

<b>WITNESS STATEMENT</b>	
<b>Criminal Procedure Rules, r 27. 2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B</b>	
Statement of: Robin James Pivett	URN: <span style="border: 1px solid black; padding: 0 10px;">/ /</span>
Age if under 18: over 18 (if over 18 insert 'over 18')	Occupation: Controlled Drug Liaison Officer
<p>This statement (consisting of four page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false, or do not believe to be true.</p>	
Signature : R J Pivett.....(witness)	Date: 06/03/2019

I am the Controlled Drug and Chemical Liaison Officer (CDLO/CLO) for Suffolk Constabulary

I have been employed by the Constabulary both as a Police Officer and a member of Police Staff since September 1978.

I have undertaken the role of CDLO and CLO since 2003.

I am a member and Treasurer of the National Association of Police Controlled Drug Liaison Officers, and authorised by the Department of Health to enter and inspect premises authorised to dispense, prescribe and administer controlled drugs.

I hold Designated Powers as authorised by the Chief Constable under Sec 38 of The Police Reform Act 2002.

I am an authorised person enabling me to witness the destruction of Controlled Drugs within a healthcare setting.

I have successfully completed the Criminal Investigation Foundation Course, Illicit Drug Production, the National Chemist Inspection Course and numerous Special Branch and Security Service courses.

My present role brings me into contact with a number of regulatory bodies who inspect, enforce and deal with issues in respect of both controlled and pharmaceutical drugs.

I have completed the Safer Injecting and Harm Reduction course, my role also brings me into regular contact with Drug Treatment and Harm Reduction Providers and service users.

I manage Needle Exchange and the distribution of Paraparnalia within Suffolk and Norfolk Constabularies and have been presented with the Tom Waller award for harm reduction the Sheepshanks Trophy and numerous area merits awards during my service.

I am in regular contact with the Home Office Drugs Branch, the Advisory Council on the Misuse of Drugs the Medicines Healthcare Regulatory Agency, Trading Standards and the General Pharmaceutical Council; I represent Suffolk Constabulary on a number of virtual networks and

attended various meetings where current trends and global developments in respect of substances are shared.

I am fully up to date and conversant with drug technology such as Trace Detection and Drug Testing on Arrest, part of my responsibilities are to monitor drug trends and keep a watching brief on behalf of Senior Crime Managers, colleagues and partners on a local, national and international basis.

I regularly liaise with Drug Expert and Opinion Officers and those who work on operational duties in drug enforcement.

I produce and review Policies and Procedures in respect of Drugs and other related matters.

I deliver inputs on substance misuse and harm reduction to Police Officers, Police Staff including PCSO's and other professionals.

I manage Drug Testing on Arrest at Martlesham, Bury St Edmunds and Great Yarmouth Police Investigation Centres and cascade this training to Custody and Detention Officers for these purposes, I have day to day responsibility for 3 members of staff who are employed on a voluntary basis.

I am trained in the use of and can cascade train in the administration of Prenoxad Injection.

I have been asked to provide a statement in relation to festivals drugs, and national drug trends, in particular Latitude which is an annual event held in Suffolk.

The three pieces of legislation to which I will refer to and are applicable to Latitude in respect of drugs and substances are the Misuse of Drugs Act 1971, Psychoactive Substance Act 2016 and the Human Medicines Regulations 2012, I will not be referring to alcohol in this statement other than to say that mixing alcohol with any medication, prescribed or illicit can present additional harm to the user from a health care point of view and increase the possibility and aggravate the behaviour increasing the risk of violent and public order offences being committed.

The Misuse of Drugs Act 1971 controls most of the illicit drugs and a number of medicines when not prescribed, it gives law enforcement officers certain powers to stop, search seize and prosecute those in possession, possession with intent to supply or supplying others, there are a number of other offences but not applicable to Latitude, it also assists the court to determine the sentence for anyone found guilty of an offence.

The Human Medicine Regulations 2012 whilst also dealing with controlled drugs also covers drugs which are not controlled, in particular a number of medicines whilst not controlled can, when being used by someone who has not been prescribed or having been prescribed is mixing with other illicit substances including alcohol can cause harm from a health care point of view and again can in certain circumstances increase the possibility and aggravate their behaviour increasing the risk of violent and public order offences being committed.

The Psychoactive Substance Act 2016 was brought in to deal with substances which were totally uncontrolled and legal (formerly legal highs) but however were causing serious harm in the community and to individuals alike.

Possession of a Psychoactive Substance is not an offence, it does however give police officers the powers to stop, search, seize and destroy any substance which is capable of producing a psychoactive effect in a person who consumes it, and is not an exempted substance.

Producing, supplying, offering to supply, possession with intent to supply, importing or exporting are criminal offences.

The Act captures all psychoactive substances that are not controlled by the Misuse of Drugs Act 1971, the term psychoactive substance does not include, Controlled Drugs under the MDA 1971, medicinal products as defined by the Human Medicine Regulations 2012, alcohol, nicotine/tobacco, caffeine, food item normally consumed as food and does not contain a prohibited ingredient) alkyl nitrates (poppers)

Substances used illicitly go in and out of fashion, there are a number of examples of this to include cocaine at one time being readily available with no restrictions to where it is now a Class 'A' drug, cannabis remains another good example where a number of countries have de-regulated, whilst in the UK it remains a Class 'B' drug, there has recently been a relaxation in respect that it can now be prescribed by certain prescribers for certain conditions.

The same has recently occurred with Psychoactive Substances (formerly legal highs) we saw a large market of customers prior to the act being enforced in 2016, these were available almost anywhere, in Suffolk like many other areas, they were being sold in head shops, news agents and from UK based on line vendors, they were also turning up at venues such as festivals around the country.

For some time we were aware of the potential dangers but had limited powers to deal with them, in turn we saw the MDMA markets reduce quite considerably, the small little white pills were no longer attractive to the user, they were and remain so today a Class 'A' drug.

The legislation changed in respect to Psychoactive Substances in 2016 creating certain offences and reducing availability to underground sales, on line vendors moved overseas, slowly but surely we are seeing a return to the use of MDMA, suppliers are regaining ground, the problem now is the pills are larger, colourful and attractive to the user, especially young people, the strength is far higher, advice to the user from healthcare professionals is to take a quarter of the pill in the first instance where previously a user consumed, on average 7 pills on a night out, the strength being so low.

In respect of identifying substances for confirmation, we are reliant on what is found in the surrender bins at the point of entry or the bin which is located outside the welfare tent, something that is confiscated from someone attempting to gain entry or as a result of anyone being arrested and a submission being made for evidential purposes.

Over the years we have seen a large amount of Crystal MDMA being found, much easier to hide and more difficult to detect, we have also found a considerable amount of Psychoactive Substances such as salvia and Nitrous Oxide, as would be expected at such a venue cannabis is always found, however the evidence of cannabis use on site was far higher than in proportion to the amount found, this indicates in some years that there is a lot of cannabis being taken on site and not being located at the point of entry, the same could be said for nitrous oxide capsules and balloons, the remnant's outside the tents on the Sunday mornings can be seen

when walking around the camp site, again this indicates to me that a lot was being missed at the point of entry or somehow it is being smuggled onto the site by other means.

During 2014 we also conducted urine sampling over a 2 day period; the welfare tent reported a high use of psychedelic and hallucinogenic substances such as LSD and magic mushrooms, both Class 'A' drugs.

There were a number of recommendations made to improve security in order to prevent illicit substances being conveyed onto the site, whilst there is limitations on what can be done, there were opportunities for improvement in following years.

As would be expected, urine sampling revealed a vast amount of medication, prescribed or otherwise, it also revealed a large amount of substances that would not have been prescribed.

Latitude 2015 identified another year with a high use of MDMA powder and crystals and a similar amount of pills, Nitrous Oxide remained high, a large amount of capsules were found in the surrender bins and a large amount were found discarded in and around the campsites, the use of cannabis, and a minimal amount of Psychoactive Substances.

When inhaled, the gas induces a brief period of euphoria, which may be accompanied by "tears of joy." This appears to be due to a brief activation of opiate systems in the brain. Users often wish to repeat their positive experiences with the gas, although there is no firm evidence of physical dependence.

Nitrous oxide is an asphyxiate at high concentrations. At lower concentrations, exposure may cause central nervous system, cardiovascular, hepatic, hematopoietic, and reproductive effects in humans.

As mentioned earlier Nitrous Oxide is now covered by the Psychoactive Substance Act 2016.

Upon reviewing drugs and psychoactive substances being found over the last 2 years at Latitude, it would appear that the drugs of choice are cannabis, an all-time favourite at music festivals, MDMA in pill and crystal form, ketamine and Nitrous Oxide.

What we do have to contend with at the present time in the community is the use of Alprazolam, a benzodiazepam with an intermediate onset of action, better known as Zanax, a substance used mainly by young people, controlled by the MDA 1971 Class 'C' not prescribed on the NHS but can be obtained by a private prescription but more likely to be obtained via the dark web.

There is a growing use by young people, both nationally and locally, there has been recorded deaths from it use, it often comes in counterfeit form and has been found mixed with other substances.

Whilst there is no specific intelligence to suggest it will be found at festivals we must remain alert to the fact that any new trend in substances is likely to be experimented with by various elements of society.

Whilst there are offences to deal with anyone in possession, supplying etc, there is no offence to consume an illegal substance, it then becomes difficult to deal with anyone who has

consumed and as a result their behaviour deteriorates to a state that not only may they need health care assistance their behaviour can easily deteriorate to a level that they may become a public nuisance to other law abiding members of the public, especially families with young children.

*R J Pivett*

R J Pivett  
Controlled Drug Liaison Officer  
CDLO SPOC

Signature:

Signature witnessed by: