit volunteers as community champions
- Build and share positive messages about support, treatment and recovery
- Build system-wide support, related to housing, education, employment and training

Objective: Tackling the drivers contributing to drug and alcohol misuse

- Improve the underlying health and wellbeing of people who misuse drugs and alcohol
- Improve access to the right care at the right time in culturally appropriate ways
- Work jointly to improve trauma-informed care for people with co-occurring drug use and mental health needs



Objective: Enable Early Identification and Intervention

- Upskill front-line practitioners across the wider system to routinely identify and provide early help and support to people at risk of misusing drugs and alcohol through Every Contact Counts and provide appropriate signposting to specialist services
- Increase and improve accessibility, flexibility and engagement with the wider health and care system
- Build on opportunities offered within antenatal care, parenting, educational settings - including further and higher education - businesses and early help etc to protect children and young people from harms associated with parental drug and alcohol use and, to reduce number of children/YP using drugs and alcohol
- Work with families to build resilience and support them to sustain healthy family relationships
- Work with schools to support those most at risk of exclusion or suspension

Objective: Reduce drug and alcohol-related deaths

- Build on the existing work being undertaken in relation to multi-agency approaches to harm minimisation
- Further increase distribution of naloxone across Cleveland into a wide variety of settings
- Identify and address poor health outcomes associated with substance misuse such as poor mental health, respiratory and infectious diseases, liver cirrhosis and poor access to health care
- Continue to improve multi agency early warning systems through reporting and recording overdoses, the local drug information system (LDIS), drug testing, monitoring and data processes
- Increase the number of near miss/ fatal overdose investigations and implement the learning into DRD prevention strategies
- Ensure that appropriate medication and optimal dosages are provided to reduce the risk of illicit use
- Target support capacity at areas/cohorts with the highest levels of risk
- Meaningfully utilise peers within these approaches wherever possible, which will also help to tackle stigma
- Provide training for a wide range of partner organisations in terms of identification of substance-related risks and how to mitigate them.
- Ensuring the swift exchange of information between partners and the Coroners' Office to ensure opportunities for learning from drugs related deaths reviews at the earliest instance.

Objective: Reduce the impact of parental substance use on children

- Ensure young people's services, including Children's Services and all relevant partner organisations, include putting protective factors in place for the children of substance-using parents/those living in the same household
- Ensure that risk mitigation plans are cognisant of the presence of protective factors and/or how additional ones can be put in place
- Employ a multi-agency approach to tackling this issue with appropriate information sharing processes and regular review meetings attended by all relevant partners
- Provide education, training and support that is age-specific and look at supporting the family, as opposed to just the individual (where appropriate).

PRIORITY TWO:

Strengthening treatment and recovery

Objective: Increase the number of people engaging in structured treatment and recovery support

- Increase the quality of our treatment and recovery models across Cleveland, which differs by local authority area, by ensuring a culture of consistent trauma-informed practice underpins delivery, sharing good practice and adopting innovative approaches;
- Ensure that our local treatment and recovery services are easily accessible, both geographically and through various channels (phone, online, in-person)
- Implement the recommendations of Dame Carol Black and the From Harm to Hope national drug strategy within our local models;
- Further develop pathways between community, inpatient and secure settings to ensure a continuous treatment and recovery journey (continuity of care)
- Increase community outreach approaches by collaborating with local organisations and community groups
- Reduce the stigma associated with drug and alcohol use by implementing anti-stigma approaches, with a particular focus on reducing the fear and shame associated with seeking help for addiction
- Develop more streamlined referral processes into community services.
- Strengthen diversionary pathways across the system.

Objective: Increase the number of people achieving successes with the support of treatment and recovery services

- Ensure that evidence-based interventions are utilised within local treatment and recovery services whilst building innovative and emerging practices (where appropriate) to address unmet needs ;
- Continue to develop the treatment and recovery offer to ensure an equal focus exists for alcohol dependency as there is for drugs;
- Ensure that support is always tailored to individual needs and addresses a wide range of vulnerabilities/ issues (i.e. not focusing on substance use alone which can include support for socio-economic and families)
- Develop resources to provide additional, local bedspaces for inpatient detoxification and residential rehabilitation, including move-on options to enable a continuous flow through the local treatment and recovery system
- Engage with families and carers to support the recovery journeys of individuals and increase recovery capital.



- Ensure high quality and continuous treatment via regular assessments, measuring progress monitoring and adjusting individual recovery and treatment plans as necessary
- Utilise peer support at every level by establishing a wide range of peer support groups, mentorship programmes and roles for people with lived experience to provide additional support and motivation
- Develop more robust aftercare support by planning comprehensive aftercare plans from earlier in treatment and recovery journeys in order to support individuals beyond the structured treatment element.
- Improve access to secure and suitable accommodation to support a person's recovery
- Improve routes into stable employment

Objective: Support a more co-ordinated support system

- Further develop collaborative working to strengthen the interface between organisations, ensuring that people experience seamless systems and services
- Work in partnership to ensure greater sustainability of funding, capacity and resources
- Ensure the meaningful involvement of people with lived and living experience at every level
- Create a 'growing our own' workforce culture via proactively designing opportunities for development in order to create new members of staff (with a particular focus on routes for those with lived experience)
- Test out innovative commissioning approaches to deliver improved, people-centred services
- Maximise the involvement and utilisation of community assets to support people with positive sustainable behaviour change
- Improve communication across the system, with the public and in celebrating successes to raise the profile of our local approaches
- Reduce the barriers associated with information sharing by developing a secure system that enables relevant and timely data to be shared across relevant partners to facilitate a more collaborative approach to support
- Ensure that the Cleveland Combating Drugs Partnership helps to maximise system-wide leadership and governance to create the conditions for change ;
- All those associated with the Partnership take responsibility for communicating the vision throughout their individual organisations and embedding it within our collective agendas
- Aim to have all four areas within Cleveland achieving Inclusive Recovery City Status.
- Work with CJS partners to identify drug-related offending at the earliest opportunity and develop diversionary responses that support education, treatment and recovery
- Build on supporting those in custody to remain drug-free and ensure pathways for release into the community provide continuity of care and support

Objective: Improve community integration of those in recovery and support their development of positive social networks

- Support family reunification and promote stable relationships for people in recovery via interventions, therapy and education
- Promote the benefits of mutual aid meetings and networks
- Provide opportunities to build positive new friendships and social networks via our organisations and contacts
- Train and support peers to provide guidance and mentoring in their communities
- Create safe and sober social spaces for those in recovery to connect with others
- Organise broader community events to promote positive images of recovery, encourage integration and reduce stigma.

PRIORITY THREE:

Reducing supply and drug related crimes

Objective: Robust Enforcement Activity

- Build on learning of (Project ADDER, for example) to tackle the supply of drugs across the entire Cleveland area
- Collaborating with other force areas to close down county lines offenders and end the exploitation of people
- Continue to expand the use of intelligence-led stop and search so people do not feel confident to carry drugs or weapons
- Improve the timeliness of digital forensics to support the swift delivery of justice
- Organised Crime Unit will continue to target upstream sources of drug supply through use of covert measures.
- Utilise the resource and specialist capabilities of North-East Regional Organised Crime Unit
- Continue to monitor County Lines intelligence through Tactical Coordination Group and continued engagement with County Lines intensification weeks

Objective: Reduce Drug Related Offending and Reoffending

- Work with the whole system to reduce neighbourhood crimes, shoplifting and possession of drugs offences – with a key focus on Night-Time Economy (NTE) related offences
- Maximise the opportunities for diversionary activities, including improving awareness of out-of-court-disposals across front-line professionals to ensure no opportunities are missed
- Expand drug testing on arrest to include serious violence, domestic abuse and night-time economy related offences
- Ensure effective use of Drug Rehabilitation Requirements (DRR), Alcohol Treatment Requirements (ATR) and Mental Health Treatment Requirements (MHTR)
- Maximise the use of Integrated Offender Management (IOM) and the Intensive Supervision Courts (ISC)
- Work with partners to keep drugs out of the prison estate to support the rehabilitation of offenders
- Ensure that access to treatment and recovery services are available at all points of the criminal justice system, and greater continuity of care for those leaving prison



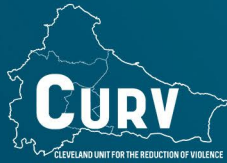
- Work in partnership with the Cleveland Reducing Reoffending Group (RROG), and the Cleveland Unit for the Reduction of Violence (CURV) to achieve shared priorities and avoid duplication
- Continued membership of Local Drug Information System partnership which convenes following identification of emerging intelligence around harmful substances
- Implement a local pilot scheme for a drug driving education and prevention course
- Expand drug testing on arrest to include serious violence, domestic abuse and night-time economy related offences

Objective: Effective Information and Intelligence Sharing

- Improve communication between partners across the criminal justice system and communities
- Continued support of local neighbourhood teams by the Dedicated Drugs Unit to take positive action against those identified as supplying drugs within our local communities
- Promote reporting of substance misuse/ suspect dealing from residential properties and the NTE to build actionable intelligence



DELIVERING OUR STRATEGY



Probation
Service



This strategy has been developed following the completion of a Joint Needs Assessment and a development day which enabled the partnership to consult with service providers and those with lived experience - upon the work of existing boards in the Cleveland area.

Delivery of this strategy will be overseen by the Cleveland Combating Drugs partnership that is comprised of representation from across policing, criminal justice, local authority and health sectors.

The partnership is seeking to build greater accountability into the system. The Combating Drugs Partnership will act as a forum where existing boards can escalate issues for resolution and problem solving.

The work of the Combating Drugs Partnership will be coordinated with the ongoing work of the Cleveland Reducing Reoffending Group and the Cleveland Unit for the Reduction of Violence.

Critical Success Factors

Our Approach

Given the prevalence and harm caused by drugs and problematic alcohol misuse in Cleveland we have approached this strategy and the priorities within it from a long-term, high level, whole system and whole-life-course perspective being cognisant of the underlying drivers of drug and problematic alcohol misuse and the role of trauma, inequalities and deprivation which result in poor health and wellbeing outcomes in our communities.

This is ambitious and not without challenge – notably in the context of the varying geographical boundaries covered by the organisations across the partnership, the desire to support local strategies and arrangements across the four local authorities – the resources available - and the ability to achieve effective whole system collaboration which supports the conditions for change outlined within this strategy.

In alignment with the governments' 10 year 'From Harm to Hope' strategy we recognise that the challenges we face cannot be fixed within a 1-3 year timeframe and as such we want to commit to the change we want to see realised - for the people and communities of Cleveland to be free from the harm caused by drugs and alcohol – achieved through incrementally working towards small wins across the system that contribute, in the long-term, to the more ambitious vision of the partnership as we build traction and momentum.

In order to achieve this, we will seek to embed two critical success factors:

Embedding Lived Experience

We recognise that people with lived experience may share experience of common themes but are not a single homogenous group.

People with lived experience, in the context of this strategy includes those who use (or have used) drugs and alcohol, their family members, family members of those who have died or been killed as a result of involvement in drugs and anyone who has been affected by drug-related harm and the communities they live in.

We will consider how the voices of those with lived experience, including how we access the voices of those beyond the easier to reach - who can be defined as 'service users' to include those that can contribute to the partnerships' understanding of PWLE.

Further, we will commit to embedding these voices into all aspects of our work to address drug and problematic alcohol use by including them within co-production of our work at all levels of the system, including commissioning activity.

Working together to create the conditions for change

Whilst there are clear challenges around the different roles, responsibilities, priorities and resources within individual organisations that make up the partnership it is clear that our overarching ambition to reduce the harms caused by drugs in our communities and address the underlying drivers of problematic use is not something that can be addressed or achieved by any single organisation.

Further, learning from engagement with people with lived experience highlights how it is often the 'system' itself that contributes to the barriers for change at the individual and/or community level.

It is critical, therefore, that the Cleveland Combatting Drugs Partnership, embraces the challenge of effective working together arrangements which supports system change.

We anticipate this will require more than tokenistic engagement, but a commitment at the level of individual organisations to embrace collaboration in the context of solution-focused problem-solving and decision-making that considers defensible risk taking.

HOW WE WILL MEASURE SUCCESS

PRIORITY 1 OUTCOMES: *Prevention, early intervention and harm reduction*

Measures :

- Reductions in the rates of drug related deaths
- Reductions in non-fatal overdoses
- Reductions in the rate of opiate/ crack users
- Reductions in the proportion of people who have reported drug use in the previous year (Adults and young people)
- Reductions in the rates of hospital admissions for substance and alcohol misuse
- Number of educations/ awareness raising actives delivered to people and communities
- Number of Naloxone kits distributed

PRIORITY 2 OUTCOMES: *Strengthening Treatment and Recovery*

Measures:

- Treatment services CQC graded as 'good' and 'excellent'
- Number of people in structured treatment and recovery support (inc. successful completion rate)
- Increases in the percentage of all adult clients that are in effective treatment
- Decreases in the number of people re-entering treatment and recovery (from 3/6 months plus)
- Decreases in waiting times to access structured treatment and recovery support
- Increases in prison continuity of care rates
- Number of people reached through outreach activities
- Increases in patient satisfaction rates (accessibility and quality of services)
- Increasing the proportion of people that successfully complete rehab





PRIORITY 3 OUTCOMES : *Reducing Supply and Drug Related Crimes*

Measures:

- Number of moderate and major organised crime gang disruptions
- Number of county lines closed
- Number of drug trafficking offences
- Positive outcome rates: Drug trafficking offences
- Number of possession of drug offences
- Positive outcome rates: Possession of drugs offences
- Number of stop-and-searches conducted
- Stop-and-search linked outcomes
- Number of out-of-court-disposals used for drug and alcohol related offending*
- Adult proven reoffending rates
- Juvenile proven reoffending rates
- Quantities of drugs seized
- Number of drug testing on arrests conducted
- Number of people presenting to the ISC
- Number of intelligence reports submitted by Neighbourhood Policing Teams and the community

WORKING ALONGSIDE OTHER STRATEGIES

HM Government From Harm to Hope: A 10-year drugs plan to cut crime and save lives

Probation Service North-East North-East Reducing Reoffending Plan 2022-2025

Hartlepool Borough Council Hartlepool Drug and Alcohol Strategy 2023 – 2028

Safer Hartlepool Partnership Community Safety Plan 2021 – 2024

Middlesbrough Borough Council Community Safety Plan 2022 – 2024

Redcar-and-Cleveland Borough Council Community Safety Plan 2021 - 2024

Public Health South-Tees Public Health South-Tees Strategy 2023 – 2026

Stockton-on-Tees Borough Council Joint Health and Wellbeing Strategy 2019 - 2023

Safer Stockton Partnership Stockton-on-Tees Community Safety Strategy 2022 – 2025

NHS North-East and Cumbria Better Health and Wellbeing for All – Joint Forward Plan 2023 – 2028

ADDITIONAL RESOURCES

ADFAM,
Combating Drugs Partnerships: Guidance to Services on Involving Families.

Department for Health and Social Care, and Office for Health Improvement and Disparities,
Guidance – Chapter 12: Alcohol.

His Majesty's Inspectorate of Crime, and Fire and Rescue Services,
Digital Crime Performance Pack.

HM Government,
From Harm to Hope: First annual report 2022 – 2023.

HM Government,
Guidance for local delivery partners: From Harm to Hope.

HM Government,
Independent review of drugs by Professor Dame Carol Black [Parts 1, 2 and Government response].

Office for Health Improvement and Disparities,
National Drug Treatment Monitoring System (NDTMS).

Office for National Statistics,
Crime in England and Wales: Year ending March 2023.

Office for National Statistics,
Proven Reoffending Statistics: July to September 2021.



Office of the Police and Crime Commissioner

Shared Services
c/o St Marks House
St Marks Court
Thornaby
Stockton-on-Tees
TS17 6QW

01642 301861
pcc.office@cleveland.police.uk