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Two Sides of the Same Coin? The Link Between Drug Markets and Serious Violence

HARVEY REDGRAVE

Contents

Executive Summary	3
Establishing the Link Between Drug Markets and Serious Violence	5
The Structure and Economics of Illicit Drug Markets	8
Market Trends: Supply and Demand	13
Trends in Drug-Related Violence	18
Enforcement to Reduce Availability of Class A Drugs	22
Examining Alternative Regulatory Frameworks	28
Conclusion	33

Executive Summary

Government's policy on class A drugs is failing, fuelling a rise in drug-related violence, and we need root-and-branch reform of enforcement.

For much of the past two years, the level of crime in England and Wales has been suppressed because of social restrictions and lockdowns put in place during the Covid-19 pandemic. In particular, acquisitive crime such as burglary and theft has fallen dramatically as a result of shops being forced to close and people spending more time inside their own homes – and these falls appear likely to be sustained.

Sadly, when it comes to serious youth violence, any Covid-induced reduction seems likely to prove temporary, with violent and sexual offences having already rebounded sharply. Despite people spending much of the year living under restrictions, the number of knife-related homicides has increased and London has seen its highest ever number of teenagers fall victim to homicide in a single year.

The rise in serious violence, which began in 2014, has been a matter of public concern for some time. It has coincided with a trend that has received less attention: namely a significant increase in the supply and demand for class A drugs, such as cocaine and heroin. Correlation is not causation, but the timing of these trends is striking and, as our paper makes clear, the academic literature points to several ways in which saturated drug markets can fuel violence, for example, by driving competition between gangs. This paper examines the nature of that relationship in detail and concludes that serious violence and drug markets are two sides of the same coin. Yet the government continues to treat them as largely separate issues and has so far failed to articulate a coherent strategy for dealing with the problem.

It is not that ministers do not recognise that action is required: the government is publicly committed to making the UK a more hostile environment for drug traffickers, breaking illicit drug supply chains and reducing drug-related violence. But reversing a decade of declining enforcement against drug crime will require more than tough-talking rhetoric: it demands a forensic analysis of the problem, clear national leadership and a laser-like focus on ensuring frontline agencies are equipped with the tools needed to tackle the problem. So far, there is scant evidence of a credible plan to do that.

Key Findings

- The academic literature makes clear that saturated drug markets can fuel violence in myriad ways, with evidence from the US suggesting that there is a particularly strong relationship between crack cocaine and violence.
- The structure of drug markets is changing as a result of the blurring of boundaries between different

tiers of the supply chain at the wholesale and middle-market levels, and an increasingly lucrative online trade facilitated by the dark web.

- Since 2014 there has been an increase in the supply of cocaine and heroin, evidenced by rising purity and stabilising retail costs, which has fuelled growth in demand, particularly among children and young adults.
- These trends have in turn driven a surge in serious violence, including a notable increase in drug-related homicides.
- On most measures of enforcement, trends have been heading in the wrong direction, with fewer arrests, charges and convictions for drug offences and fewer class A drugs being seized than in 2010, although there are signs of a tentative uptick more recently.
- The limitations of supply-side enforcement have led to growing calls for a reform of drug laws, but an analysis of alternative regulatory models suggests that – at least in the case of class A drugs – significant reform is unlikely to be an attractive proposition for government.
- The government's recently published drug strategy is a step in the right direction but on the question of enforcement, it lacks substance and detail.

Recommendations

- We recommend that the government commits to a root-and-branch examination of the barriers to enforcement against crime involving the supply of class A drugs.
- Fundamentally, this needs to involve a serious consultation with law enforcement on the powers, tools and resources needed to improve the detection and prosecution of drug traffickers, seize the assets of organised criminals, drive up seizures of class A drugs and rebuild proactive policing capability, which is key to tackling drug markets and gangs.
- To drive momentum, the home secretary should consider setting more ambitious and specific targets around enforcement than those currently contained within the drug strategy, and ensure law-enforcement agencies are properly incentivised to bear down on the problem of the rising availability of class A drugs. For example, this might include an objective to reduce the number of young people who say they've used class A drugs over the past year, or a commitment to increase the number of drug traffickers brought to justice.

Establishing the Link Between Drug Markets and Serious Violence

“Serious violence” generally refers to a subset of overall violence, involving less common but high-harm types of violence, such as knife crime, weapon-enabled homicide and robbery. Such offences have risen significantly since 2014, although the past two years of the pandemic have interrupted these trends somewhat. At the same time, the ages of those involved – both victims and perpetrators – have fallen with rising numbers of adolescents presenting for stab wounds in hospitals.¹

Unsurprisingly, public concern about serious violence is high and growing. Underneath this trend, however, lies another development that has received less public attention: the growth in the availability and consumption of highly addictive class A drugs, such as crack cocaine and heroin. It is our contention that violence and drug crime ought to be viewed as interrelated, rather than distinct phenomena.

According to the academic literature, there are three ways in which drug markets are thought to fuel violence.²

First, there are psychopharmacological factors. Some substances, such as crack cocaine, have the capacity to change the functions of the brain by increasing aggression and reducing inhibition.

Second, there are economic-compulsive effects, where drug users are compelled to commit crime to service their addiction and/or pay debts incurred from their addiction.

Third, there are systemic effects: this is the idea that illicit markets are inherently violent. This is partly because traffickers, dealers and users are unable to settle grievances through legal channels, meaning violence is often a necessary tool for regulating their affairs. Further, drug dealers are themselves often targets for crime – the drugs trade involves physical handling of valuable commodities and cash, exposing those involved to risks of criminal predation.

US police data from the 1980s and 1990s point to a close relationship between the crack epidemic and local homicides. Between 1983 and 1994, city-level homicide data from the US show that rapid and abrupt rises in juvenile crack arrests were followed by equally rapid and abrupt rises in juvenile homicides. Similarly, a study of New York police data from 1988 – a peak year for violence – concluded that three quarters of drug-related homicides were “systemic”, that is inherent to drug markets. The proportion was even higher for crack (85 per cent) and cocaine (92 per cent).³

The Link Between Crack Cocaine and Violence

Three factors are often cited as especially important in discussion of the US crack epidemic during the 1980s.

First, drug markets involving crack tend to be inherently more violent because of the drug itself. The fleeting high of crack means that users often make multiple purchases per day, increasing the number of interactions with dealers and the scope for violence. Moreover, the stimulant effect of crack has been known to cause aggression among users.

Second, crack formed a new market of users and dealers. New relationships between users and dealers meant there were low levels of trust in the market, and the need to establish a share in the new market made violence more likely to occur.

Third, there was a surge of much younger dealers. The emergence of a new market meant that new dealers were needed quickly – this led to a sudden increase of much younger drug dealers to fill the gap. Younger dealers are thought to be more likely to act impulsively and use violence.

Worryingly, there is evidence that all three factors are present in England and Wales. Intelligence from police forces and drug dealers indicates that drug markets involving crack are inherently more violent. There is also a new cohort of crack users as a result of “county lines” having pushed markets outside the major urban hubs and, since serious violence started rising in 2014, there is evidence of a shift to younger drug dealers, including crack dealers (for example, the number of under-25s prosecuted for crack-supply offences has increased since 2016).

Studies in the UK have pointed at the different ways serious violence links to drug markets. For example, a study of firearms-related crime in 2006⁵ described the growth of a “complex criminal gun culture” linked to UK drug markets, with firearms used not only as offensive weapons, but also for defence and show. Similarly, a 2018 study of gangs in the east London borough of Waltham Forest found a shift in how gangs were operating, away from notions of “postcode loyalty” and “territory” towards profit as the key organising principle.⁶ Gang members were perceived as defending local markets rather than a particular estate, with violence used as a tool to secure market dominance rather than notoriety.

While the link between drug markets and violence is well established in general terms, the exact mechanism by which drugs can trigger sudden increases in violence remains a matter of debate. Three interrelated factors seem to be important:

- *The structure of the market.* Where there are several small groups vying for supremacy, as opposed to one group dominating at the street level, more violence seems to be involved. To the extent that psychopharmacological effects contribute to violence (and on this, the evidence is quite conflicted), cocaine and particularly crack cocaine seem to be more associated with homicide than marijuana or heroin.⁷ Drug type affects the structure of the market; crack, for example, has a shorter, faster high, meaning users come back to dealers more often and this pattern has tended to generate more small-scale dealers than heroin use, which may make markets more competitive and less monopolistic.
- *The level of supply and demand.* Growing supply impacts demand. As demand increases, so does potential profit which, in turn, is likely to feed greater competition and violence. Periods of stable, low demand are likely to favour more monopolistic structures and therefore result in less violence.⁸ Declining demand can lead to increased violence initially as different factions compete for a shrinking market, before stabilising once a monopoly or oligopoly is established.
- *The level of enforcement.* As it is not possible to determine what would happen in the absence of enforcement, there is a lack of high-quality evidence to assess the impact of drugs enforcement activities. Available evidence suggests targeted enforcement activity can raise prices (thus reducing consumption) and can contribute to the disruption of drug markets at all levels, thus having a dampening effect on violence.⁹ However, in certain international contexts, there have also been unintended consequences of enforcement activity, such as market destabilisation.¹⁰

These three factors will be examined in greater depth in the following chapters.

In summary, what the literature shows is that shifts in drug markets and serious violence are inextricably linked, implying that a strategy for combatting serious violent crime that fails to focus on drugs will almost certainly fail.

The Structure and Economics of Illicit Drug Markets

To understand the drivers of drug use and associated violence, it is important to understand the structure and economics of international drug markets and supply chains.

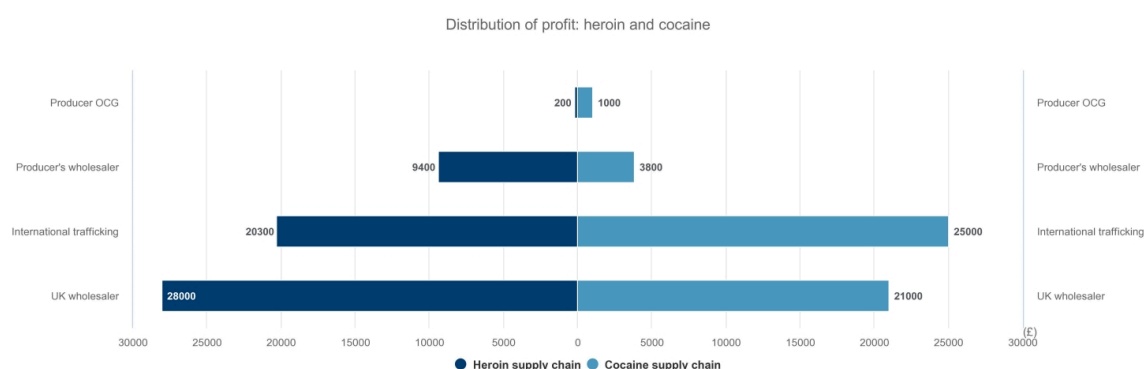
The drug-production process is highly structured and organised. Most heroin is cultivated from opium poppies in Afghanistan. Once harvested, it is processed into base form, adulterated with cutting agents, and then pressed into blocks and packaged for export¹¹ to European markets. The process for cocaine follows a similar pattern, with the majority of the crop cultivated in South America including Colombia. Synthetic drugs, in contrast, typically require more production stages before they are ready to be packaged into powder or tablets ready for export.

Profitability

There is significant scope for profit at every stage of the heroin and cocaine supply chains, apart from at the production stage.

The profit margins at each stage of the supply chain reflect conventional business costs such as equipment and labour, but also the risks of detection by law enforcement. This means that the level of mark-up from source production to final product far outweighs that of lawful products, with a 29,000 per cent mark-up for heroin and a 5,000 per cent mark-up for cocaine. Organised crime groups (OCGs) that are able to set up supply chains direct from the source country to the end market, such as Albanians with powder cocaine, are able to significantly cut costs and provide a consistent supply to retailers.

Figure 1 – Distribution of profits across both the heroin and cocaine supply chains



Source: [Dame Carol Black, Review of Drugs, 2020](#)

Trafficking Routes

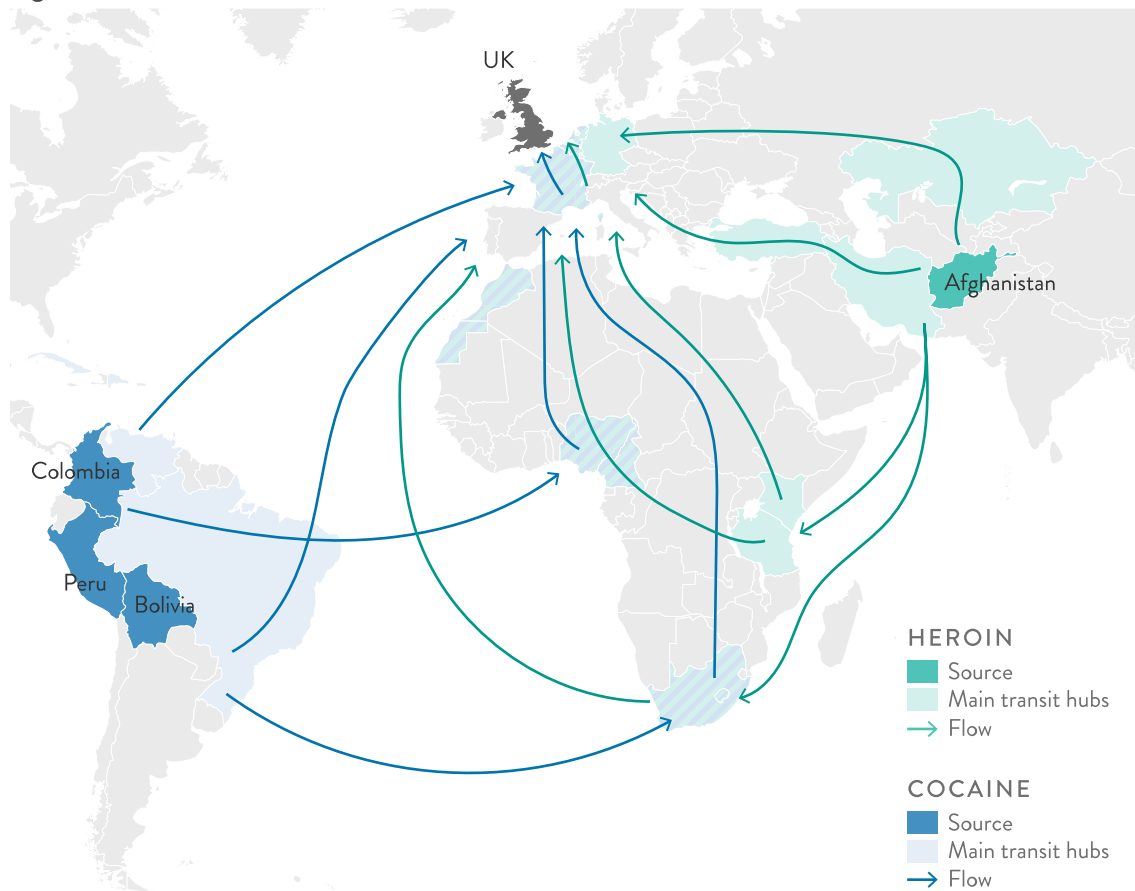
According to the National Crime Agency (NCA), there are three main heroin-trafficking routes into the UK:

- Balkan route – via the Middle East and the Balkans (currently believed to be the most frequently used)
- Northern route – via northern Asia into Russia and northern Europe
- Southern route – via south and west Africa into southern Europe

A significant amount of cocaine, most of which is produced in Colombia, is trafficked by sea from Central America to Dutch and Belgian ports where it is stockpiled. It is then broken down to be transported into the UK in freight and tourist vehicles travelling through south-east England, usually through the channel tunnel and Dover, or via the east coast through ports such as Harwich. Cocaine is also trafficked directly to the UK from South America by air.

Historically, Colombian and Italian groups have dominated wholesale cocaine supply into Europe in cooperation with other groups such as British, Dutch and Spanish OCGs. A key change in recent years has been the growing dominance of traffickers from the Balkans – especially Albania – in bringing cocaine into the UK, often dealing directly with producers.

Figure 2 – How heroin and cocaine flows from source via transit hubs into the UK



Source: *NCA National Strategic Assessment of Serious and Organised Crime, 2020*

The NCA has recorded that heroin and cocaine markets are generating significant violence between rival OCGs. Feuds over drugs in transit, control of markets and protection of assets often result in violence, including the criminal use of firearms. ¹²

Domestic Drug Distribution

Once drugs reach the UK, the supply chain usually involves three broad tiers:

- the import and wholesale level, bringing drugs into the UK and selling them to wholesalers
- the middle market, which distributes wholesale quantities to dealers
- the retail level, where drugs are sold at street level to users

However, the distinctions between tiers in the supply chain are becoming increasingly blurred. UK law-enforcement intelligence suggests that when it comes to the distribution of cocaine, for example, middle markets may have collapsed, with Albanian OCGs increasingly negotiating directly with producers and

cutting out intermediaries in the wholesale supply chain, resulting in lower wholesale costs and prices.¹³ Wholesale prices per kilo in major European ports, notably Rotterdam and Antwerp, have reportedly fallen, even while purity has increased, and this is reflected in unprecedented falls in wholesale prices in the UK during the past five to ten years from £45,000 per kilo to £35,000 per kilo.

At the retail level, heroin and crack cocaine are generally dealt together as they are used simultaneously (with powder cocaine converted to crack at street level). Heroin and crack dealers are often younger user-dealers and/or junior members of OCGs. By contrast, powder cocaine dealers are often older people who are less likely to be users and who trade via the night-time economy.¹⁴

County Lines

Market saturation within cities has led to the phenomenon known as county lines, where class A drugs (primarily crack cocaine and heroin) are supplied from a city into rural and/or coastal areas. The “line” refers not to a geographical boundary but to established branded lines (phones) of communication, which may be transferred between different phone numbers or other platforms, for example, following police operations to arrest dealers and seize devices.

A characteristic of county lines has been the exploitation of vulnerable children, such as care leavers from urban areas, who are transported to distant locations to sell drugs and collect money. The group often exploits vulnerable people, such as dependent drug users, in the county location to sell drugs or to operate from their homes, a practice known as “cuckooing”. The group is inclined to use intimidation, violence and weapons, including knives, corrosives and firearms. This phenomenon also critically challenges the conventional understanding of drug markets in that the export of illicit drugs from big cities to one or more provincial towns blurs the boundaries between national wholesale and local street dealing. We looked at the county-lines phenomenon in our 2021 [report](#) examining the causes of violence.

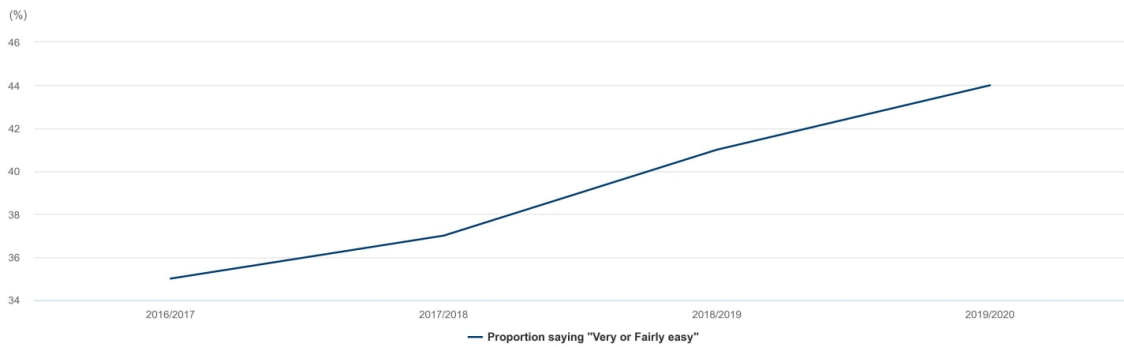
Online Trade

New technology has facilitated an increasingly lucrative online trade, which is changing the way drugs are sold in the UK. Rapid developments in virtual currencies and anonymised payment systems are lowering the barriers to business and allowing OCGs to reduce risks and therefore costs. The development of automated parcel and delivery processes also contributes to ease of distribution at reduced risk to retailers.

The dark web is severing the connection between drug markets and local areas, a process that arguably began with the advent of mobile phones. More broadly, and reflecting changes in the wider economy,

transactions have increasingly shifted towards a model of just-in-time delivery to the customer, enabled by mobile technology. Consumers report the rapidly increasing ease of obtaining drugs quickly, with more than two in five people surveyed stating that it was easy to obtain illegal drugs within 24 hours in England and Wales, up from around a third in 2016/2017. ¹⁵

Figure 3 – It has become easier to obtain illegal drugs within 24 hours in England and Wales



Source: [ONS/TBI](#)

Social media is also being used as a tool to recruit and control people who work in the drugs trade. Through the county-lines model, perpetrators employ digital methods as a means of targeting, grooming and controlling others to work for them. ¹⁶

The implications of the shift to online commerce are not yet fully understood. Senior police officers interviewed for this project have suggested that the profitability of the online trade may be squeezing the profits of street gangs, who are then forced into increasingly violent competition.

The next chapter considers how the UK market has evolved in the face of these trends.

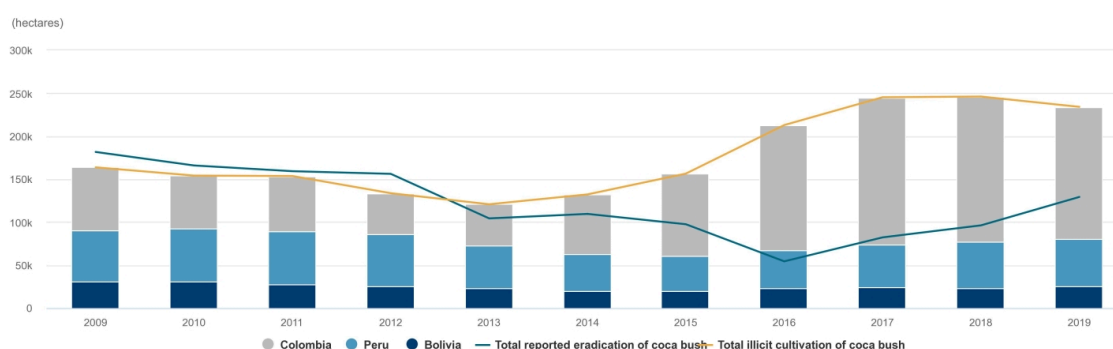
Market Trends: Supply and Demand

Major shifts have taken place in UK drug markets since 2014: key indicators suggest that a boom in production has led to an increase in the supply of cocaine and heroin (the drugs most associated with supply-side violence), evidenced by rising purity and falling costs.

Trends in Supply: Increasing Production Has Impacted Purity and Price

There has been a 35 per cent global-production surge of cocaine since 2013, driven by an increase in Colombia, the main source country. Similarly, opium production in Afghanistan reached record levels in 2017 and 2018.

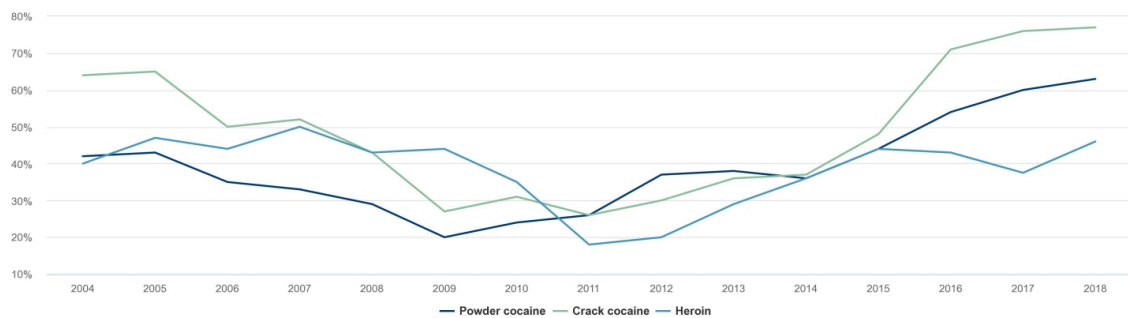
Figure 4 – Cultivation versus eradication of the coca bush in Bolivia, Colombia and Peru combined



Sources: [United Nations Office on Drugs and Crime, World Report 2019/Statista](#)

As a result of this, there has been a surge in the purity of class A drugs within the UK, a key proxy for availability. For example, the mean purity of powder cocaine rose from 20 per cent in 2009 to 63 per cent in 2018, the highest level on record. The shift in crack purity is even more dramatic, having risen from 26 per cent in 2011 to a record 77 per cent in 2018.

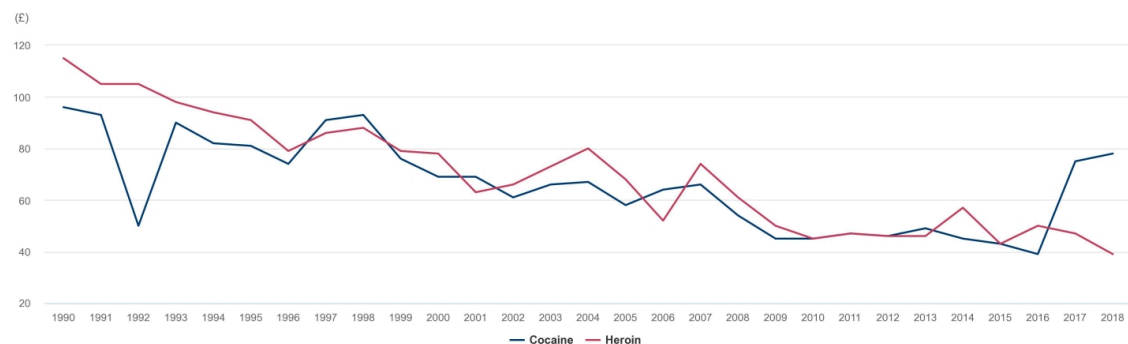
Figure 5 – The purity or potency levels of three drugs (assessed from seizures) in England and Wales



Source: Crime Survey for England and Wales 2018/2019

At the same time, despite purity having increased, the price of heroin and cocaine has generally fallen, although there was a surge in the price of cocaine in 2017/2018. This downward trend has boosted overall availability and domestic demand.

Figure 6 – The UK street price of cocaine and heroin per gram between 1990 and 2018



Source: UNODC

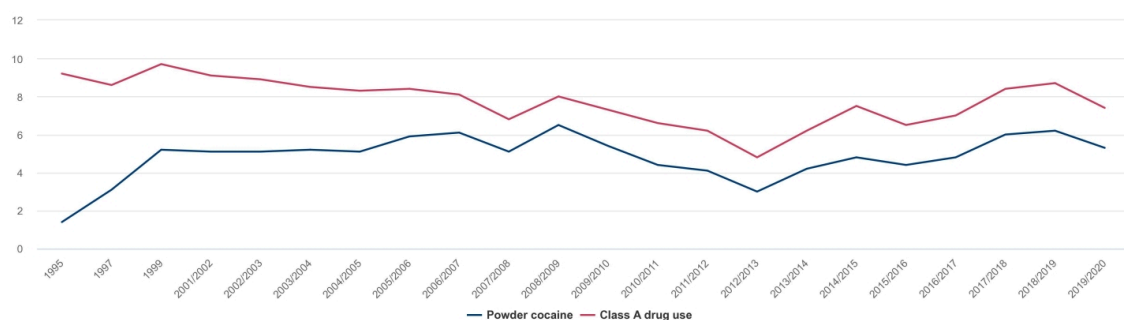
Rising purity and falling prices imply that the market is saturated, with supply outstripping demand. This is likely to have eroded profits per gram of cocaine sold at the retail stage, which may be fuelling economic competition between gangs.

There are likely to be several factors that explain why supply has increased so rapidly in the UK, including growing global supply, a more efficient and consolidated supply chain (explored in the previous chapter) and declining enforcement (explored later in this paper). While a more granular comparison of consumption across countries would be necessary to confidently assign relative weight to each of these factors, it is notable that consumption of harmful drugs, such as cocaine and crack, appears to have risen more rapidly in the UK than across the EU over the period in question. ¹⁷

Trends in Demand: Use of Class A Drugs

Unsurprisingly, given the trends around purity and price, domestic consumption of class A drugs, including cocaine, has increased. The trend is particularly pronounced among young adults: the proportion of 16- to 24-year-olds reporting having used cocaine in the past year has nearly doubled since 2012/2013.

Figure 7 – Proportion of young adults aged between 16 and 24 reporting that they have used drugs between 1995 and 2020



Source: Crime Survey for England and Wales, [Drug Misuse Survey](#)

The UK accounts for a disproportionately large share of the European cocaine market, with use of powder cocaine becoming increasingly normalised. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the UK has the highest prevalence of cocaine use among 15- to 34-year-olds (4.7 per cent), which is more than double the EU average of 2.1 per cent. While the average purity of powder cocaine in the UK is similar to EU levels, it is comparatively cheaper than in most of the EU. Similarly, crack use is higher in the UK than elsewhere in Europe, where crack is only prevalent in a small number of cities, and the UK reports more demand than any country in the EU for crack-cocaine treatment. ¹⁸

The Normalisation of Cocaine Use Within Football

In December 2021, Dame Louise Casey published an [independent review](#) of the disorder that occurred both before and during the final of the European Championships at Wembley in July 2021. Among the report's key findings was that drug use was widespread on the day of England's match against Italy both outside and inside the stadium.

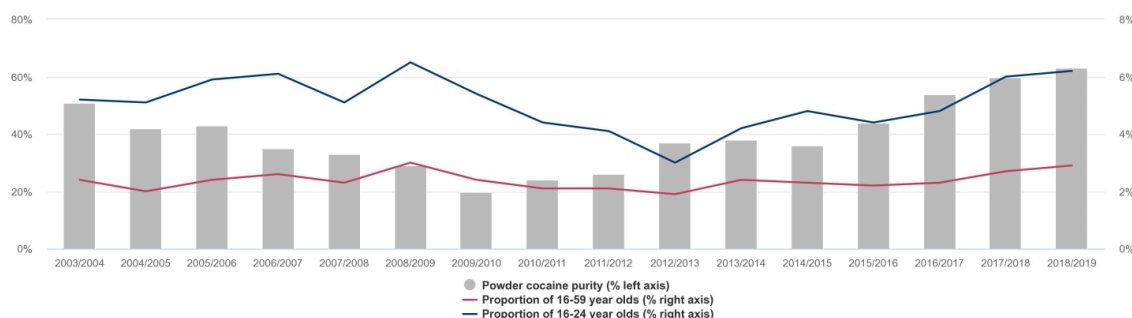
More than 50 per cent of the 7,000 ticket holders to the game who responded to a survey by the review team said they saw illegal drug taking on their arrival at Wembley. It was apparent from comments by legitimate fans and stadium staff that cocaine was particularly prevalent. One ticket holder said: "People were taking cocaine in front of us [and] my sons cried for most of the game."

An official from the Sports Ground Safety Authority (SGSA), which regulates football grounds in England and Wales, was clear that cocaine had fuelled violence at the match saying: "Drug usage was noticeable. It took four or five stewards to try and hold someone down – more than the number it usually takes when fans are drunk."

A police officer with national responsibilities for football noted that the current football banning-order regime is tougher on football disorder related to alcohol than to drugs: "Entering the ground drunk runs the risk of a ban – but being high or in possession of drugs is not on the list." Dame Louise has recommended that the Home Office update the football banning-order regime to ensure drug-related disorder is treated in the same way as alcohol-related disorder.

Powder-cocaine use trends, especially when looking at the age group that uses cocaine most often, suggests a lagged causal relationship between drug purity and rates of use. Purity fell in the 2000s, followed by a reduction in drug use, and then rose from 2009/2010, followed this time by a rise in consumption. Wider evidence suggests a similar trend has been seen for crack cocaine (explored in the next chapter).

Figure 8 – Plotting the use of powder cocaine against levels of drug purity



Source: Crime Survey for England and Wales, [Drug Misuse Survey](#)

Trends in Demand: Problematic Use

Treatment data provide an additional perspective on self-reported demand, indicating that the harmful use of crack cocaine has increased significantly in recent years. Since 2015, the number of new entrants for treatment for crack use nearly doubled. A Public Health England (PHE) report in 2019 concluded that:

“It is likely that the recent increase in the number of people entering treatment for crack problems reflects the rise in the prevalence of the drug’s use. The increase in the number of new users may be in part caused by changes in the purity and affordability of crack cocaine and patterns of distribution over the last few years.” ¹⁹

UK Health Security Agency

Rising problematic use has led to a rise in health-related drug harms. For example, hospital admissions due to drugs have more than doubled since 2008/09, while drug-related deaths have doubled since 1993. Deaths caused by opioid and cocaine use have been driving these increases, accounting for 62 per cent of all such deaths.

The rise in crack use is particularly concerning, given the known links to violence. In 2018, PHE and the Home Office conducted an inquiry into the increase in crack use, highlighting six important drivers:

- Aggressive marketing by dealers, primarily targeting existing heroin users, including “three-for-two” deals or even free crack.
- Easy access, round-the-clock availability of crack and delivery “quicker than a pizza”
- Affordability of crack, including it being sold in smaller quantities and at higher purity
- Increase in county-lines activity in three of the six areas studied, linked to aggressive marketing and increased availability of crack, although the report notes established local dealers in the other three areas and operating outside county lines using similar tactics
- Less stigma associated with crack use, at least in some areas, with suggestions that new groups were increasingly taking it, including professionals, students and clubbers
- Lack of police focus on drugs, reflecting less police visibility

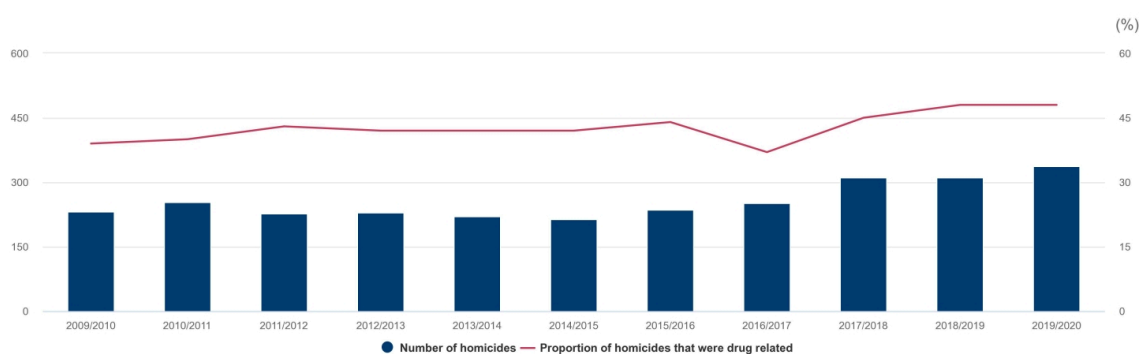
Inevitably, these shifts in the supply and demand of class A drugs have had an impact on the volume and profile of crime, particularly violence involving young people. A more detailed examination of this is set out in the next chapter.

Trends in Drug-Related Violence

Drugs Impacting Homicide

The number and proportion of drug-related homicides have grown over the last decade, up from 39 per cent in 2009/2010 to 48 per cent in 2019/2020.

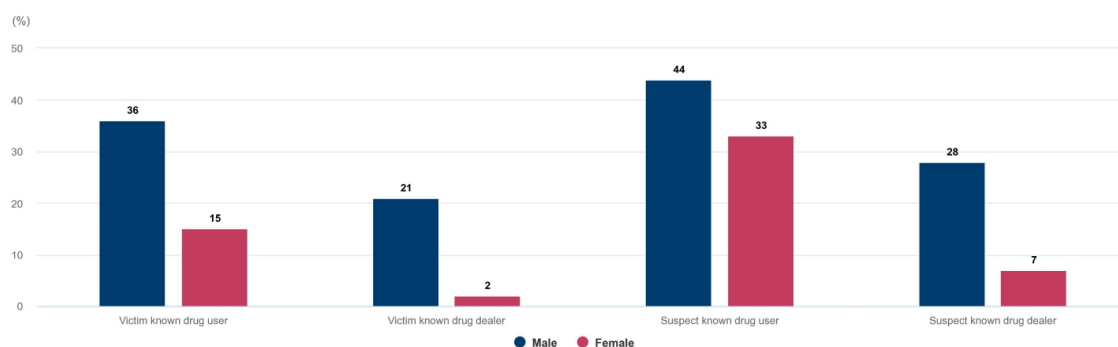
Figure 9 – Proportion of drug-related homicides showed a mostly upward trend between 2009 and 2020



Source: [ONS](#)

Combining the data for the year ending March 2018 to year ending March 2020, we can see that 36 per cent of all male homicide victims were known drug users, and 21 per cent were known drug dealers. Figures were even higher among male suspects: 44 per cent were known users and 28 per cent were dealers.

Figure 10 – Proportion of recorded homicides where either victim or suspect known to be a drug dealer or user, 2018 to 2020



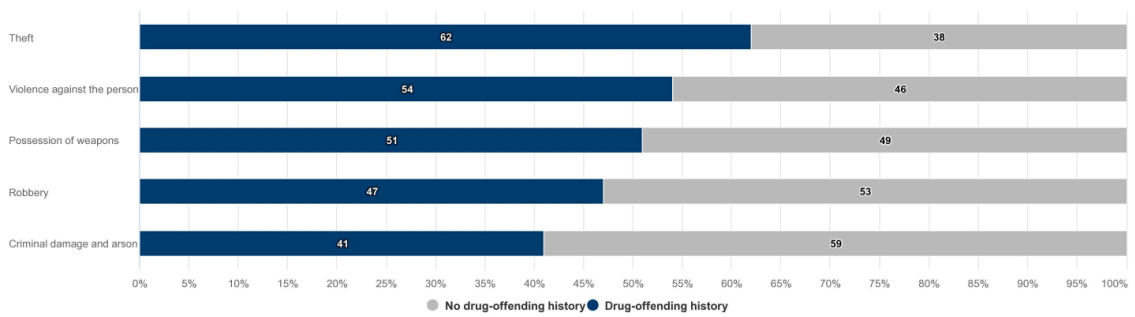
Source: [ONS](#)

These proportions have been growing. According to a 2020 Home Office review of homicides, drug-related homicides account for almost two-thirds (62 per cent) of the overall homicide rise since 2015. Of those, the proportion that are drug-dealer related has risen the fastest. ²⁰

Drugs and Robbery

National offending figures show that 62 per cent of those convicted of theft in 2020 and 47 per cent of those convicted of robbery had a history of prior drug offences.

Figure 11 – The parallel between a history of drug offending and other offending

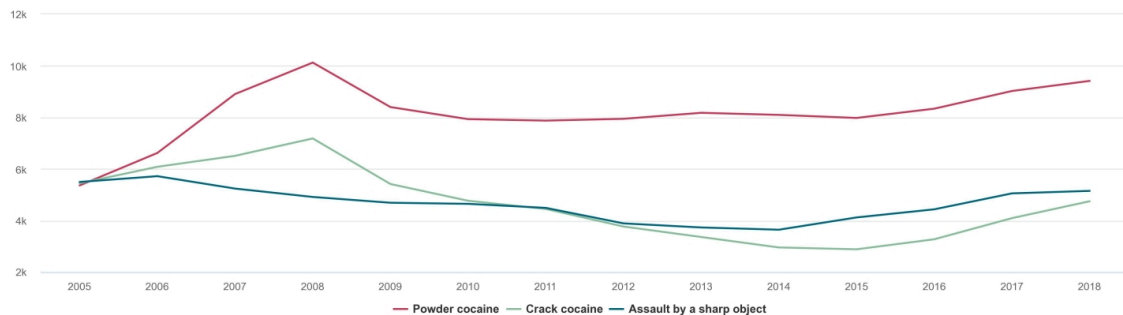


Source: UK Ministry of Justice

This is supported by interviews with officers who have told us that younger people involved in street robbery – both victims and perpetrators – were disproportionately likely to be mixed up in the local drugs trade. This is thought to be a function of gangs using robbery as a means of generating cash. ²¹ It also stems from the systemic nature of the relationship between drugs and violence (set out in the first chapter). In short, this is a market where violence is always likely to be the main mechanism for settling debts and disputes.

Analysis of health data also suggests a relationship between drugs and violence. Treatment commencements for powder and crack cocaine addiction correlate strongly with hospital data on “finished consultant episodes” for assaults by sharp objects, suggesting commonalities between the two variables.

Figure 12 – Correlation between the start of treatment for drug addiction and number of consultation episodes for assault, 2005 to 2018



Source: Crime Survey for England and Wales, [Drug Misuse Survey](#)

Drugs might also explain the changing geography of violence, with increases in serious violence occurring fastest in rural areas and provincial towns, rather than in London and other major cities. For example, since 2015, knife crime has risen fastest in Norfolk, Surrey, Warwickshire and Kent – areas particularly associated with county lines.

This is a problem that appears unlikely to abate soon. Criminal-justice data show that the proportion of children aged 10 to 17 convicted for drug-related offences is rising rapidly, having increased by 63 per cent since 2012, compared with a 16 per cent increase for those aged 21 and over. Of those, the number of younger people convicted of offences relating to powder cocaine has gone up 61 per cent, with convictions for crack cocaine at 54 per cent and heroin at 46 per cent, with each increase larger than the rise in offences committed by their counterparts over the age of 21. ²²

Proliferation of Violent Gangs

There is evidence that street-based gangs are increasingly structured around the drug market, with a focus on profit rather than territory. In a landmark 2018 study of gangs in Waltham Forest, ²³ former gang members and public-service professionals repeatedly brought up the “Mali Boys”, an example of this new, more business-oriented model with the potential to operate across London, rather than just in Waltham Forest. As well as being perceived to be more professional, they were described as especially violent, including being heavily involved in county lines activity. They were also known to collect information on the personal lives of police officers to escape detection and intimidate law enforcement, and to take over the properties of vulnerable people as a base. Though the gang “elders” were Somali locals, interviewees explained that non-Somali “youngers” were recruited as drug runners. These children were often drawn into serious violence both as victims and perpetrators.

Similarly, analysis of the Crime Survey by the Children's Commissioner in 2019 suggests that as many as 34,000 children in England were likely to either be in a gang or on the periphery of one. Of those, only 19 per cent were known to children's services or youth-offending teams. As the Tony Blair Institute has previously documented, children in gangs tend to display a much higher level of vulnerability than those not involved in gang culture. For example, those assessed by children's services who are in gangs compared with those who are not are 41 per cent more likely to have a parent or carer misusing substances and eight times more likely to be misusing substances themselves.

Violence is not only seen in interactions between different gangs, but also takes place within gangs and OCGs. For example, in recent years, the police have reported that violence or the threat of violence, including sexual violence, is being used to control and exploit the more junior members. One tactic of exploitation involves gang elders arranging for the "youngsters" to be robbed of the drugs they'd been asked to deliver, thereby putting them in debt to the gang. Their options to repay this debt are to continue working for the gang or to face violent repercussions against themselves and their families. ²⁴

Given these trends, there is an imperative for government to respond with policies that directly reduce the supply of harmful drugs. The next chapter considers this in more detail.

Enforcement to Reduce Availability of Class A Drugs

There are several factors that explain the increasing supply of class A drugs into the UK, many of which are global and therefore somewhat beyond the scope of government control, such as a growth in global production and supply and more sophisticated international crime networks. But one factor that is certainly within the government's remit is enforcement – and on this measure, the UK has not performed strongly.

Trends in Enforcement

Taking their steer from the Home Office and Police and Crime Commissioners (PCCs), the police deprioritised drugs enforcement during the early part of the 2010s. In 2016, for example, only two of 43 PCC police and crime plans in England and Wales mentioned drugs as a stated priority. Between 2014 and 2017, the Metropolitan Police had no specific drug strategy, although it has since rectified this. Similarly, responses to a freedom of information (FOI) request in 2019 revealed that of the 29 police forces that responded, 34 per cent had no drug strategy in place and 7 per cent provided insufficient evidence to suggest they had one.

There are two explanations for this. First, there is some evidence that the real-terms reduction in police budgets between 2010 and 2019 led forces to spread themselves more thinly, prioritising reactive policing – responding to emergencies and individual offences – at the expense of more proactive policing and intelligence-gathering activity on which effective drugs enforcement depends.

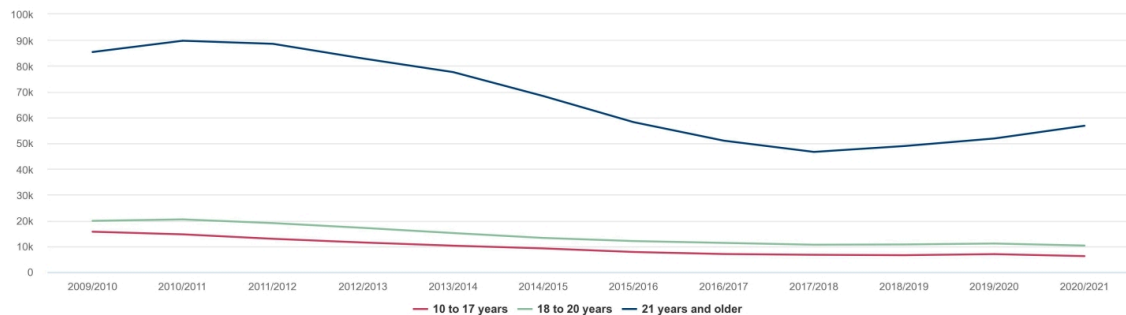
Second, there is a sense in which the deprioritisation of drugs reflects the general trajectory of government policy, with a greater emphasis on newer, more hidden crimes, such as human trafficking and child sexual exploitation.

Whatever the reasons, the impact on enforcement has been clear. There are several aspects to the enforcement regime – arrests, seizures, convictions and intelligence – that have all, until very recently, been heading in the wrong direction.

Arrests

Between 2012 and 2018, the number of arrests for drug offences fell by 47 per cent, although there are signs that this trend may be starting to reverse.

Figure 13 – Arrests among young adults for drug offences broken down by age category, 2009/2010 to 2020/2021



Source: Home Office

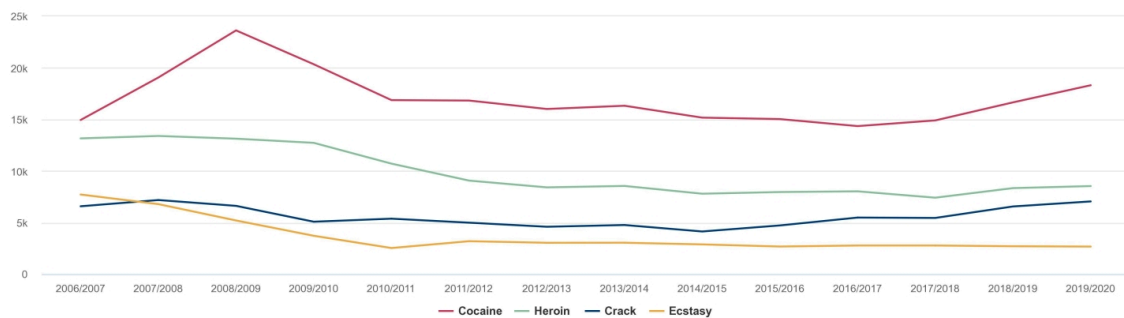
Similarly, between 2012 and 2018, the number of stop-and-searches for drugs fell 61 per cent, reflecting wider falls in stop and search, although, as shown above, that trend has been reversed in the past two years.

Drug Seizures

Drug seizures by border forces and the police have been falling for a decade, although again the trend has begun to reverse over the past two years. In the year ending March 2020, there were 37,127 seizures of class A drugs, a 13 per cent increase on the previous year but still 22 per cent lower than the peak in 2008/09.

Only a minority of drug seizures involve class A drugs (20 per cent in 2020 – the latest year for which data are available). Of those class A drugs seized, half (51 per cent) involved cocaine, with 18,790 seizures in the year ending March 2020. Heroin was the second most seized class A drug with 8,742 seizures.

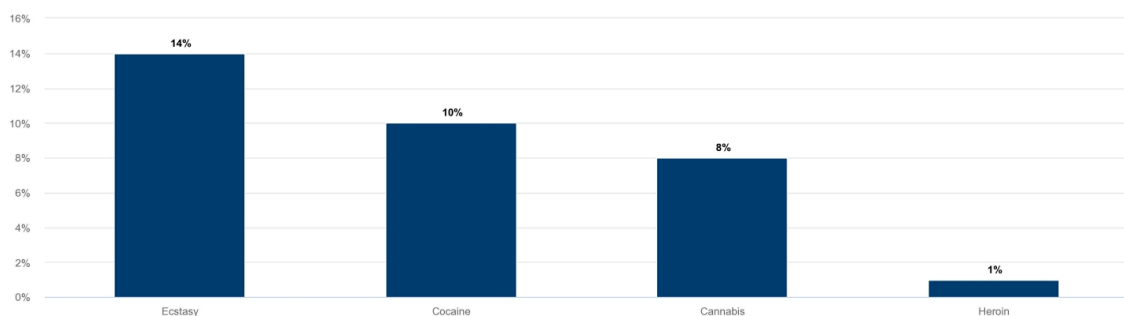
Figure 14 – Number of seizures of class A drugs made by the police and Border Force, 2007 to 2020



Source: Home Office

In terms of volume, only a small proportion of the total drug supply entering the UK is seized by the UK Border Force. OCGs will cost in a certain amount of loss through seizures when projecting their profits from trafficking. The largest proportions seized are ecstasy (14 per cent or approximately 800,000 doses) and cocaine (10 per cent, equivalent to 4.5 tonnes). The smaller proportion of cannabis seized is at least partially explained by the significant amount of domestic production. The chart below compares the average annual quantity of drugs seized by Border Force between 2014/2015 and 2018/2019 with the estimated quantity of drugs consumed in 2016/2017.

Figure 15 – Average annual quantities seized by Border Force (2014/2015 to 2018/2019) as a proportion of estimated consumption (2016/2017)



Source: [Dame Carol Black, Review of Drugs, 2020](#)

In the year ending March 2020:

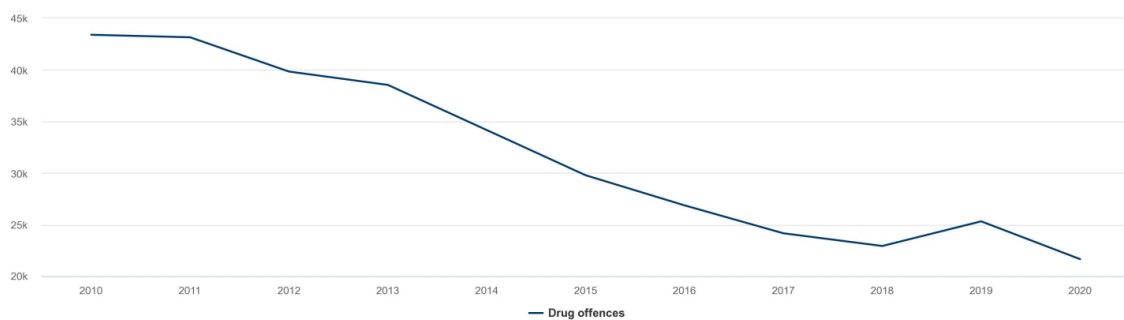
- 4,274kg of cocaine were seized by Border Force and police forces.
- 2,394kg of heroin were seized (a 217 per cent increase on the previous year).
- 84kg of crack were seized (a 35 per cent increase on the previous year) and the highest amount since the year ending March 2004. The quantity of crack seized by Border Force tends to be small because most crack is made in England and Wales from imported powder cocaine.²⁵

It is noteworthy that between 2016 and 2021 the number of cocaine seizures and quantity of cocaine seized by UK law enforcement fell (by 2 per cent and 3 per cent respectively) at a time when seizures increased across the EU (by 26 per cent and 246 per cent).

Convictions for Drug Offences

The number of convicted drug offenders fell by more than half between 2010/2011 and 2018/2019 from just over 100,000 to just under 50,000. This reflects a decline in the number of drug offences recorded by the police. At the same time, there has been a fall in the number of successful prosecutions for drug offences. Convictions for drug trafficking in the UK fell by 25 per cent between 2010 and 2020.²⁶ There has been a similarly marked decrease in convictions for drug-possession offences.

Figure 16 – Number of convictions for drug-possession offences, 2010 to 2020



Source: Ministry of Justice

This fall has come despite anecdotal evidence that some police forces are downgrading trafficking offences to possession to facilitate prosecution.²⁷ If these trafficking offences were not being downgraded, the decline in convictions for possession would be even more stark.

Intelligence Gaps

The lack of priority afforded to drugs enforcement has led to significant intelligence gaps around drug markets in the UK, especially in terms of OCG structures, processes and locations. Local police forces tend to focus on short-term, tactical intelligence and often do not have the resources to explore middle markets, while the NCA has tended to concentrate on wholesalers wherever supply lines cross police-force or organisational boundaries.

Forces have become increasingly reactive, in part due to funding falls, focusing on responding to emergencies and investigating individual crimes, with far less capacity for proactive enforcement and

intelligence-gathering operations. Meanwhile, the NCA appears to have focused primarily on wholesalers, leaving a hole in the intelligence picture around who is controlling the middle markets and exploiting street-level retailers. This is reflected in county-lines enforcement activity, which has largely focused on street- and retail-level enforcement and has rarely extended beyond those immediately directing the activities of the individuals completing deals with drug users.

The net effect of these different agendas is to leave the core of the domestic supply chain largely untouched.

The Government's New Drug Strategy

The weakening of enforcement against drug-related criminality has not happened overnight but is rather the result of several years of neglect and drift from the top of government. In 2019, the then home secretary commissioned an independent review of drugs policy led by Dame Carol Black, to report back within a year. Black's conclusions were stark: "Governments have de-prioritised these problems – from drugs entering the country right through to helping drug users access appropriate treatment."²⁸

Following Black's review, in late 2021 the Home Office announced a new ten-year drugs plan to "cut crime and save lives." Yet, despite the tough-sounding rhetoric, the enforcement measures contained in the plan lacked substance. There were commitments to restrict upstream flow, secure the border, roll up county lines and go after the money, but little detail about exactly how these things would be achieved; they mostly amounted to continuing to implement things that were already happening.²⁹ Given the prevailing headwinds outlined above, it is unclear whether this will be enough to drive a step change in performance.

The outcome measures were similarly vague, with commitments to reduce drug-related crime, including homicide, and to increase drug-trafficking convictions, but there was no detail on by how much or over what timescale. The commitment to close "over 2,000 county lines" also seemed underwhelming, given the government claims to have already shut down 1,500 county lines since 2019.

By contrast, the plan essentially delivers on the key recommendation of Black's independent review: a substantial increase in treatment and recovery services, with an additional £780 million of spending over the next three years to ramp up capacity, which simply brings us back to a level roughly equivalent to that which the coalition government inherited in 2010.

Improving access to drug-treatment services will have an impact on the demand for class A drugs and undoubtedly represents good value for money: Dame Carol Black's review suggests a benefit-to-cost ratio of 3.7 over three years for every pound spent. But treatment services on their own will do little to restrict the supply of harmful drugs into the UK and some would argue that the resilience and flexibility

of illicit drug markets is such that enforcement to tackle supply is in any case doomed to fail. The next chapter explores this in more detail by looking at the case for alternative regulatory approaches, including legalisation.

Examining Alternative Regulatory Frameworks

There is a growing debate about the regulatory framework for drugs and the police's role in enforcing it. ³⁰ In recent years, calls for a national conversation about the merits of a different legal framework for regulating drugs have grown, including among chief constables and PCCs. ³¹

Typically, there are three main arguments for moving to a more permissive regime for the possession of drugs:

- The desire to restrict the size of the illicit market.
- Limiting the incarceration of vulnerable drug users.
- To regulate drug use in a safer way.

These arguments deserve to be considered seriously. Below we look at each of them in turn.

Reducing the Size of the Illicit Market

One of the most obvious ways in which prohibition can be argued to increase harm is by creating a highly profitable black market. As documented earlier in this paper, much of the violence related to drugs stems from the fact that the market is dominated by OCGs and gangs who are able to make enormous profits.

It therefore seems logical that removing the legal barriers that create lucrative arbitrage opportunities should reduce the volume of associated crime. However, a more granular analysis of alternative regulatory regimes suggests it is far from clear that ending prohibition would undercut the criminal market to the extent that its advocates claim.

Spectrum of Possible Legal Frameworks

Legalisation is often used interchangeably to describe very different types of regulatory regimes. In practice, there are at least six broad types of regulation through which illegal drugs could be supplied in future.

- 1. Decriminalised possession:** criminal charges are not applied to individuals found in possession of drugs. However, it is still illegal to manufacture, sell and supply drugs to others. This approach is similar to the treatment of cannabis in Portugal.
- 2. Unlicensed sales:** sale does not require a licence. This is the system currently used for low-risk products, such as caffeine.
- 3. Licences for consumption on the premises:** essentially the system currently applied to alcohol sold in pubs and bars, where the product is consumed at the place of purchase. This is similar to the system used in Dutch “coffee shops”, where marijuana is legally sold.
- 4. Licences for consumption off premises:** this is the system used for alcohol off-licences and tobacco sales, with retailers needing to acquire a licence for sale from their local authority. This is similar to the system for selling cannabis in parts of the US and Canada.
- 5. Pharmacists:** sale can be limited to specialist pharmacy-style outlets, with trained staff and restrictions on availability, product display and so on.
- 6. Prescription:** the prescription-only model is the most tightly controlled drug-supply model in operation, whereby drugs are prescribed to a named user by a licensed medical practitioner. This is similar to the system for the heroin substitute methadone in the UK.

For the highest-risk drugs, such as cocaine and heroin, there are clearly trade-offs surrounding each different regulatory regime. Lighter regulatory regimes, such as licensed sales, would potentially limit opportunities for illegal undercutting and therefore reduce the size of the black market,³² but would be perceived as an unacceptable risk to health because of increased availability being reflected in a rise in consumption.

On the other hand, tougher regulatory models, such as prescription-only regimes, would limit availability (and presumably health harms) but risk leaving in place a sizeable black market to satisfy legally unfulfilled demand. In short, the desire to control access to stem consumption has to be balanced against the black-market opportunities that would arise.

In fact, even lighter regulatory approaches would not necessarily guarantee a reduction in the size of the illicit market. For example, despite the legal status of tobacco, the consumption of illegal cigarettes is estimated to cost the British taxpayer around £2 billion a year in lost revenue³³ and investigators have reported that the tobacco trade is increasingly dominated by Middle Eastern OCGs.

Limiting the Incarceration of Vulnerable Drug Users

It is often argued that prohibition leads to vulnerable drug addicts being unnecessarily criminalised and disproportionately contributes to high levels of incarceration.

While there is clearly truth to this in the US, it does not necessarily translate across to the UK context, with little evidence that decriminalisation of possession would make a significant dent in our prison population. For example, the current charge rate for drug possession is approximately 14 per cent,³⁴ which does not suggest it is an offence that is heavily policed. Similarly, sentencing data from the Ministry of Justice shows that, over the past five years, only 1 per cent of all those committed to immediate custody were found guilty of drug-possession offences.³⁵

Regulate Drugs in a Safer Way

Another potentially powerful argument in favour of relaxing drug laws is that it would enable dangerous drugs to be more effectively regulated which would, in turn, reduce health harms.

Clearly, with deaths from drug poisoning having risen in the UK, there would be merit in attempting to educate users about the damaging effects certain drugs can have on individual health. Yet it is by no means clear that the benefits of regulation would outweigh the costs of rising consumption, which would likely follow from wider availability.

It is currently estimated that around 2.1 per cent of the population of England and Wales are frequent drug users, with approximately 1.4 per cent having used class A drugs in the past month.³⁶ In 2020 there were 4,561 deaths related to drug poisoning within England and Wales.³⁷ While it is difficult to quantify the precise impact of regulation on prevalence, even a modest increase in consumption would translate into considerable direct and indirect costs to society, including higher public spending as a result of drug overdoses and other drug-related health problems, loss of productivity due to worker absenteeism, and more drug-induced violence, child abuse and educational impairment. Moreover, legally regulated drugs haven't always proved to be safer from a health perspective.

The US Opioid Crisis: An Illustration of the Risks of Legal Regulation?

The US opioid epidemic began in the late 1990s with the widespread prescription of opioids, such as OxyContin, to treat pain. Pharmaceutical companies had reassured the medical community that patients would not become addicted to prescription opioid pain relievers, only for it to become apparent that these medications were indeed highly addictive. The growth in prescription opioids drove up demand, fuelling a black market in non-legal opioid drugs such as heroin and fentanyl.

In terms of overdoses, the opioid epidemic is deadlier than any other drug crisis in US history, including the crack and methadone epidemics, with hundreds of thousands having died since the late 1990s. In 2017, more than 47,000 Americans died of an opioid overdose. That same year, an estimated 1.7 million people in the US suffered from substance-use disorders relating to prescription opioid pain relievers, and 652,000 suffered from a heroin-use disorder (not mutually exclusive). ³⁸ Indeed those numbers imply that, at least in terms of the number of deaths, the opioid epidemic has been much deadlier than violence related to drug prohibition in the US.

To some, the US opioid crisis is therefore a cautionary tale of legalisation, illustrating the risks of poorly implemented drug regulation, particularly in a context where drug companies can lobby policymakers for lax rules.

In summary, it is clear that over the last decade, government interventions to restrict supply have had limited success. It is also clear that this has coincided with a period in which the key enforcement agencies – the NCA, the UK Border Force and police forces – have seen their budgets reduced with drugs enforcement appearing to have been deprioritised. Quantifying how much of a sustained reduction in supply might be achievable were these agencies to be properly equipped for the challenge is currently impossible, given the absence of a meaningful counterfactual. However, it is notable that over the same period that enforcement has declined relative to the rest of Europe, the UK has also seen the consumption of class A drugs rise faster than in the rest of Europe. At the very least, this suggests that declining enforcement has contributed to the UK becoming a more welcoming environment for drugs and the associated violence that comes with it.

Moreover, as outlined above, a relaxation of drug laws with respect to class A drugs would not represent the panacea that advocates often claim. Nor would the relaxation of laws obviate the necessity for tough trade-offs. As Keith Humphreys, a drug-policy expert at Stanford University, has commented: “There is no framework available in which there’s not harm somehow. We’ve got freedom, pleasure, health, crime, and public safety. You can push on one and two of those – maybe even three with different drugs – but you can’t get rid of all of them. You have to pay the piper somewhere.” ³⁹

In the end, policymakers are faced with a range of options. At one end, there is the option of complete legalisation, with few regulations, which would be likely to achieve some undercutting of the criminal

market (though it would probably not eradicate it entirely, as the case of tobacco shows). But quite apart from the contentious political optics of legalisation, few would say that the scale of other social and health harms that would emerge were worth the risk. Meanwhile, a halfway house of regulation and decriminalisation would offer an unattractive trade-off with plenty of market opportunity for criminals and likely growing social harms from drug use too.

Under these circumstances, it would be illogical for government to give up on the objective of reducing the supply of class A drugs into the country. Clearly, however, there is a need for enforcement activity to be better resourced, prioritised and evidenced than has been the case over the past decade. And regardless of whether law-enforcement agencies are successful in restricting the flow of drugs upstream, there is a powerful public-policy interest in their doing more to tackle the organised criminal gangs that profit from illicit drug markets and fuel so much of the violence on our streets.

Conclusion

It is clear that shifts in drug markets have had an impact on consumption patterns within the UK. Specifically, an increase in the supply of class A drugs like heroin and cocaine has driven an increase in demand.

As the market has become more saturated, its dynamics have changed. Increased cocaine supply seems to have driven retail-market expansion notably, but not exclusively, in the form of county lines, while a small but increasing part of the market is conducted online or through the dark web, which may be squeezing the profits of street-based gangs.

These dynamics are, in turn, impacting the nature of crime within England and Wales. There is a connection between the growing availability of harmful drugs and the rise in serious violence, including a notable increase in the number of drug-related homicides. At the same time, the profile of those involved has changed, with those convicted of class A drug supply and serious violence getting younger.

These shifts in both supply and demand have coincided with a fall in drug-related enforcement activity. Seizures of class A drugs are lower than they were a decade ago as are the number of offenders being caught and convicted. This reflects a combination of factors, including pressure on police budgets, changing priorities (with a growing emphasis on other offence types) and a lack of focus from the top of government. While it is difficult to be precise about the role of enforcement in reducing supply, it is notable that over this period, consumption of class A drugs has grown faster in the UK than the rest of Europe.

The net result has been to turn the UK into an environment in which drug dealing has become more attractive and which, in turn, has contributed to the surge in serious youth violence.

The enforcement route is clearly tough and can be thankless. Making progress requires resources and a relentless prioritisation and focus. But the alternatives – involving various shades of regulation – are largely a mirage. Enforcement is likely to remain the only show in town for the foreseeable future, so the government urgently needs a strategy for reversing declining trends, especially if it wishes to deliver on its commitment to “level up” left-behind communities blighted by drugs and violence.

Recommendations

A New Focus on Enforcement

The government's new drug strategy contains some welcome commitments around "breaking drug supply chains" and making the UK "a significantly harder place for organised crime groups to operate" but it lacks substance on the detail of how the fall in enforcement activity will be reversed. This ought to be an urgent priority for the home secretary.

We recommend that the government commits to a root-and-branch examination of the barriers to enforcement around drugs. Fundamentally, this needs to involve a proper consultation with law enforcement on the powers, tools and resources they need to:

- improve the detection and prosecution of drug offences.
- seize the assets of organised criminals linked to the drugs trade.
- drive up seizures of class A drugs, such as heroin and crack cocaine, so that the UK is not lagging behind the EU.
- rebuild proactive policing capability, which is key to tackling drug markets and gangs.
- harness new technologies in disrupting the activities of OCGs and preventing the exploitation of vulnerable adolescents within county lines.

To drive momentum, the home secretary should consider setting more ambitious and specific targets around enforcement than those currently enshrined in the drug strategy so that law-enforcement agencies are properly incentivised to bear down on the problem of the rising availability of class A drugs. For example, this might include an objective to reduce the number of young people who say they've used class A drugs over the past year, or to increase the number of drug traffickers brought to justice.

A Review of Policing Structures

As part of a renewed focus on drugs enforcement, the government should ask Her Majesty's Independent Inspectorate of Constabulary to review whether current policing structures are fit for purpose, including an analysis of:

- whether the Home Office is doing enough to direct law enforcement at a national level.
- where responsibility lies across the 43-force structure and specifically how resources are allocated between the NCA, regional organised-crime units and individual police forces.
- whether there is a need to rebuild a specialist capability around drugs enforcement within policing to bear down on drug markets, similar to the role drug squads used to play.

Better Research and Intelligence

There are currently significant gaps in the intelligence picture. In particular, government and law enforcement do not have a detailed understanding of drug-market structures, with respect to the relationship between wholesale, middle-market and retail levels and how OCGs interact with street-level gangs. This is a function of the relative deprioritisation of illicit-drugs enforcement over the past decade and a general failure to prioritise upstream intelligence, for example, during police investigations into homicides, which tend to focus narrowly on identifying the immediate suspect(s).

We recommend that the government works collaboratively with universities to develop a comprehensive research programme to explore the nature of drug markets, both internationally and within the UK, and their relationship to violence.

Charts created with [Highcharts](#) unless otherwise credited.

Footnotes

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