



**Prifysgol Cymru**  
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**University of Wales**  
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*Would the legalisation of drugs be beneficial to the health services and  
emergency services in the UK?*

A Dissertation submitted for the Master of Criminal  
Justice and Policing 2021

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## DECLARATION/ STATEMENTS PAGE

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed        Rebecca Anne Sandford    (Candidate)

Date            26<sup>th</sup> March 2021

### STATEMENT ONE

This work is the result of my own investigations, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed        Rebecca Anne Sandford    (Candidate)

Date            26<sup>th</sup> March 2021

### STATEMENT TWO

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Signed        Rebecca Anne Sandford    (Candidate)

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## ACKNOWLEDGEMENTS

I would like to express my sincere thanks to my dissertation supervisor, my learning support, for their help and guidance and enthusiasm throughout the whole dissertation process.

I am also very grateful to the working professionals from Gwent Police and South Wales Police, taking the time out during the current climate of Covid – 19 to complete my dissertation interview.

Finally, to my family, friends and loved ones, I would like to thank you all for supporting me and giving me the boost that I needed when I was not motivated and who pushed me to get where I am today. If it was not for my family pushing me all the time I would not be where I am today or the person I am.

## ABSTRACT

The aim of this study was to analyse the question “*whether the legalisation of drugs would be beneficial to the emergency and health services in the UK?*”.

Throughout the analysis and the studying of the relevant literature review, the researcher was able to find many aspects of useful research to achievement and theories which was applied and used for the theoretical background for this project. To prove that my hypothesis is correct, to verify what the working professionals said and to verify what they said linked together; there was an online survey sent out, on social media.

The results from the findings showed that there were very mixed views on drugs becoming legalised and becoming beneficial for the emergency services. However, it was found that there were positives if it was legalised for the purpose of medicinal reasons. There were 124 participants for the online survey however not every participant took part in every question. For the interview there were three working professionals from Gwent and South Wales Police that took part as well. By combining the information that had been gathered for the dissertation, the researcher was able to offer recommendations made with regards to the legalisation of drugs which would be beneficial to the health and emergency services.

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## CHAPTER ONE - INTRODUCTION

The main research of this article is on whether the legalisation of drugs would be beneficial to the health and the emergency services in the UK. Furthermore, as the initial chapter, that then leads onto the whole article, this chapter will consist of the researcher conducting the relevant proceeding and the reason for the research by following the principles of properness. There will be a detailed description of the fields and the background relating to the study, as the researcher will also be introducing the research purpose and the research hypothesis for this study, and the direction of research that is going to be demonstrated and implemented within the study.

## RESEARCH BACKGROUND

Throughout the years it can be argued that there has been an increase of drug use and also an increase in what started off being uncommon and hardly talked about topic, which only celebrities and the upper class could afford or being seen to take part in those sorts of activities. In today's era, it being a common and more talked about topic in people's everyday life, is all down to the number of people becoming more intrigued to try these new types of drugs and also the peer pressure that is more common in today's society. With their also being many countries that have now legalised specific types of drug, in line with certain laws and rules, this now makes certain countries and cities a tourist attraction. The current drug trade is pulling in £200 billion every year, back in 2010 it celebrated 50 years of its illegality (Nutt et al, 2010).

In recent years we have seen the number of users and deaths increase, this is due to there being an increasing demand for specific drugs (Sajid, 2018). In November 2018 it was announced by MP Sajid Javid – the then Home Secretary, that medical cannabis was to become legal for medical use (Javid, 2018). However, since this drug has been legalised in the UK for medicinal reasons, doctors are finding it impossible to get access to it. This all falls down to rescheduling, even though certain drugs are already difficult to access on the NHS. Due to the rescheduling, it has left herbal cannabis and cannabis oil not being able to go through this formal licensing process. This is down to the type of products being manufactured to a high standard, which then leads onto them not being formally licensed as medicines. This then leads onto NHS professionals not having access to the correct or needed treatment. It could be argued in this aspect of a situation, that medicinal cannabis should be accessible for whatever patient needs it, as medicinal cannabis can help control; MS, cystic fibrosis, multiple sclerosis and severe forms of epilepsy (Sumnall, 2019).

Then leading on from this, and from looking at the most current ONS (Office National Statistics) from looking at **Appendix four**, it can be shown that over the years there has been a drastic increase in the number of drug related deaths throughout England and Wales. As back in 1993, the number of deaths from all drug poisoning and for all ages for England was 2,069 and in Wales was 94, whereas looking at the latest statistics for 2018 for all ages, England was 3,359 deaths and in Wales 327 (ONS, 2019). That year was Wales's highest number of deaths due to drugs. These are extremely high numbers of deaths and without a doubt they drastically increased over the next few years, especially with the current climate of Covid-19. Would the UK and police forces therefore benefit from the move that Portugal made to legalise

all drugs? Portugal legalised all drugs back in 2001 and since then have seen a decrease in the number of deaths and HIV cases, however if a person is found in possession a large amount of drugs then they can still be arrested with intent to supply drugs. Since the agreement to legalise drugs in Portugal they have seen 3 drug overdoses for every 1,000,000 citizens; could this be the right move forward for the UK and see the number of deaths in England and Wales go down to double digits? (Ingraham, 2015). Local MP Molly Meacher back in 2014, argued her case for legalisation for drugs in the UK to be agreed but with very strong regulatory terms, and in her eyes believes that this is the safest option for the UK (Meacher et al, 2014).

## AIMS AND OBJECTIVES

The aim of this dissertation is to research whether the legalisation of drugs would be beneficial to the health and emergency services? In order to achieve this, there are key research objectives which are;

1. The current issues the UK is facing with drug problems and has Covid – 19 caused an increase on the use of drugs.
2. The UK's statistics of the drug overdose death rates or drug related deaths.
3. What positives would come from legalising drugs in the UK on the health services and emergency services?
4. What would the negatives be from legalising drugs in the UK for the health and emergency services?
5. The success from other countries throughout the world that have legalised drugs; some countries being all, and some being only certain drugs.

The primary data that was collected and analysed in order to achieve these objectives, focused on the *qualitative*, with interviews from professional working backgrounds within the policing sector, and then the *quantitative* research, which consisted of online surveys finding out what the public's opinion was compare to the working backgrounds.

## STRUCTURE OVERVIEW

For the research to be carried out, an overview was done to show the structure for the dissertation in logical order of implementing the study target.

Chapter 2 will be the literature review that discusses the research in depth and the relevant study results into the benefits of the legalisation of drugs on the health and emergency services to achieve my goal for this dissertation.

Chapter 3, is the methodology, outlining an overview from the literature review and which will outline the specific research philosophies that will be used and the approaches to achieve proving my hypothesis is correct or not.

Chapter 4 will include the collecting the findings of the primary research data and analysing the data collected, in order to discuss the research results.

Chapter 5 will be a conclusion gathered from all the data that has been collected and will propose suggestions on the legalisation of drugs becoming beneficial for the health and emergency services if they were to become legalised.

Chapter 6 will consist of recommendations and all the appendices and all the results to the online surveys answers.

## CHAPTER TWO - LITRATURE REVIEW

Throughout the years we have seen various countries that have legalised, if not all but some drugs, which has turned into a success and have decreased the number of deaths and HIV cases. If the UK was to legalise all drugs in the way that Portugal, Amsterdam and Switzerland have, where they have strict rules in place, should the UK be following in their footsteps? The drug war is on the decrease, but the number of drug related deaths are also on the increase and is now a public emergency (Stock, 2019). We begin to learn that over the last quarter of the 20<sup>th</sup> century, the UK's drug problem has worsened. Even with the UK government's approach and the commitment from the Criminal Justice System, other agencies and resources have reported that if something is not done, it is only going to get worse before it can get better; perhaps now is the time to act before we see an even higher number of drug overdose deaths (Stevens et al, 2008)?

In the UK drug misuse is known to be one of the major social, legal and public health challenges in the modern world, with the drug misuse industry, health, social and crime related costs being between £10 billion and £16 billion per year (Nutt et al, 2007). In the past decade we have seen the number of individuals using drugs illegally increase by 30% to an alarming 269 million, and of that number there are some 35.6 million of those people suffering drug use disorders (O'Dowd, 2020).

However, alongside all this, the UK is currently been faced with a global pandemic known as Covid- 19, which the current drug industry could end up being faced with the situation worsening due to the current restrictions and boarder closures which could later result in shortages in drugs being sourced locally, which then leads onto

impact factors of drugs prices being increased and the purity being considerably reduced (O'Dowd, 2020). Not only will those issues increase with covid-19 but there has also been an increase on the county lines drug running. For example, over three days in September 2020, the Metropolitan police set up a three-day Operation called "Operation Pandilla" where they used ANPR (Automatic Number Plate Recognition) and intelligence to target vehicles on arterial routes and motorways. As a result of the Metropolitan Operation they made 230 arrests, including for attempted murder and assault, as well as a range of drug offences and weapon offences. From Operation Pandilla, 22 knives and other offensive weapons, 54 vehicles were seized and with a further 62 illegal items; some of which were drugs. This was just a small operation that is most likely to be going on throughout the UK, with an increase in the number of county lines drugs on the increase (Sky News, 2020). It is not just the Metropolitan that are currently running County lines drug operations, but also South Wales Police alongside the British Transport Police (BTP) who have also been running their own operations in line with police forces throughout England and Wales in order to crack down on county lines drugs, that was funded by the Home Office. During their operations combined with a variety of police forces, they have carried out 657 arrests since November 2019, of which 276 of those arrests were made by the BTP. During those arrests they also seized £63,000 in drugs, £108,000 in cash and 38 weapons were removed from the rail (Rail staff, 2020). The impact that Coronavirus has had on individuals has been tough enough for individuals throughout the UK. However, it has come to light that there has been an increase in the use of opioids, since there has been an increase of unemployment and traumatic isolation which has all been due to the recent lockdowns (Sparkman, 2020) (Batty, 2020).

Throughout, the Ministry of Defence have also seen an increase in the number of military personnel who are failing CDTs (Compulsory Drug Testing) due to testing positive for drugs. In 2017, the BBC was able to report that there was a high rate of positive compulsory drug tests results from the British Army. Here the data is looked into from 2003 to 2009 and, in particular, the change from cocaine to mephedrone. The CDT's are looked at very closely by the UK parliament and is also key in the press's eyes. In 2007, the Army's CDT's were looked at closely, as at the time the Army personnel were engaging in military operations in Afghanistan and Iraq, where it was found a number of soldiers had tested positive for cocaine. This amounted to a loss of 600 battalion personnel due to failing these tests (Bird, 2018). During this time the operations in Iraq were calming down and coming to an end but escalating in Afghanistan, which led to more personnel turning to cocaine to combat stress within the Army (Bird, 2018). Looking at **Appendix three** we see that the Army decided to start testing Privates from Monday to Wednesday to try and catch people out, as they believed that Privates were more likely to take cocaine on their weekend leave (Bird, 2018).

The (Ministry of Defence) MoD released data under the Freedom of Information laws which showed that around 660 soldiers and reservists had failed their compulsory CDTs, which was equivalent to a battalion. These statistics come from 2019, and with the current situation of Covid-19 and the UK being on lockdown for a considerable amount of months, it has left the army unclear whether the drugs supplies have effected army members, but (equally) this disruption has led to fewer tests being done (Busby, 2020).

In 2019 the NHS published from National Statistics the data on Drug Misuse in England and Wales. The current statistics for drug use is 3.2 million people in 2018 to 2019 took drugs between the ages of 16 to 59 years old (NHS,2019) and from looking at the recent statistics on the NHS it can be argued that more drugs have been discovered, since back in 1996, when it was believed that the NHS had seen the highest spike in drug use among adults. With the drastic increase and demand for illegal highs in recent years, we have seen the number of police resources become stretched and also their tackling a larger scale problem. In 2018/19 it was found that 2.6 million people ages 16 to 59 smoked cannabis, this is because cannabis is known for being a gateway drug into getting people addicted and for them to then become more intrigued and go down the route of experimenting with other drugs afterwards (NHS, 2019).

When comparing these statistics from Portugal it can argue that since they legalised drugs back in 2001 there has been a drastic decrease in the number of deaths and HIV cases (Greenwald, 2009). This could be due to there not being so much of a thrill in buying the drugs illegally. However, on the other hand, there are cities such as Amsterdam that can attract many tourists; one of the many reasons for this becoming a tourist attraction city is that they have legalised marijuana. This then goes on to create an attraction for the younger generation who see it as a thrill-seeking adventure to travel over to that country/city. Skelton's report (2019) identifies that even though it is legal in Amsterdam to smoke marijuana there are still strict rules and regulations that are to be followed. For example, you have to be over 18 years old and there is a strict policy where you can only smoke one joint and have to wait two hours before the next ,as your system may not be used to the strength of

marijuana that they source “*relationship of the Dutch to drugs*” where the policy is directed by an idea that they will decide about their own health (Skelton, 2019).

However, it could argue that even though they have these rules and regulations in place, what is not stopping those tourists going from one place to the next to have another joint, where they could end up getting sold more marijuana only if they believe that you are not under the influence or have had too much which has resulted in tourists not listening to the rules and not allowed enough time for your body to process what is in your system.

From this report (Skelton, 2019) we learn that the way in which Amsterdam works in the way of legalised marijuana, is that it is legal to be sold in coffee shops, in small portions, with NO advertisement of drugs, and is only to be sold to adults and no minors to be on the premises. It can also be learnt from Skelton’s article that the Dutch have a twofold approach, the way in which they deal with drug abuse is through educational measures, with them closely monitoring the scene of drug abuse and fighting the consequences of the drug abuse by using health measures such as; free testing of the ecstasy pills, a free syringe exchange program and the supply of free methadone (substitute the heroin) this is for people on the heroin users program (Skelton, 2019).

So even with Amsterdam, legalising “soft drugs” they still have other measures and policies in place for those who are going down the route of ‘rehab’ and also for those who are addicts, in order to make sure that they are as safe as they can be.

it is clear that they have been the positives from the countries and cities that have legalised drugs. First off there is Portugal, where back in 2001 they legalised all

drugs. However, you can still be arrested and charged for having large quantities of drugs on one person's possession, and where they believe that you are going to be selling drugs (Ferreira, 2017). Whereas if their statistics are compared to the UK statistics on drug related deaths, it can be argued that from 1993 where it was only 2,178 deaths compared to 2018, the most recent statistics, where it shows a huge increase of 4,359, which can be found at **Appendix four** (ONS, 2019).

As of March 2020, the UK declared a global pandemic and set the UK down into lockdown, which in some parts of the UK have seen a huge spike in drug use, like Glasgow. Scotland is currently the country with the highest drug related deaths in Europe, and not only that, they have had a rapid spike in HIV cases which is now causing Glasgow a public health crisis (Galban, 2020). Much of this is down to local members not being able to get to the clinics that have been provided, due to "lockdown" which has not only caused a spike in drug use in Glasgow but throughout the whole of the United Kingdom (Galban, 2020). With the death rate reaching crisis level, Glasgow is pulling out every stop and support in order to turn things around. However, 2020 has not been a typical year for everyone, with there being a global pandemic and countries around the world going into lockdown. Typically, this has left drug users feeling vulnerable and having nowhere to turn.

Superintendent Tim Ross, from the Scotland's Safer Community division said, "Prior to lockdown, the numbers of deaths had gone down slightly" (McGivern, 2020).

However, since the pandemic struck, Scotland got hit with the pandemic and lockdown, which gave suggestions that there has been a slight increase since. Has this pandemic left other parts of the UK as badly effected as Glasgow? It was found that during the times of lockdown in England and Wales, drug crime rose up by 44%

compared to the same time back in 2019. During April 2020, it rose by 22%, to a figure of 16,750 and in May it rose to 44% with there being 20,068. Whereas compared to 2019, in April it was 13,535 and by May it had risen to 14,343 says the Office For National Statistics (Thompson, 2020).

In 2018, the UK made it official that the laws on medicinal cannabis were going to change. The legislation behind cannabis still comes under the Misuse of Drugs Act 1971 but, is yet to follow down the lines of countries like Canada and many U.S states, the Netherlands, South Africa and Lesotho. When the NHS carried out their two-year study it was found that only 10% of the users became addicted, compared to the 15% of alcohol users and 32% of smokers (Gonzalez, 2018).

Nonetheless, in November of 2018, medicinal cannabis was given its approval. Over the two years of the NHS study see medical cannabis was prescribed to up to 20,000 UK patients. If proven successful, this would convince the authorities to allow more widespread use of medicinal cannabis and for this to be included in new legislation (Gonzalez, 2018). When the law was finally changed back in 2018, medicinal cannabis went from a schedule one, which means that it has no medicinal value, to a schedule two, which allowed doctors to prescribe it under certain circumstances. This then enforced a change to the Misuse of Drugs Regulations 2001 (Sumnall, 2019).

In September 2019, the government published their long awaited drug policy on medicinal cannabis, explaining their new policy on the use of medicinal where even though cannabis remains as a Class B drug under the Misuse of Drugs Act 1971, there are now routes to access these products through medicinal use as set out

within the Misuse of Drugs Regulations Act 2001. This typically done through medicine with a marketing authorisation; which can be part of a clinical trial (Gov.uk, 2019).

However, since this law has been passed, it has left many NHS patients feeling frustrated due to being denied access to cannabis treatment (Sumnall, 2019). In 2019, the actions of the Home Office decided to change the policy again which left two farmers Patrick Gillett and Ali Silk forced to destroy 40 acres of their crop which they had grown on their farms in Oxfordshire. Whereas in 2018, when the laws were changed on medicinal cannabis, this allowed the farmers to grow the cannabis but more recently in in 2019, where they were once again been told to destroy their crops and were both told that they could no longer harvest cannabis oil, or CBD (McDonald, 2019). This has meant farmers like Patrick and Ali have been given the green light to grown medicinal cannabis in 2018 by the government, which then got changed in 2019. Which has meant that their 40 acres of medicinal cannabis that had been grown had to get destroyed. Why are we seeing crop get destroyed for medicinal purposes when the government has legalised it? We are seeing progress moving forward then it is getting taken away. The amount of money both farmers would have thrown away from destroying their crops, could make them very reluctant to grow the crop later on in the future.

Despite these innovations, over the years, we have seen the number of users and deaths increase, which is due to there being an increasing demand for specific drugs (Javid, 2018). In November 2018 it was announced by the then Home Secretary MP Sajid Javid, that medical cannabis was to become legal for medical use (Javid, 2018). However, since this drug has been legalised in the UK for medicinal reasons, doctors are finding it impossible to get access to it. This all falls down to

rescheduling, even though certain drugs are already difficult to access on the NHS. Due to the rescheduling it has left herbal cannabis and cannabis oil has not been able to go through this formal licensing process. This is down to these types of products being manufactured to a high standard, which then leads onto them not being formally licensed as medicines. This then leads onto NHS professionals not having access to the correct or needed treatment that is needed. In view of this a case could be made that in this situation, medicinal cannabis should be accessible for whatever patient needs it, as medicinal cannabis can help control; MS, cystic fibrosis, multiple sclerosis and severe form epilepsy (Sumnall, 2019). In 2018, finally, medicinal cannabis was approved in November of that year, with many patients believing that they would be able to gain access to it. Unfortunately, however, still to this date, patients are unable to get a prescription. Moreover, since it has been legalised, there have only been 12 NHS prescriptions and less than 60 prescriptions in total. Yet, in a recent survey completed by patients at the Centre for Medical Cannabis, it was found that 1.4 million patients were using cannabis for medicinal reasons. However, despite it being all good and well legalising medicinal cannabis, there are still underlying issues with the cannabis (Schlag et al, 2020). There are certain factors such as;

- Lacking education on medicinal cannabis, many off license doctors have not had the correct training, so will not know how to prescribe the right dosage.
- Other factors include; mental health effects, psychosis and becoming dependent on it. With current research data suggesting that using street “cannabis” in high levels is likely to have those adverse effects, although this is not set in stone (Forti et al, 2009)

- The cost for it is currently at its highest, which then ends up leaving families paying private for prescriptions that can amount up to £40,000 a year after the NHS as clinicians do not prescribe it (Wickware, 2019)
- Importation and supply chain issues, with the current situation of lockdown and Covid-19 this would have an impact on the importation and supply chain. However, this is not currently the case as the Government has loosened the restrictions and is now allowing bulk importation, non-patient specific and importation which now should improve delivery time, and which should see a decrease in the cost of medicinal cannabis.

In 2018 the Office for National Statistics (often abbreviated to the ONS) released their current figure for drugs- related deaths for England and Wales. In that year there were 2,917 deaths from illicit drugs, this was an alarming 16% increase from 2017. Which means that there are about 40 people that are dying from illicit drug-related deaths. This is then equal to 51 deaths per million of the population in England and Wales, which is more than double the European average which is currently at 22 per million and that is also 12 times over what constitute Portugal's drug rate deaths.

Over the years we have seen new drugs created that has also seen an increase in a spike in the number of drug related deaths. For example, between England and Wales, they are currently facing their highest rate of deaths with MDMA ever, with the death rate being at 1.5 per million (Royal Society for Public Health, 2020). The European Monitoring Centre has published its latest figures for the United Kingdom and Portugal for 2019, and looking at the statistics for 2016, the UK when compared to Portugal is alarming, with the UK having some 34,1576 high- risk opioid users

compared to Portugal, who have 33,290. Much of this can be attributed to Portugal legalising all drugs back in 2001. In 2016 the UK had 3,256 deaths that were caused from drug overdoses, whereas Portugal only had 30 in 2016 (European Monitoring Centre, 2019).

With just some of these alarming figures on drug related deaths, it is perhaps better rather than later to make a change to this situation and help support those in need with new and better policies and support groups and organisations for people in desperate need. Dr James Nicholls, who is CEO of Transform Drug Policy Foundation believes that all deaths can be avoidable. With Dr Nicholls, having noted six years of record deaths, he now says “the Government must act now, and with their intentions of keeping people alive” (RSPH, 2020). Dr Nicholls believes, that at the moment, the current policies that have been put in place are not protecting people or their communities, instead it is obstructive measures that are put in place for organisations to save people's lives. Measures that have been put in place and are currently being obstructed by the current Government policy, are things such as a supervised drug consumption room or a heroin prescribing clinic (RSPH, 2020). However, MP Molly Meacher is in favour and believes that the way forward is to introduce and promote clinics for drugs users in order to help control this issue before it completely spirals out of control. She has argued that as long as there is strong regulatory terms in place this is the safest option to crack down on drugs and the number of deaths (Ingraham, 2015). Linking this to Molly Meacher's approach to legalising drugs under a controlled environment like Switzerland, is a Heroin-Assisted Treatment known as HAT, where they aim to combat the strain on public health risks which is mainly caused by heroin being used on the street. HAT

treatment is less commonly used for heroin addicts as they commonly use Opioid Substitution Treatment (OST). Typically, HAT is used as a last resort when all other routes prove to be ineffective and they become unresponsive to the treatment (Transform Drugs, 2020). Other Countries like Switzerland have been unable to stop increases in drug using and taking and saw a significant increase in HIV cases due to the increase in needle sharing and the numbers of deaths began climbing! The country was seeing people die in front of some of Zurich's most beautiful hotels, and at political building in Bern. This is when in 1994, Switzerland decided to pass one of the world's most controversial drug policies in the world, dispensing heroin (Knopf, 2019).

In contrast, Portugal has legalised all drugs in order to control the number of drug related deaths. In 2001, Portugal took the decision to legalise all drugs as the State was in a panic. Álvaro Pereria who was a family doctor working in the Southern part of Portugal, said "people were injecting themselves in the streets, public squares, gardens" (Ferreira, 2017). Until they legalised all drugs, Dr Pereria remarked that, "not a day passed where there was not robbery at a local business, or a mugging". Portugal legalised all drugs for the use of personal possession in all drugs, however it is still a criminal offence to be in possession with intent to supply an illegal substance. They decided that if members of the public were found in possession of small quantities of drugs, they would treat them as mental health issues.

Significantly, for every Portuguese adult, there are three drug overdose deaths for every 1,000,000 citizens, whereas in the UK it is 44.6 per million. Since the legalisation took place, the country has seen a huge development, with an overall decrease in the number of HIV infections, and drug related deaths have decreased

(Ferreira, 2019). Not only have they had the decrease in those factors but, they have decided to adopt a more health centred approach to drugs (Transform Drugs,2018).

As this chapter comes to an end, the overall picture from the information that has been gathered, is that the UK has always had a big issue with the number of drug cases, deaths and drug dealing. We learn that this is not something new and that it has only increased due to the ongoing demand in people wanting drugs. This, in turn, has highlighted that something needs to be done in order to control the problem, and the UK needs to follow in the step of countries like Switzerland, Portugal and cities like Amsterdam. Which from the research assembled, shows that the number of drug overdose deaths in Portugal are down to about 40 people dying from drug related deaths (European Monitoring Centre, 2019), compared to the UK where there are at 2,971 (ONS,2020). This strikes out that something needs to be done before it gets worse but unfortunately in March 2020 the UK was hit with a global pandemic called Coronavirus -19, which has meant that all parts of the UK went into a lockdown, and that key services that had been available to people going through rehab stopped, and clean needle clinics' doors shut, meaning that this would have an impact on people getting clean needles which would lead onto an increase in HIV cases.

In the opinion of this researcher, from the research that has been gathered, the UK needs to make changes moving forward in order to help those people struggling and also to decrease the demand on the NHS and the number of drug related deaths.

We learn from the other countries that policies and laws that have been put in place, for example; an heroin assist clinic in Switzerland that does not allow people to leave the clinic to inject heroin, that it is all done under supervision and the correct dosage

is given to each personnel, would be a good start for the UK to follow in their footsteps, helping to make sure that the correct dosage is given out and it is all done in a controlled environment and not on the streets where needles would have been shared.

## CHAPTER THREE – METHODOLOGY

### INTRODUCTION

In the last chapter the researcher reviewed the relevant literature on *whether the legalisation of drugs would be beneficial to the health and emergency services in the UK?* For the next step of the study, the research process and the methods that are going to be undertaken to analyse whether my hypothesis is correct or incorrect will be duly considered and outlined.

### AIMS AND OBJECTIVES

The research that is going to be conducted is “*whether the legalisation of drugs would be beneficial to the emergency services and the health services?*” and the objectives will be;

- Looking into whether Covid 19 have had an impact on the number of drug users and deaths, which has caused the emergency services and health services much strain alongside Covid 19.
- Has Covid- 19 caused a spike in people using drugs?
- What would the negatives be on the emergency services and health service if all drugs were to be legalised? And finally;
- The successes from other countries that have legalised all drugs or all drugs

These objectives will researched and tested to assess whether my hypothesis is true or not, this will be done by going through secondary research that has already been discussed by philosophers and which will provide key evidence on whether my hypothesis is right, and that drugs should become legalised to help the emergency services and the UK health professionals.

The way in which the research is going to be conducted and gathered is through testing my research hypothesis, through putting both 'open and closed questions', to my participants who have been recruited through social media for the purpose of conducting primary research; each participant that is recruited will all be over the age of 18. Also, in addition to that, there will be a number of interviews being conducted via Microsoft Teams or Zoom calls, and the participants that have been recruited for the interview are all from a professional policing background; either from Gwent or South Wales Police.

Notably, Fischer (2004) states that a good(?) research methodology is a study which raises all types of philosophical questions for the researchers to know, and to check the availability of their knowledge.

## RESEARCH DESIGN

Saunders et al (2007) states that, the research design will be the general plan of how to answer the research questions and it should contain:

- Clear objectives derived from the research questions
- It should specify sources from which data is collected
- Consider the constraints that the researcher will have access to and data, location, time and money
- Discuss ethical issues

The research design that will be used when conducting my dissertation shall be descriptive. This type of research design is used as a plan that is specifically created to answer the research question and to control the variance. Descriptive research has been identified as systematically and accurately portraying the facts and

characteristics of a given population or area of interest (Hale, 2018). This makes it suited my research.

The materials that are going to be used for this part of the research are going to include items such as; an interview. In addition, my three professional participants are going to participate in an interview where an ethics form will be handed out virtually, due to the current climate with Covid- 19. The interviews may have to be conducted via a Teams meeting, Skype or Zoom, where a digital copy of the form shall be sent out. Other ways in which the research is going to be carried out and data collected, is via questionnaires where there shall be 10 questions which will be restricted to over 18's. An example of what the questions are going to ask will include;

1. Have you ever been tempted to try an illegal substance?
2. Do you think the UK will benefit from drugs becoming legalised and will help this decrease the crime rates?

The questions being asked for the interview will be slightly different and be more specific to their job role relating to the legalisation of drugs. The questions that will be asked will be along the lines of;

1. Do you think legalising drugs would be beneficial to the health care service (NHS)?
2. If drugs were to become legalised do you think there would be a decrease in the crime rates?

## PHILOSOPHIES

We learn from Saunders et al, (2007) that a research philosophy depends on the way you think about the development of knowledge. Researchers believe that there are three layers of approach to a research philosophy; epistemology, ontology and axiology (ethics and value). Mixed methods is defined as the class of research where the researcher mixes or combines quantitative and qualitative research, techniques, methods, approaches, concepts or languages into a single study (Johnson et al, 2004).

There are strengths in using mixed methods, such as; it can be used to increase the generalising of the results and it can provide strong evidence for the conclusion through the findings. Using mixed methods can also widen a broader and more range of complex questions that can be used in a single method or approach.

However, there are also weaknesses in using mixed methods, as it can be difficult for the researcher to carry out qualitative and quantitative research and it can be time consuming (Kaur, 2020). Pragmatic mixed methods approach uses any reasoning from qualitative or quantitative research suitable for producing research findings which are both defensible and usable (Johnson et al, 2007 page 14-26).

The philosophy of positivism follows the view that only factual knowledge is gained through observation. The researcher from the studies is limited to data collection and interpretation from an objective viewpoint. The researcher's study of positivism is an independent form of study and there are no requirements for participant's interest within the study (Wilson, 2010). For this research study, positivism has been used in order to analyse statistics from Office of National Statistics for Drug related deaths in England and Wales.

On the hand, the philosophy of realism relies on the idea of independence of reality from the human brain and the philosophy is based on the assumption of a scientific approach to the development of knowledge. This philosophy can be divided up into two sectors;

Direct realism: this is known for being the “what you see is what you get” method or it is also known as ‘naïve realism’, where it portrays the world through the views and vision of each individual (Saunders et al, 2012).

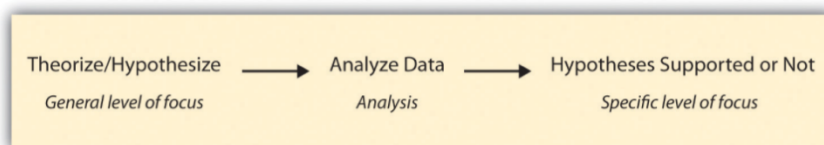
Critical realism; more so, it is argued, states that humans do experience the sensation and images of the real world. However, according to critical realism, sensations and images of the real world can be deceptive and can sometimes portray the real world and not the way it is received (Novikov et al, 2013).

Interpretivism which can also be known as interpretivist involves researchers to interpret certain elements of their study. It is also associated with philosophical position of idealism, which is also used to group together diverse approaches and also includes sectors such as social constructivism (Myers, 2008). There are many disadvantages of interpretivism one of them being with this philosophy relates to the subjective nature this approach has lots of potential for bias on behalf of the researcher. Interpretivism prefers humanistic qualitative methods.

## APPROACHES

The Deductive approach is the method concerned with developing a hypothesis where there is already an existing theory, which then leads onto designing a research strategy to test out that hypothesis (Wilson, 2010). When choosing a deductive approach it is often associated with a scientific investigation. It can be

found that the researcher will study what other people have done, read existing theories of whatever phenomenon they have been studying and will then test out the hypotheses that has emerged from those theories. The deductive approach is also applied to the theory of development in relation to the quantitative research, this was used for the online surveys, where an existing theory was used to shape the research process (Saunders et al, 2016).



(Figure one)

There are advantages when it comes to choosing a deductive approach; it gives the possibility to explain casual relationships between concepts and variables, it is also to measure concepts quantitatively and to generalise research findings to a certain extent.

The inductive approach on the other hand, is where the researcher uses the data that has been collected to explore all the patterns and themes which then creates a conceptual framework. This approach also allows ideas and approaches to become explored more widely. This approach applies particularly to the qualitative research process when it came to interviewing my working professionals.

## STRATAGIES

The strategies that will be used when undertaking the research will include surveys – which are defined as questionnaires that will be participated in by participants online.

This is classed as a useful tool for the research that is being undertaken in my study (Fox,2009).

There are going to be 3 male participants all from different working background sectors. Participant one – is a Male Inspector from Gwent Police. Participant two – is a paediatric nurse who specialises in rehabilitation, and participant three is a Police officer from South Wales police who is on TST (Tactical Support Team). These three participants are key for this research as they will have many years of knowledge of working with and dealing with drug abusers, users and dealers. This should lead to them giving their open and honest opinion on whether drugs should be legalised. This will be necessary to confirm or disconfirm my hypothesis theory (see above).

## PROCEDURES

The research methods that have been chosen are therefore quantitative and qualitative. The reason why both of these have been chosen is to provide a mixed methods approach which will be used for this project and the term refers to collecting and analysing *both* qualitative and quantitative methods (Shorten, 2017).

Mixed methods is an emergent methodology of research that advances the systematic integration or the term, mixing, which is used to describe the mixing of quantitative data and qualitative data within a single investigation or sustained programme of inquiry (Shorten, 2017).

Quantitative research will be used for the online surveys (questionnaires).

Quantitative research is the numerical representation and manipulation of

observations with the purpose of describing and explaining the phenomena that those observations reflect. Back in the 1980's quantitative research would be described as social research that employs the ways in which quantitative research explains the phenomena. This is where my literature review comes in, where all the research that has already been developed on this topic and will be looked into in more depth.

Qualitative research will be used for the interview element of the research. As one of the main aims for the qualitative research is to be able to understand the social reality of individuals as close as possible to the way in which the participant feels or lives it. Following a qualitative approach is exploratory and seeks to explain the "how and why" of a particular phenomenon, behaviour and how it functions in a particular social context (Denzin et al, 1968).

## SECONDARY RESEARCH

Secondary research was used as the main body of this project when writing this dissertation, as it involves using data that already exists. The existing data is summarised and collected to increase the overall effectiveness of the research (Church, 2002). The person who is doing the research uses the data that has already been collected to analyse and examine the work, in order to help answer the researcher's question. Secondary data can be sources from books, personal sources, journals, newspapers, websites, and government records. The secondary data that is collected can be analysed and can be carried out quantitatively or qualitatively, but all depends on the sort of data that the researcher is collecting.

For this research project the secondary data that will be collected contains both quantitative and qualitative data, as it contains numerical data and also includes in-depth information on the study as well (Formplus blog, 2020).

## DATA COLLECTION

Data collection, is known for being the primary part of the researcher's project and is more often than not, described as being an independent study of the project which can include; conducting surveys, interviews, questionnaires, focus groups and test marketing.

For this particular research project, the sections of primary data that will be used are; online surveys. This method was chosen as it is accessible for everyone and will give a variety of data to be analysed. Another method that is being used for this project is interviewing, which is another great way of varying the data collected as this part will include having various members from different police forces and of different ranks and roles, providing information.

When the data is collected it then becomes of a sensitive nature so there will be plans put in place in order to keep the data safe and confidential. The data is going to be stored on my personal laptop where all data is encrypted and only myself has access to it and also onto a USB stick for a backup, and once the data is no longer needed it shall be destroyed in the correct manner in line with UWTSD rules and conditions.

## TIME HORIZON

Cross sectional study is where there is an observation of the study design. In the cross section of the study it is where the researcher will measure the outcome and then at the same time also study the exposures of the participants at the same time (Dermatol, 2016). Another reason why a cross-sectional study is going to be used in this project is that it is going to be looking at data from a population of people at one specific point in time: The people that are going to be taking part in this specific study (Cherry, 2019).

In this research, a longitudinal study is not going to be used as this methodology often requires more resources and these types of studies often involve taking multiple measures over a longer period of time and involves more observations; studies can take weeks, months or even years depending on the project and even in some cases can last over several decades (Cherry, 2020). Longitudinal studies are used to determine relationships between variables that are not related to various background variables. This study involves observations of the same group of people or individuals over a prolonged period of time. At the start of the study, data will be collected and then may be repeated throughout the study, this allows the researcher to observe how the same variables may change over a time period and will give them various results (Cherry, 2020).

## LIMITATIONS OF THE STUDY

The limitations of the study that could be faced when doing the primary research are things such as; when it comes to interviewing my three professional participants and more so the policing participants, they could (potentially) give biased views on drugs becoming legalised. Other limitations that could be faced when doing the interviews are those due to the high level of security involved, the police have to sign the Data

Protection Act 2018 and or the Official Secrets Act 1989. Therefore, they might not be able to provide the information that could be asked in full and only give small amounts of information.

Other factors that could affect the primary research is the online surveys: due to it being put on social media; various participants might not take it seriously or skip out questions this could affect the end result of my study and lead to not having sufficient data collected.

## COVID 19 LIMITATIONS OF THE STUDY

As most people are aware in March 2020 the UK went into a total lockdown. This meant that for many students like myself, there has been limited access to resources or many resources not being available. This is due to the university library being shut due to Covid 19 (or access significantly restricted) in line with the government's guidelines and advice from the Welsh First Minister.

Certain factors in the primary research involved doing face to face interviews which were forbidden by University of Wales Trinity Saint David and by the dissertation supervisors who emphasised that researchers should not undertake this type of research due to the Covid 19 restrictions and also following the governments guidelines. Furthermore, if you did wish do interviews as part of the primary research it was advised that it should be done through Microsoft Teams or Zoom calls.

Another limitation has been the whole of our dissertation work has been taught online through Microsoft Teams talks or through module parts on Moodle, where when a new section of the project was required it would be uploaded onto the

system. This means that all dissertations supervision has had to be online instead of face to face, which had to be organised through emails and sometimes it took time to respond.

## ETHICS

Before any of the participants take part in the online questionnaire or being interviewed, they will be required to fill out a consent form (see **Appendix One**) outlining that they are happy to participate in the research project. Prior to each participant taking part, it will outline that all the information will be submitted anonymously and will only be held until the data is no longer needed. Other items that will be outlined on the form will include caveats; that they do not have to answer all the questions and they can pull out at any time should they feel that the questions are too sensitive and can trigger emotions. There will also be helplines given at the end of the questionnaire for people should they feel that they need any help or support. They will also have an option that if they wish to have a full and final copy of the dissertation that they will be able to request a copy from the end of March 2021.

## CHAPTER FOUR- DATA ANALYSIS

For my primary research of “*would the legalisation of drugs be beneficial to the emergency and health services in the UK?*” the data needed to be gathered which was conducted in two ways: one by conducting interviews from various members of the police force from South Wales Police and Gwent Police, and the other method by conducting online surveys. However, the questions that were asked varied, and were tailored to that individual’s background. This was to make sure that there was a variety of responses and that it did not solely rely on the public’s opinion. This research will help conclude whether my hypothesis is correct, and drugs should be legalised for the benefit of the health and emergency services, or that it should not be legalised.

When looking at the interview questions and at the responses given from an Inspector from Gwent Police compared to a Sargent at South Wales Police on a neighbourhood policing team (NPT) it is significant that their responses are completely different. This probably due to both participants working in different geographical locations and there being different rates of crime and bigger issues in their sectors.

All response to the online survey can be found at appendix three at the bottom of the dissertation showing pie charts of all the participants’ results to each question.

When looking at the online surveys there were over 100 participants that took part in the survey, where each participant was kept anonymous and all their information was kept securely. Although there were 100 participants that took part in the survey it was found that not everyone who took part wanted to answer all the questions.

The first question from the survey was; “*What is your age category?*”

It was found that the largest number of participants was aged between 18-24 with there being 49 (48.5%) participants that took part in that age group. Whereas the other age categories, such as the 25-36 year olds only had 18 (17.8%) participants in that age group. But when it came to the 37-50 year old category they had a response of 22 (21.8%) participants. However, in the older categories is where we can begin to see that there were not as many people responding to the questionnaire in the older categories and that there was a decrease in the number of the older population. For example, 51-64 only had 4 (4%) participants and in the 65+ category where there were only 4 (4%) participants and 3 (3%) of the participants that did not want to disclose their age to the survey. This can also be shown in a pie chart version at **appendix two**.

These figures mean that the primary research that is going to be analysed is going to be mainly biased on the larger section of the age group between 18 to 24, this is down to it being the largest number of participants, who could have a completely different view on drugs compared to the older generation.

Question two was; *“What gender do you identify as?”*

When asking the participants what gender that they identify as the largest number of participants identify as females, which was 60 (59.41%) participants and then 37 (36.63%) people identified as a male and 4 (3.96%) people identified as transgender.

Question three was *“Have you ever been tempted to try an illegal substance?”*

This is where the statistics began to change and where we learn that there is a large population of the participants that has been tempted to try an illegal substance, with the highest being 53 (52.5%) participants that said “yes”, the second highest was

“no” with 38 (37.6%) saying that they have not been tempted to try an illegal substance and only 9 (8.9%) participants saying “maybe” they have been tempted to try an illegal substance and 1 (1%) participant said that they would prefer not to disclose. From these statistics it can give an ‘eye opener’ onto the next question. Question four *“if yes, do you feel that you were peer pressured into trying an illegal substance?”*

For this question only 94 participants answered the question, and this only relates to participants who have been tempted to try an illegal substance who answered “yes”. For this question, the highest number of votes was for 62 (66%) of participants who felt that they were “not” pressured into taking illegal substances and 32 (34%) said that yes, they felt that they were peer pressured into trying an illegal substance. From those 32 participants that answered “yes”, if they were not peer pressured into trying that illegal substance, they could have not been tempted to try an illegal substance which could then lead onto impact factors like them becoming addicted to drugs. Form this question it then leads onto my next one;

Question five *“Do you think a lot of people are tempted try drugs when they attend or go to university?”*

89 (86.4%) of the participants said yes, feeling that a lot of people when they enter the university environment are tempted to try drugs. Where there was 14 (13.6%) of participants that felt that “no” they do not go to university to be tempted to try an illegal substance. However, are the participants who are saying “no”, saying “no” due to being an older generation? For example, when speaking to one of the participants from the 37-50 age category they feel that many people go to university to get an education and a degree and stay on the ‘straight and narrow’ path. Whereas, when

speaking to someone from the age category group of 18-24 they feel that they go to university to get a degree, but to also to venture out and find themselves and also try new things, no matter at how dangerous they could potentially be. These two completely different opinions could be due to their upbringings, both are from completely different generations where drugs could be less common in their era to what it is now.

*Question six “What are your views on drugs becoming legalised in the UK?”*

Here, there were many mixed views on drugs becoming legalised in the UK, with some participants saying that all drugs should become legalised, however, on the other hand there were participants saying that only marijuana only should become legalised for medicinal reasons. One participant talks about their own experience, participant X had a bad experience of trying a drug when they went to university as they thought it would have helped them cope with an mental illness, but they soon began to realise that it was not helping with their current mental health illness and from that became seriously unwell. After this, the participant stopped taking this drug and seek actual medical help and got counselling which they believed was a much healthier way to deal with their mental health illness, as they feel that certain illegal substances have a damaging impact on the brain and peoples’ mental health in general. The way in which they can see the decriminalisation of drugs, is through them being prescribed or for use in pain relief in small doses and done by a medical professional.

There are participants who participated in the survey who are strongly against decriminalising drugs in the UK. Especially with the current climate of Covid- 19,

where they believed that there is already a strain on the emergency services and the health services. ***For them, decriminalising drugs*** will just create more of a backlog and a strain on the services having to deal with people who are having a 'bad trip' or could be dying from an overdose or have injured themselves while taking a specific illegal substance. Another participant believed that decriminalising is a bad move as it will mean that more people would become addicted and as a result end up putting more pressure on the NHS and other emergency services, which at these current trying times are already over stretched. These people talk through their own experiences and from this, could have been put off for life due to the side effects it had on them. This is where it could be argued that some of the others' participants points where they feel that the decriminalisation of drugs will lead to there becoming more drug addicts, where in actual fact, they could be completely wrong if they all have the same experience as participant X, whose response states that alternatives such as health and counselling is more positive and healthy then turning to drugs. Legalising also has many positive potentials such as; it could reduce crime rate and the number of crimes being committed due to drugs becoming easier to purchase and also individuals not having to resort to crime in order to pay their local drug dealer. Prisons and punishment is not the only way to treat people who use or try drugs and another participant believed, if drugs were to become decriminalised they believe that crime rates would fall and there would be no black market or 'dodgy dealers'. Legalising drugs would be safer if they had regulations and quality inspections; this would help the NHS help that person if they were to have an overdose as they would know the exact ingredients that had been put into that substance and the amount that was taken. Other participants' opinions for legalising drugs, is just for some drugs to be decriminalized (like marijuana but not

heroin) as this could be beneficial if it was properly regulated. One of the participants thought the age should perhaps be higher than 18 as they thought that some drugs could cause neural issues when taken by young people.

Whereas there are other participants that are ***against decriminalising drugs*** who think it is more complicated and who believe if we follow in the footsteps of Holland and relax the rules, that it can be controlled and believe that it can drop the number of users. And if this was to happen, that the more they become legalised and controlled that there would be less incidents of mixed unknown substances which can lead to there being unknown side effects. Whereas another participant believes that it would allow people to make their own decisions on whether they want to try drugs and if they are tempted to try an illegal substance, and are in trouble or have a bad reaction, then they would not feel as threatened to call the emergency services or their family for help as they would not get into trouble for having tried or being in possession of that substance. But then this counteracts their view by saying that however, it could encourage young people to try these drugs and who do not comprehend how harmful they can be to you if they are legal. The participant had done their research and knew that Portugal has legalised drugs, and it seems to be working well for their current system and which ends up allowing more money to be spent towards mental health services and rehabilitation instead of sending each offender to prison. Whereas another participant states that a trial run would be a good start to see if it works out. But they fear for people's mental health, should drugs become easier for people to obtain. Another participant's views are that if drugs were to become legalised it would allow people to have the availability to participate in taking the drugs of their choice without the secrecy that is associated

now and has tempted many people for the wrong reasons. Another believes that if they were to become legal, that people would not benefit from selling them and would turn to becoming 'clean' and it would become safer with guidelines for selling and peoples' personal use. Whereas other people say that legalising drugs in the UK could allow for more drug trials and or testing whether drugs can be used for further medicinal purposes and say that if they were to become legalised then they should and need to be done in a controlled environment. An example of this; would be like the heroin clinics in Switzerland where the correct dosage is given and is monitored under supervision. Whereas other participants' opinions were saying that legalising drugs is a bad move as it is giving up on enforcement and opens the door to allow people to try any and all drugs, which could lead them down the line to becoming addicted and causing them to participate in crime and becoming a burden to the NHS with associated physical and mental health problems that originated from taking the illegal substances. This could also lead onto other factors like people thinking that it is safer now, due to it becoming legalised and then would cause an increase in numbers of overdose deaths as their knowledge on drugs is not the same as alcohol. If drugs were to become as available as alcohol it would increase the number of people suffering with depression and anxiety among students.

Question seven *"do you think there is enough support in place for people who need help for rehabilitation?"*

The responses for this question brought a massive shock to the amount of people who believe that there is not enough support in place for people who needed rehabilitation with the largest response being 59 (57.8%) of the participants who believed that there is not enough support in place for people. Only 17 (16.7%)

participants believed that 'Yes' there is enough support in place for people who need rehabilitation and 26 (25.6%) *Maybe* there is enough support in place.

Question eight follows on from question seven *"Are you aware of any support groups that are available for people?"*

There was a large number of responses that said 'no' they were not aware of any support groups available for people suffering from drug addiction or some only knew about a few and that one mainly being "Frank" and "MIND". 43.86% of the participants were not aware of any support groups that are in place for people who are in need of support for help with addiction. 60.18% of the participants said that they were aware of support groups that are in place for people seeking drug advice and help and were able to name a few of them. A few participants said that they knew of a few organisations, however many of the participants said that they were not aware of others, such as Drug Aid, Drug anonymous groups and that the NHS have a duty of care to look after people who are suffering, and they can offer or put in place support for that person. In addition, people who suffer from drug misuse are able to get counselling and this can even be done through the NHS or people can go private.

Whereas other participants felt that there could be more support groups for substance misusers put in place for families, as drug addiction not only affects that person, but it also affects families and people who are close to them. For others it raises a concern that if *they* were not aware of any support groups; do the people who are suffering and crying for help know of any that they can turn too?

Question nine *“Do you find a lot of people who turn to crime is related to drug taking?”*

There was 102 responses to this question with the highest response being ‘yes’ 66 (64.7%) people believe that people who take drugs are more likely to turn to crime, and this is because they believe that they are trying to get money to help with their next ‘fix’. 13 participants (12.7%) voted ‘no’, they do not believe that people who take drugs turn to crime and then finally 23 participants (22.5%) that believe that they might turn to crime. Which links back to the case of Matthew Herring, who was convicted for a string of robberies in the city of Hull. This was all due to his drug addiction, which lead him to committing robberies, some of which were at knifepoint. Even though his drug addiction led him to this crime, when he had to attend court, he showed no remorse. He was that desperate for his next ‘fix’ that he would target people at cashpoints or when they were distracted on their phone and would approach them with a knife, with him demanding their money until they handed it over (UK Rehab, 2020).

Question 10 *“What are your views on the current UK drug policies?”*

The majority of the participants’ responses this question believe that the policies that are in place for the UK are not strict enough and where they feel that the UK is lacking support and are behind other countries who are offering support for drug users.

The current UK drug policy has been put in place to reduce the harm that drugs have caused to people, which also includes health impacts and drug related offending. This is measured by the Drug Harm Index and increasing the number of drug-misusers offenders entering treatment through the Criminal Justice System. The UK

drug policy is currently under The Misuse of Drugs Act 1971 and the overall problems that were found in the UK drug policy and the key issues that were identified from it all was:

- Death
- Crime
- And health problems

All these points have been picked up in my literature review and also from the findings from the interviews from people from a professional background who all have many years of service. However, these policies were last reviewed in 2008 and now has left many people feeling that they are outdated and not up to date and with the number of drug cases rising and the number of drug overdose deaths something needs to be done in order to control this and get it under control.

Other issues that the drug policies face is that there is not enough rehabilitation for people who are struggling with drug problems, other problems mean that they are clearly not working as there are still so many people becoming addicted to drugs and being tempted to trying them. There also needs to be more of a push on education in schools which is paramount, to make sure that children/ teenagers are more educated on smoking and the harm and effects of drugs and what effects it can have not only on yourself but others who you love and surround yourself with which comes from first-hand experience from the Gwent Police Inspector who was interviewed and has 20+ years' service.

Question eleven *“What are your views on other countries drug policies i.e. non – European countries?”*

When asking the participants to compare the UK drug policies to the non- European drug policies there is a big difference in the way drug offenders are punished with harsher sentencing and also have the opportunity for better rehabilitation. As where the countries that have legalised drugs still have harsh sentencing in place for people who are found with large amounts of drugs i.e. drug dealers who will then be sentenced to harsher punishment. Countries that have legalised drugs tend to find that there are fewer crimes being committed, and a significant decrease in the number of drug overdose deaths and also that there is not a strain on the health services for cases of HIV or overdoses. Other participants therefore believe that there is positive progress is being attempted to support those who uses drugs and who may need to seek support.

Question twelve *“What do you class as an illegal substance?”*

When answering what do you class as an illegal substance, the majority of the responses was Class A, B and C, 100% of the responses said that they knew what an illegal substance was. From here other responses as such as something that can cause you harm, listing types of drugs such as *coke, crack, heroin, weed, LSD, mushrooms, steroids, ecstasy etc...* other participants believed it to be something that you could not buy over the counter, or something that you would not take in front of a police officer, anything that is deemed unsafe by the government and finally something that you would get arrested for.

Question thirteen *“Are you aware of the countries that have legalised drugs? If so can you name some?”*

The most common answers for this is the well-known countries like; Portugal, (cities like) Amsterdam, Canada, some states in the USA, Argentina, Finland and Brazil. Not all of these countries have legalised all drugs like Portugal but the majority of them have legalised marijuana (weed).

When comparing the survey responses to the interview questions from personnel from a professional background, who have experienced various people and families being destroyed by drugs or turning to crime, it is quite likely to sway their views on drugs becoming legalised and therefore may differ. For this project I was lucky enough to be able to speak to various personnel from working backgrounds, where I could sit down in a socially distanced space and speak with the Police Sergeant from South Wales Police for Swansea Central Neighbourhood Policing team; where they believe that since the start of lockdown in 2020 there has not been an increase in the number of drug overdoses as far as the Sergeant is aware of. However, South Wales Police have seen a big increase in the number of noticeable Valium users, this is from the Sergeant's perspective as there is no crime data or articles to back up this evidence. South Wales Police in Swansea has also been made aware of lots of intelligence regarding County Line drugs, as there has been lots of posts on SWP Facebook page with lots of people being arrested having been dealing in the early part of the pandemic and the start of the first lockdown. This is believed to be down to them becoming more noticeable which is due to there being a reduced number of people out on the streets due to government restrictions and also because normally

there is a lot more movement in the community, which makes it hard to differentiate between these different reports. However, with Covid this made certain personnel stand out more which has seen 22 people arrested in a County Lines Operation, where SWP were targeting drug dealers in Neath, Swansea and Port Talbot. During this operation, which consisted of seven warrants being executed and Class A drugs being taken off the streets which include 1.8kg of suspected cocaine, 200g heroin, Tasers and nearly £11,000 of cash was also seized. SWP also seized suspected crack cocaine and heroin with the street value of around £30,000 from an address in Clydach (South Wales Police, 2021).

From the Sergeant's professional working background and the various calls they would attend, they clearly believe that legalising drugs would not be beneficial to the emergency and health services as they feel that this will not decrease the number of drugs users that are seen in South Wales and also throughout the UK. They understand that the legalisation of drugs could become beneficial for certain individuals due to them having underlying health problems. However, on the other hand, they feel that if they were all to become legalised that this could increase the number of drug users as they would feel that now that drugs have become legalised that members of the community could feel that all drugs are now safe and it is a reason for them to try drugs and could increase the number of users which could then lead onto more drug overdoses and they cause an increase for the health services and also cause more problems for the police forces throughout the UK.

When it comes down to people being peer pressured into taking drugs the Sergeant believes that there are certain elements of that however; it can come down from old

“habits” that are passed down from generation to generation which then leads to certain children and families circumstances seeing adults or certain members of the family using, taking or selling drugs and they then begin to perceive that this is the “norm”, whilst down the other end of the spectrum other seek solace in drug use and this could often be down to their adverse childhoods experiences that they could have endured, this come from the Sergeants many years of policing and seeing it first-hand.

When it comes down to the laws and are, they strict enough for people who are caught in possession with intent to supply, the Sergeant interviewed believed that there are proportionate/ adequate sentencing imposed for offenders that are involved with the supply of drugs. However, it is often users/ dealers and lower level individuals in the “chain” that are caught and those at the top of the “chain” are untouchable and therefore are not always held accountable for their actions and end up as not always being identified.

With the question to whether there needs to be a change in the laws and the way in which drugs are policed; they believe in all honesty that a changed in the legislation may be of beneficial or not and in terms of the way that drugs are being dealt, especially the way in which it is policed and the way in which this issues is going to be tackled from their point of view is by having a larger enforcement personnel that only then will the issues will be addressed. This links into austerity from the literature review, due to the number of police cuts that was made back in 2012 which has seen the UK lose 20,000 officers which meant that resources since then have been stretched and not been able to tackle issues as quickly and effectively as they used to before the cuts.

From their own experience of dealing with drug offences and cases it was found that when dealing with cases of possession with intent to supply (PWITS), there is an honestly held belief/ suspicion that a suspect is dealing drugs and may be found in possession of such drugs but then the evidence that is gathered or collected does not always lead to an outcome relating to possession with intent but can sometimes merely be possession. This is often down to the evidential threshold required to prove the offence of PWITS.

Drugs are an issue throughout all of the country of the UK, however, the “markets” are more substantial in cities due to the greater population and also a more obvious target for County lines for example; due to the more significant transport network. Furthermore, drugs can also and still is an issue in the rural areas as well, just not as significant as the larger areas. Moreover, throughout Swansea there is a big difference in the drug rates from area to area.

However, whereas this was a Sergeant’s view from South Wales police’s aspect when getting another professional’s opinion from Gwent police who is an Inspector their views may vary due to the length of service, or due to their geographical location. Whereas looking at the Inspector’s views from Gwent Police, since the start of the pandemic back in March 2020, the inspector has seen that there has been an increase of drug cases due to there being a larger presence of police officers having a greater capacity to be more proactive with their patrols due to there being a reduction in crime brought about through lockdowns that we have all faced.

However, both professionals have the same opinion and believe that all drugs should not be legalised as they believe that there would always be a demand for them which would still exist for service users.

The Inspector's view on other countries legalising all drugs is that there are many arguments for and against this approach. With there being certain legislations such as Section 23 of the Misuse of Drugs Act 1971 should remain (Possession with Intent to Supply, Concerned in the Supply etc...) but then believes that there should be relaxation around possession type offences, where there should be greater emphasis which needs to be put in place on intervention and diversion. It is completely different to being caught in 'possession/ supplying' compared to 'using' drugs have separate entities. With relation to the former, health data would highlight any rise in drug misuse/ hospitalisations etc... whereas drug offences have largely remained the same since 2016 in the Gwent area.

From the Inspector's experience being peer pressured into trying an illegal substance, they believe that it comes down to a combination of several factors however, it primarily includes Adverse Childhood Experiences (ACES). Therefore, peer pressure may be one of the factors, but he believes that it would be more coercive in nature (being involved and tied into a criminal gang).

From the Inspectors point of views on the current UK drug policy is that there needs to be strengthening and investment into the policy with there being more/ ensuring that there is support put in place in order to stop users from reusing again or falling off the path to recovery. The Inspector has had over 22 years' worth of experience with policing and dealing with various drug type incidents and him seeing first-hand what impacts that drug misuse can have on the individuals, families and communities. With offenders becoming more sophisticated throughout the years and the way that they adapt in which they become involved in drug supply using greater technology, so they avoid police detection/ interventions and convictions. This has seen a more complex drug cases take up more police time/ resources, which ends

up with more people being released under investigation while forensic investigation continues.

The inspectors' views with moving forward if drugs were to become legalised is that there would need to be a plateau or reduction in drug related overdoses or deaths. Which would include greater collaboration between the police, health and other criminal justice agencies with greater focus on education/ intervention and having more appealing diversionary pathways out of drug misuse.

From looking at the primary information gathered from the online surveys and from the interviews from the working professionals it is clear that the working professionals might not have the same views on legalising all; drugs due to them working on the front line and seeing the damage it can have not only on yourself but on the people you care about. Therefore, they might not be as keen in moving forward. Whereas the younger generation, that was the largely populated part of my online survey was in favour of legalising drugs as they do not see what happens behind closed doors. For example; the strain that drug users have on the NHS or the amount of work and resources that goes into taking down a drug dealer with the police. The people that use only see it in the way that they are getting their next fix and not about the other factors surrounding the issue.

Although both the professionals interviewed work in different geographical locations, from their many years of service they have a greater knowledge and experience of dealing with drug cases, not just the investigation part but the experience of seeing the first hand effects that it has on people who decide to take an illegal substance and the back log of effects it has on their loved ones, family, friends and themselves. With the inspector believing that if there was to be change that there would need to

be more partnership working with various agencies and better sharing of data between the agencies. That we also learn from the participants that took part in the online survey that 60% of the participants have strong views on drugs becoming legalised with there being measures put in place in order to make in safe and not put a strain on the NHS.

## CHAPTER FIVE - CONCLUSION

From all the research that has been gathered and researched on whether the legalisation of drugs would be beneficial to the emergency services and services in the UK, it would not be beneficial if all drugs were to become legalised. It can be seen that from the information that has been gathered that from Covid-19 hitting the UK there has been a higher increase in the number of drugs being consumed and also sold on the streets. This has meant that forces around the UK have been running operations in order to take the narcotics off the streets and in lots of cases have been successful. For example; SWP arrested 22 people from areas of Swansea, Neath and Port Talbot who were involved in a County Lines operation (South Wales Police, 2021). We learn from the Sergeant from South Wales Police that these operations have gone underway, due to the force receiving more intelligence, this is down to there being less people on the streets due to lockdown which makes the regular and well-known offenders to the force stand out.

Statistics on drug overdose deaths they were at a record high compared to previous years and where as high as 4,359 for 2018 (ONS, 2019). Not only that but during the first lockdown during the Covid – 19 pandemic in the UK, police forces throughout the UK began to see an increase in the number of dealers and suppliers on the streets, doing anything possible to make sure that the stock is still moved and sold. Where it was found people were dressing up as delivery people or making drug dealings in the supermarket car parks to avoid police detection It was also found that during the months of lockdown country line drug gangs were using children dressed as key workers to transport the drugs to avoid police detection (Farrell, 2020) (Wyatt, 2020). This was for England, whereas from my interview with Swansea Central

Police Sergeant, it was found that in Swansea it was found that they were getting more intelligence on dealers and users being on the street during lockdown, this was because there being fewer people on the streets, which could be down too standing out more than other people and hanging around in certain locations. Not only that, but also a big increase in the number of County Lines being distributed with SWP arresting 22 people in connection with their operation, meaning from this one operation they were able to take a large quantity of illegal substances off the street protecting the surrounding communities of the Western section of SWP (South Wales Police, 2021).

Other factors that would not be beneficial to the emergency services, is since austerity hit the UK back in 2009 it hit police forces throughout England and Wales with the loss of 20,000 fewer police officers, which has had a knock on affect over the years and even now into 2020 and going into 2021 there is still a stretch on police forces especially Wales. Therefore, legalising drugs would only stretch resources even more then what they are now. With Boris Johnston the current Prime Minister wanting to recruit an extra 20,000 new police officers has already seen in the first year of the recruitment campaign, 100,000 officers already go through the process and it is hoped over the next three years to have an additional 20,000 in place (Gov.uk, 2020).

This leads onto the South Wales Police Sergeant's comment about it if they were to become legalised it could lead to more people thinking that drugs are now safe due to them becoming legalised which could lead onto more people wanting to try them and then leading onto an increase of drug overdose deaths. Not only are drugs an issue on the streets but also in the armed forces especially the army, with the

Government releasing up to 2016 with their statistics of CDT's where they had 170 positive tests. This just proves that drugs are an all over problem and that something drastic needs to change to stop people from turning to drugs.

Although in my opinion some drugs should become legalised if it is done in the correct and controlled manner like countries like; Switzerland, Portugal and cities like Amsterdam that have certain laws and policies in place with the legalisation of drugs in those countries, which has decreased the number of drug overdose deaths in their country and also decrease the number of HIV cases as less people are sharing needles. However, with the current climate that the UK is facing with Covid – 19 at this current time the legalisation of drugs would have a further impact and strain on both the health and emergency services. And even if drugs were to become legalised in the UK there will always be a large number of drugs dealers throughout the UK, and there will also be a number of drug overdose related deaths due to certain people getting their drugs off the black market which then leads onto still taking up the polices resources and stretching the resources. Moving forward once Covid has gotten under control maybe the UK could then look into legalising some drugs under certain protocols and under controlled environment, this would then have an impact on the emergency services making more resources become available and with the police it would be freeing up resources to deal with other emergencies freeing them up to deal with other issues. Maybe a review is needed on the UK drug policy to bring it up to date with the current day issues, making people who are caught with drugs serve a longer sentence or fined a lot more than what the current policy says. To illustrate this point, at the moment there are people getting caught with drugs and are getting off completely free with no implications, even though there was evidence that (in this instance) the male was supplying drugs and

was found with £160 to £200 worth of cocaine, although at the first chance the male pleaded guilty due to him having no previous convictions there was no punishment or fine given to him (Davies, 2020). This is where you can see that there is need for significant changes to the UK drug policy.

## CHAPTER SIX - RECOMMENDATIONS

Recommendation one – one recommendation would be from the research gathered and researched, is to make sure that medical cannabis is available for patients that are in greater need for example; MS suffers, seizure suffers, Parkinson's etc.... as long as the patient has a medical reason and it is done in a controlled environment which has been signed off by the doctor, then there should be no reason why it is not legalised and rolled out to everyone within reason throughout the UK. At the moment it is currently legalised, yet it has not been made available for patients who suffer with medical conditions who require it.

Recommendation two – the city of Glasgow introduced an initiative to residents throughout the city where they can go to a mobile clinic and exchange their used needles for clean needles this initiative was introduced to prevent the rise of HIV cases in the city. Places throughout England and Wales need to follow in Glasgow's footsteps and start introducing more mobile clinics and advertise it more to the public that there are measures put in place in order to decrease the number of HIV cases.

Recommendation three – if the UK was to open up heroin assist clinics in the England, Wales and Scotland this would help decrease the number of drug overdose

deaths and also prevent the rise in HIV cases. Heroin assist clinics like Switzerland have proven to work and be successful. If the UK was to follow in their footsteps these clinics would ensure that it is done in a safe manner and the correct doses are given to the individuals, which could then decrease the number of drug dealers on the streets and ease the demand on the NHS and police forces.

Recommendation four – More awareness needs to be rolled out through the schools from year 6 – up to college and university. This is to make sure people have more of an awareness of how damaging and harmful drugs can be to themselves families and loved ones around them. But not only that, making everyone know that there is support and people to talk too if needed. So, bringing out more support groups and counselling made available and making people aware of what support they can get if they need it or feel someone they know is in need of support.

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## APPENDIX ONE – INTERVIEW QUESTIONS

### Participants' disclosure

Thank you for taking the time out to participate for my online survey of *“Would the legalisation of drugs become beneficial to the emergency services and health services in the UK”*. These interview questions are going towards part of my Masters dissertation which is being completed at University of Wales Trinity Saint David.

There will be 12 questions to answer and shouldn't take more than five minutes to complete. All answers will be kept confidential between yourself and me the (researcher) and shall remain anonymous.

If you have any questions about the research or would like a final copy of the dissertation (which is available after 31st March 2021) please contact myself on; [sandford222@gmail.com](mailto:sandford222@gmail.com)

In order to complete this research an ethics form was submitted to the University back in June 2020, which was approved in order for this study to go ahead.

By continuing with the interview questions you are agreeing to give consent for the study, and you have agreed to the statement shown above. Once completed please return it to [sandford222@gmail.com](mailto:sandford222@gmail.com)

1. Have you found that since the beginning of the pandemic you have seen an increase in the number of drug cases?
2. Do you think legalising drugs would be beneficial to the health service?
3. What are your views on drugs becoming legalised? For example, Portugal etc.....
4. Has there been a rise in the number of people using drugs over the years?
5. Do you think it is down to peer pressure?
6. What are your views on the current UK drug policy?
7. Do you think the laws are harsh enough for people who are caught in possession with intent to supply?
8. Do you think there needs to be a change in the laws and the way drugs are policed?
9. What has your experience been like when dealing with drug cases?
10. Do you find the bigger issues with drugs are in the bigger towns and cities compared to the countryside?
11. Do you find there are higher drug rates in certain areas?
12. What would your response be on moving forward with the way that police forces tackle drugs without them continuing to see an increase in and to control the number of drug overdoses and drug related deaths?

## APPENDIX TWO – GOOGLE DOCS ONLINE SURVEY

Question 1. What is your age category?

18-24

25-36

37-50

51-64

65+

Prefer not to say

Question 2. What gender do you identify as?

Male

Female

Transgender

Prefer not to say

Question 3. Have you ever been tempted to try an illegal substance?

Yes

No

Maybe

Prefer not to say

Question 4. If yes, do you feel you was pressured into it?

Yes

No

Question 5. Do you think a lot of people are tempted to try drugs when they go or attend university?

Yes

No

Question 6. What are your views on drugs becoming legalised in the UK?

Question 7. Do you think that there is enough support in place for people who need help for rehabilitation?

Yes

No

Maybe

Question 8. Are you aware of any support groups that are available for people?

Question 9. Do you find that a lot of people who turn to crime relates to drug taking?

Yes

No

Maybe

Question 10. What are your views on the current UK drug policies?

Question 11. What are your views on other countries drug policies i.e. non-Europe countries?

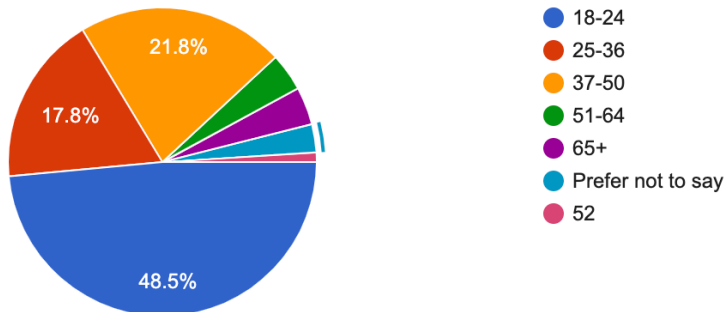
Question 12. What do you class as an illegal substance?

Question 13. Are you aware of the countries that have legalised drugs? If so can you name some?

## APPENDIX THREE GOOGLE DOC ONLINE SURVEY RESULTS

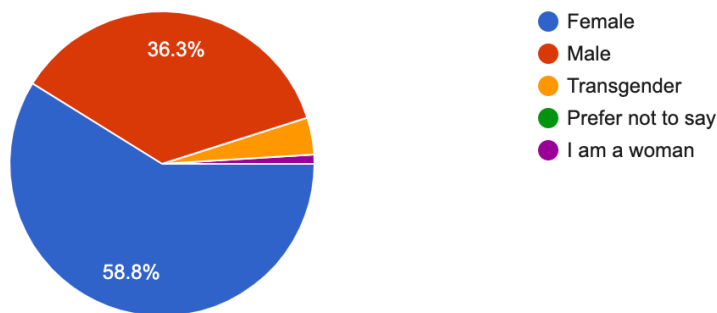
### 1. What is your age category?

101 responses



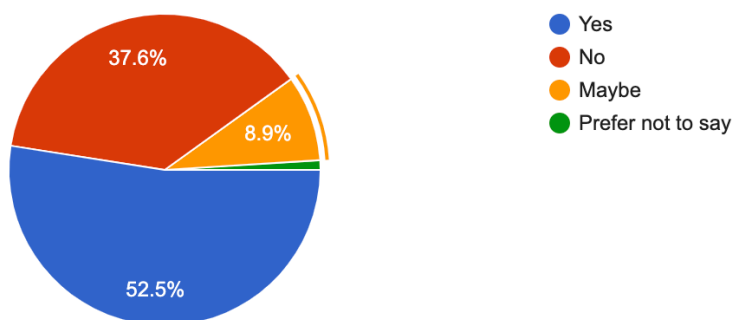
### 2. What gender do you identify as?

102 responses



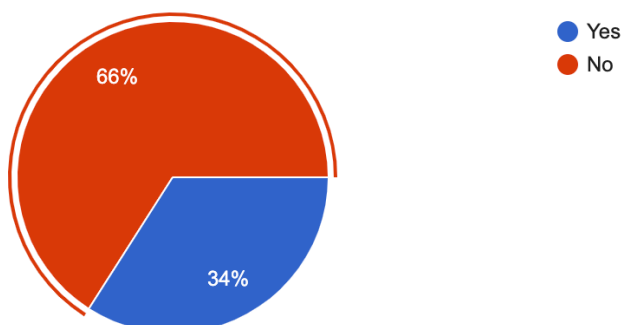
### 3. Have you ever been tempted to try an illegal substance?

101 responses



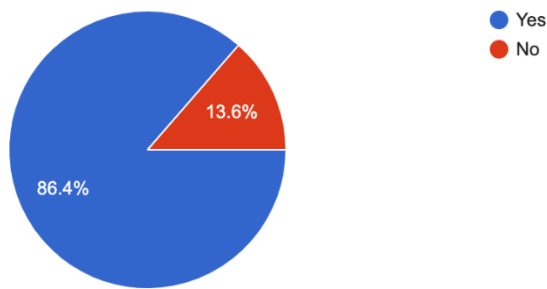
### 4. If yes, do you feel you were peer pressured into it?

94 responses



5. Do you think a lot of people are tempted to try drugs when they attend or go to university?

103 responses



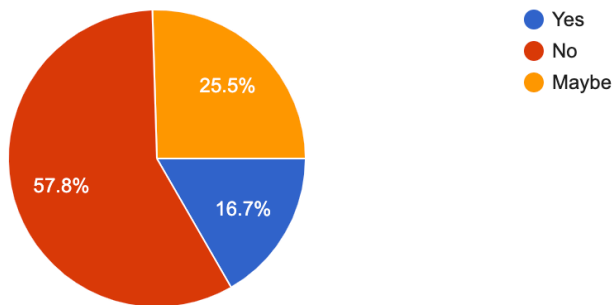
6. What are your views on drugs becoming legalised in the UK?

101 responses

- I don't think they should be legalised. They have way too many negative psychological effects
- Wrong, more crime
- Has the potential to reduce crime rates.
- I think People are going to do them whether their legal or not, if they were legalised, people may be able to do them in a safer environment etc..
- For medicinal purposes prescribed and controlled by a GP/pharmacist- yes
- Depends on drug
- I think all drugs should be legalised. Prisons and punishment are not the way to treat people who use or try drugs. If drugs were legalised ,crime would fall and there would be no black market and dodgy dealers.
- There is not enough support and services available to control the issues that would come from this legalisation.

7. Do you think that there is enough support in place for people who need help for rehabilitation?

102 responses



### 8. Are you aware of any support groups that are available for people?

102 responses

Yes, but i feel there could also be more support groups for families of substance misusers as drug addiction can affect both the user and those closest to them.

Ddas

It is not a topic that I know a great deal about. However, I am aware that hospitals etc have a duty of care to help individuals with drug related problems/addictions.

Yes depending on capacity

No, I have not researched or needed this information

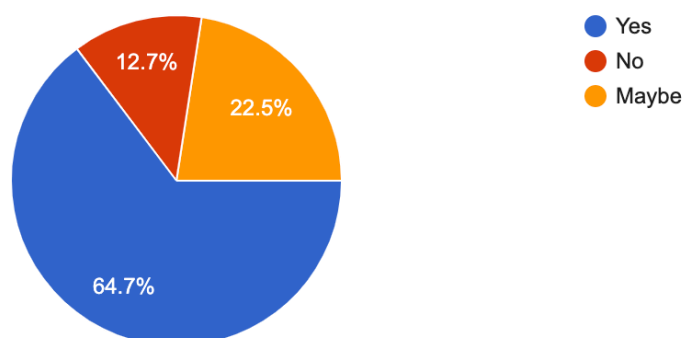
Drugs aid

I am not aware of any which raises the point of do people know where to turn for help if not widely know

Drug Aid and Drug anonymous groups

### 9. Do you find that a lot of people who turn to crime relate to drug taking?

102 responses



### 10. What are your views on the current UK drug policies?

100 responses

The UK is lagging behind some countries who are looking for other ways they can support drug users.

We need stricter sentencing from courts and CPS

It is not a subject i know a great deal about, so difficult to give an informed review.

Good to be strict but some people are dependant on drugs

Appropriate and relevant

Not reallu sure of the policy intracacies but i can see the argument for legalisation of marijuana

Our drug policies are unworkable and criminalise far too many young people

Not strong enough

Inefficient.

11. What are your views on other countries drug policies i.e. non-Europe countries?

92 responses

Not sure

Unsure.

They are better

Some countries have the death penalty still in place

Better rehabilitation care in countries where drugs are legalised, and lower crime rate

It would appear that non-European countries have more severe policies.

Some countries can sentence the death penalty

That positive progress is being attempted to support those who use drugs.

They can be strict too

12. What do you class as an illegal substance?

101 responses

Weed  
Crack  
ISD  
Mushrooms  
Ecstasy  
Cocaine

Weed cocaine mushrooms

A substance that changes the dynamic of thought processes and behaviour in the brain that is illegal to be consumed without the authorisation from a doctor.

Class A drugs

Anything deemed unsafe by our government

??

Something you get arrested for having 🤔

13. Are you aware of the countries that have legalised drugs? If so can you name some?

100 responses

Canada  
Portugal  
Netherlands  
Some US states

No.

Portugal, Amsterdam

Yes

Amsterdam legalised cannabis

Canada

South America countries, for example Argentina and a European country like Holland.

Not aware of any countries that legalised drugs

## APPENDIX THREE

Table 1. Cocaine-positive rate per 1,000 compulsory drug tests (CDTs) among British privates on Mondays, Tuesdays and Wednesdays during 2003, 2005 and 2007

| Year(% of all tests on Mondays) | Tests to the nearest 100(Cocaine-positive rate per 1,000) |                 |                 | Number of expected cocaine-positives if rates were applied to equal number of CDTs (15,000) on Monday, Tuesday and Wednesday |
|---------------------------------|-----------------------------------------------------------|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|
|                                 | Monday                                                    | Tuesday         | Wednesday       |                                                                                                                              |
| 2003<br>(36%)                   | 19,200<br>(3.4)                                           | 14,300<br>(3.0) | 9,600<br>(1.1)  | 113                                                                                                                          |
| 2005<br>(44%)                   | 23,000<br>(7.8)                                           | 13,400<br>(8.2) | 10,500<br>(5.1) | 315                                                                                                                          |
| 2007<br>(54%)                   | 24,500<br>(9.8)                                           | 12,000<br>(7.3) | 5,800<br>(5.5)  | 338                                                                                                                          |

Yes

## APPENDIX FOUR

| Age groups |                 | All ages           |         |       |  |
|------------|-----------------|--------------------|---------|-------|--|
| Sex        | Registered year | All drug poisoning |         |       |  |
|            |                 | England and Wales  | England | Wales |  |
| Persons    |                 |                    |         |       |  |
|            | 2018            | 4,359              | 3,983   | 327   |  |
|            | 2017            | 3,756              | 3,482   | 260   |  |
|            | 2016            | 3,744              | 3,450   | 271   |  |
|            | 2015            | 3,674              | 3,416   | 238   |  |
|            | 2014            | 3,346              | 3,156   | 168   |  |
|            | 2013            | 2,955              | 2,734   | 208   |  |
|            | 2012            | 2,597              | 2,367   | 214   |  |
|            | 2011            | 2,652              | 2,425   | 215   |  |
|            | 2010            | 2,747              | 2,509   | 224   |  |
|            | 2009            | 2,878              | 2,675   | 184   |  |
|            | 2008            | 2,928              | 2,734   | 161   |  |
|            | 2007            | 2,640              | 2,433   | 189   |  |
|            | 2006            | 2,570              | 2,396   | 157   |  |
|            | 2005            | 2,762              | 2,589   | 156   |  |
|            | 2004            | 2,787              | 2,606   | 161   |  |
|            | 2003            | 2,623              | 2,425   | 181   |  |
|            | 2002            | 2,830              | 2,624   | 183   |  |
|            | 2001            | 3,093              | 2,884   | 187   |  |
|            | 2000            | 2,932              | 2,758   | 152   |  |
|            | 1999            | 3,110              | 2,932   | 158   |  |
|            | 1998            | 2,976              | 2,811   | 149   |  |
|            | 1997            | 2,817              | 2,644   | 145   |  |
|            | 1996            | 2,618              | 2,478   | 120   |  |
|            | 1995            | 2,540              | 2,388   | 127   |  |
|            | 1994            | 2,350              | 2,226   | 111   |  |
|            | 1993            | 2,178              | 2,069   | 94    |  |