

# Public Accounts Committee Drugs Inquiry - Reducing the harm from illegal drugs: DAJ APPG response

Three drug and alcohol charities – WithYou, Humankind and Via – support the work of our APPG. We are especially grateful to WithYou\* for informing our response to the four topics identified in the call for evidence. We hope you find this a constructive and informative contribution to your inquiry. I would add that the Group has been very supportive of developing supervised Overdose Prevention Centres in the UK, and has also urged the Government to bring forward a new *Alcohol* Strategy.

Dan Carden MP, Chair



*The Drugs, Alcohol and Justice All-Party Parliamentary Group provides a policy forum for frontline drug and alcohol treatment sector providers and interested parliamentarians with a focus on evidence-based harm reduction, treatment and recovery. We believe in evidence, not prejudice, in policy – and treatment, not punishment, in practice.*

## **PROGRESS ON DISRUPTING DRUGS SUPPLY**

- The Misuse of Drugs Act 1971 (MDA) established criminal offences for a range of activities, including possession, supply and production of specified controlled drugs, in order to reduce drug availability, drug use and drug-related harms. Despite extensive resources being directed to enforcing the MDA, the Carol Black Review found that “it is not clear that [enforcement agencies] would be able to bring about a sustained reduction in drug supply.”
- Despite enforcement efforts, drugs are readily available and becoming increasingly affordable. They are also increasing in purity.

Of particular concern is the recent increase in supply of Nitazenes (novel synthetic opioids) that has been reported throughout the UK.

These pose a substantial risk of overdose due to their high potency, and are resulting in an increasing number of hospitalisations and deaths.

- There is also a risk that Fentanyl is becoming more common in local drug markets and in contaminated heroin. We would face a significant rise in drug-related harms and deaths if its prevalence grows across the UK, as it has in the USA.

## **REDUCING LONG-TERM DEMAND FOR DRUGS**

- One of the priorities of the Drugs Strategy was to develop a “generational shift” in attitudes towards drugs, and to reduce overall use across the population to a “30-year low.”
- Though overall population prevalence of drug use is lower than in the late 1990s, the use of some drugs, such as cannabis, nitrous oxide, ketamine and powder cocaine, has increased since 2016, especially among young people. There have also been rises in levels of drug-related harm, such as in hospital admissions, drug-related deaths and long-term health conditions as a consequence of drug use.
- Approaches to tackling drug demand remain based on out-of-date thinking on approaches to behaviour-change, and are further undermined by underfunding. These are usually delivered through the criminal justice system rather than health, social care or educational systems. For example, the most recent data on school-based drug education from 2018 showed that only 62% of school pupils in England recalled receiving drug education, and this was typically in a single session.
- Half of the Drugs Strategy funding for reducing demand (£30m) is allocated to drug-testing people in custody (£16m). Only £5m is dedicated to developing and delivering innovations in prevention.
- Home Office attempts to toughen sanctions for people who use drugs “recreationally” as a way to reduce demand also lack an evidence-base. An effective approach to reducing drug demand

would require a focus on early intervention and engagement, increasing awareness of the support available and providing multiple routes into accessing services.

- Prevention approaches must address the wider determinants of health to find and focus on the reason why people end up using drugs in the first place. Achieving real long-term changes requires sustained investment in addressing adverse childhood experiences, provided across wider services that support prevention and recovery, encompassing housing, parenting support and physical and mental health.

## **BARRIERS TO ACCESSING TREATMENT AND SUPPORTING RECOVERY**

- A significant proportion of the drug treatment system's capacity is taken up by male long-term opiate users. A consequence is that developing expertise and services to meet the needs of other clients is a challenge for the treatment and recovery sector. Other cohorts can often struggle to access appropriate services designed for their specific needs.
- Many of the people who use treatment and recovery services have experienced trauma. However, many treatment and recovery services aren't designed to really address people's trauma.
- In many parts of the UK, the delivery of services has changed little in decades. Increasingly high caseloads have put additional pressure on frontline workers, limiting their ability to provide the best support possible. For many people, engaging with treatment and recovery services for the first time remains daunting, with long assessment forms and lengthy administration often acting as a barrier between a frontline worker and client. If people do not receive the quality of support they need, they are more likely to disengage.
- Stigma and marginalisation are significant issues for people who use drugs. Fear of judgement and a lack of awareness of services are among the main barriers people face when seeking support.

- For those who live in rural areas, accessing services can be challenging, and the cost of travelling to services can prove a significant barrier.
- Male-dominated services can appear prohibitive to women accessing services. Mothers may fear losing child custody if drug use is disclosed, and often face additional challenges and stigmas.
- Although the LGBTQ+ community experiences poorer mental health and higher levels of drug and alcohol use than the general population, engagement with drug services remains relatively low. Mainstream drug services are sometimes inappropriate for their needs and require more specialist services, which are rare.
- The young adult cohort is under-represented in treatment data and experiences barriers to services. Adult drug and alcohol services are often seen as inappropriate for their needs, which are better provided by young-person specific services. During the transition from young person to adult services, many disengage.
- Ethnic minority groups face significant barriers in accessing treatment and recovery services, often due to multiple degrees of stigma. Community stigma, fears of not being understood, cultural barriers and a lack of awareness of what services exist are common. They are more likely to seek support from within their communities rather than mainstream services.
- A comprehensive list of barriers to accessing treatment and supporting recovery can be found in *With You's* evidence to the Home Affairs Committee Drugs Inquiry (DRU0115) [here](#).
- The APPG's emphasis on tackling stigma is reflected in the Early Day Motion (EDM) 347 [Tackling drug deaths and stigma - Early Day Motions - UK Parliament](#); and its support for campaigns addressing this in EDM 1255 [Support for the Anti-Stigma Network - Early Day Motions - UK Parliament](#); both tabled by Vice-Chair Grahame Morris MP during the previous (2022-23) session.

## **CERTAINTY OF GOVERNMENT FUNDING**

- We need plurality of provision, including residential and women-only spaces, not “one-size-fits-all” treatment. Short-term funding leads to restrictive, risk-averse provision. The focus on a narrow range of Key Performance Indicators fails to address many complex challenges.
- It would be unrealistic to expect that the welcome recent funding can achieve a “quick fix” for problems that have been starved of solutions due to what Professor Dame Carol Black and the National Audit Office both acknowledge to have been many years of underinvestment.
- The wider current crisis facing charities was underlined by the NCVO (National Council for Voluntary Organisations) to the Chancellor ahead of the Autumn Statement, observing that charities deliver £16.8 billion worth of services on behalf of government but are struggling as grants for local government and NHS contracts fail to cover costs.
- To transform the treatment and recovery system in the long term, this investment cannot just be for three years but must be sustained for the duration of the 10-year Drugs Strategy.
- Delays in accessing the additional investment provided has undermined the ability of organisations to implement Drugs Strategy priorities. The latest funding was provided with fewer delays, but still involved a short timeframe for providers to ensure the funding is used most effectively.
- There are concerns that an element of conditionality has been included for some areas that have struggled to improve outcomes over the last two years. The introduction of conditionality measures penalises these areas, without sufficiently acknowledging the extremely challenging and complex context in which services are operating.

**\*With You** is a charity providing free, confidential support to people experiencing issues with drugs, alcohol or mental health.

**withyou**