Home Affairs Committee: Drugs inquiry - DAJ APPG response

March 2022

This is a submission from the Drugs, Alcohol and Justice All Party Parliamentary Group. The APPG 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.

The UK drug framework

1. How effective is the UK drug framework in today's society? This may consider:

- ***its effectiveness in dealing with drug use and addiction;***
- ***its effectiveness in preventing drug related deaths;***
- ***its effectiveness in deterring drug related offending;***
- ***drugs classification under the Misuse of Drugs Act 1971; and***
- ***what (if any) impact the Psychoactive Substances Act 2016 has had since it came into force.***

The Misuse of Drugs Act (1971) has been law for over 50 years. Over that time, both problematic and recreational drug and alcohol use have increased, with greater harms and costs to individuals, families, local communities and society at large. Vast amounts of time and resource have been devoted to securing drug convictions and incarcerating offenders, and yet in its original aims the Act has failed.

Modern-day Britain has a huge number of drug-related deaths, health harms and associated criminal activity. We know that:

- Problematic drug or alcohol use and deaths are higher in areas of significant deprivation.
- It is not an individual moral failing but a complex interplay of economic, societal, familial, genetic and other factors which affect someone's chances of developing substance misuse issues.
- Problematic drug (or alcohol) use is higher in people with multiple and complex needs and those with a history of trauma.

- Placing people in custodial settings as a result of their substance use does not address the root cause of their issues and can be counter-productive.
- The UK has developed a broad range of evidence-based clinical and psychosocial treatment interventions which can – if properly funded and delivered – make significant inroads into problematic drug or alcohol use, reducing drug deaths and improving recovery rates.
- Access to somewhere safe to live, a job and friends can make a significant improvement in someone's chances of recovery.

2. Does the current framework, or a particular aspect of the framework, need to be reformed?

- ***If so, how?***
- ***Could reform align with the UK's international obligations under the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol; the Convention on Psychotropic Substances of 1971; and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988?***

We strongly believe that to effectively address health inequalities and create change for people who are most affected by these inequalities, the Government needs to commit to a public health approach, rather than a criminal justice approach, to drug policy.

Nearly all drug-related deaths are preventable, but regrettably they are rising. This is due to the long-term disinvestment in treatment services, the criminalisation of (often extremely vulnerable) people who use drugs, increasing poly-drug use, an ageing cohort and long-term health conditions.

A public health-centred approach, with increased long-term funding for drug treatment services would help those people most at risk, as well as the wider community. A health-centred approach would have a positive impact on the criminal justice system by supporting police, prison and probation services to divert people with drug or alcohol issues into treatment rather than into custody.

3. Should a 'right to recovery' (the right of a person dependent on drugs to seek drug treatment and services) be legally enshrined in UK law?

People who use alcohol and drugs continue to face unacceptable barriers in accessing treatment and support, and like other patient groups, people who use drugs and alcohol must have fair and equal access to health and social care treatment and

support.

Our view is that the right to access appropriate, NICE approved and CQC regulated health care should apply equally to all patients, whether they happen to require psychological, therapeutic or clinical interventions for substance misuse; just as in other health care spaces, those with chronic, long term conditions have a right to fair, and timely treatment.

Though the overall aim to improve the rights of people to seek and access drug treatment and services is very welcome, we would request further exploration as to why new legislation is required, rather than strengthening and enforcing existing mechanisms which ensure adequate access to timely psychological and medical support. Our worry is that by creating a separate 'right' for those using substances, we could inadvertently further set this group apart from other people with chronic long term conditions. 'Those who are diabetic' or 'those with cancer' as groups of patients; do not have a right to recovery enshrined in law, for example. It is a given, using existing mechanisms.

Most importantly, any proposal to enshrine a right to treatment in UK law has to reflect all evidence-based treatment options that play a vital role in the treatment and recovery system, finding the right balance between abstinence-based approaches and harm reduction approaches. Our view is that there is work to do in this area to ensure all parts of the country provide equal access to all of the NICE approved treatment options. This could be addressed via more comprehensive minimum standards set nationally, with procurement and enforcement via commissioning structures and CQC inspections.

UK drug policy

4. What are the trends and patterns in drug use across the four UK nations? Responses to this may speak to some or all of the nations.

We suggest the Committee refer to the recently published Independent Review of Drugs by Dame Carol Black, and subsequent Drugs Strategy which provides a comprehensive analysis of the main drug trends and patterns being seen across the UK. Additionally, the National Drug Treatment Monitoring System (NDTMS) provides comprehensive, publicly available data.

In addition to these reports, we'd like to emphasis the following trends and patterns:

- The geographic disparities related to drug use and drug-related harm continue to become more pronounced with a higher incidence correlating to areas with higher levels of deprivation.

- The number of women dying as a result of drug-related deaths is increasing at a sharper rate than the number of men (77% increase in the last 10 years for women, 70% for men).
- There has been a sharp increase in alcohol use and alcohol-related deaths during covid-19 (19.6% increase in 2020 compared to 2019).
- There has been a generational shift in drug-related deaths with almost 50% of people who are dying as a result of drugs being over 40 years old. Many of these people have comorbidities and terminal illnesses such as chronic obstructive pulmonary disease (COPD) and liver failure.
- There continues to be a sharp increase in the number of poly-drug use cases, which are more complex to manage and pose increased risks to health.
- Drug consumption continues to reflect changes in wider society. During the pandemic there was a reduction in the use of some substances (e.g. party drugs such as ecstasy and cocaine) and an increase in other substances (e.g. alcohol and cannabis). Our expectation would be that this will continue in future - for example there is likely to be a change in supply chains internationally as a result of the Taliban resuming control in Afghanistan and the war in Ukraine which will impact trends in the UK.

5. What is your view on the UK Government's 10-Year Drug Strategy for England and Wales, which was published in December 2021?

The new Drugs Strategy will help the drug treatment sector get back on its feet but there is a lot of catching up to be done, especially in light of the pandemic which was not factored into the Black Review. In our view, the pandemic has caused disproportionate harm to people who use drugs.

We greatly welcome the Government's intention to fast-track funding to the areas of greatest need, including seaside towns and cities in the North of England, where people are far more likely to die as a result of drugs. For too long postcodes and poverty levels have impacted the treatment that someone can receive, and targeted investment will help address this.

We are pleased too with the ambition to create a 'world class' treatment system. However, the strategy itself primarily seems designed to recreate the system which existed in parts of the UK prior to the onset of austerity. For some groups, that previous system was far from 'world class' - for example, the needs of women were poorly and inconsistently met, as they are today.

We are pleased that the strategy indicates that the Government has begun to

recognise that drug use is also a health issue. Drug use is often the result of a toxic combination of poverty, social exclusion, trauma and instability – and incarceration alone is likely to exacerbate rather than cure any of those causes. We strongly support the approach of diverting people from the criminal justice system and into the evidence-based clinical and psychosocial services that have been proven to offer people the best chance of recovery.

A third of people who use opiates experience housing problems and two-thirds of people who use drugs report having a mental health issue. We are pleased that the Government will be investing in a range of supports that will connect people to a network of expert providers to help people sustain their recovery and is the way we have worked for more than 30 years, providing housing, training and work opportunities, and support for people leaving the prison system, in addition to treatment services. We also welcome the expansion of the Individual and Placement Support employment scheme as early pilots have shown that this has a strong rate of success when integrated with treatment services.

While the strategy contains few bold new ideas, it does provide a level of funding, support and commissioning standards that the sector has been requesting for many years. We are hopeful that the new National Outcomes Framework, new National Commissioning Standards and other systems and mechanisms which the strategy heralds, will make a significant inroad into rebuilding our treatment system infrastructure which people who use substances have a right to receive.

In terms of areas where we would be keen to see the strategy go further, we would include:

- A national programme to tackle the stigma against those experiencing issues with alcohol and drugs.
- Access to digital first interventions, support to explore AI as a treatment methodology.
- Clarity and further definition about minimum standards at a local level in terms of what is commissioned by service types and in what proportion (for example, what % of a service should focus on harm reduction, outreach or prescribing services?)
- More clarity on expected improvements for women's treatment and clarity on minimum standards of support for families more widely.
- Investigation into the use of novel medications, and clearer expansion of medications currently in use such as nasal naloxone, naltrexone and buvidal.

6. Are there particular policies at national or local level across the four UK nations that have been effective in reducing:

- ***drug use,***
- ***drug related deaths, and/or***
- ***drug related offending?***

There is significant evidence of what is effective with regards to drug treatment. Please refer to the Drug Misuse and Dependence Clinical Guidelines for detail. In our view, the full range of interventions, medications and support outlined in this document should be widely available across the UK - this would include medical interventions such as Heroin Assisted Treatment, and a full range of psychosocial interventions, such as contingency management - neither of which is consistently available across the UK now. In addition to the details outlined within that document we would highlight that many people who are dependent on drugs will have lived experiences of trauma. Addressing Adverse Childhood Experiences (ACE's) should be at the heart of any prevention strategy. We advocate a whole-system approach where services are trauma-informed, screenings for adverse childhood experiences happen in the education system and children and young people are supported to process and manage trauma.

On reducing drug-related deaths, approximately half of opiate drug-related deaths involve people who have either never been in treatment or haven't been in treatment for a very long time. Opiate substitution treatment (OST) is estimated to save almost 1,000 lives every year and getting people into structured treatment is critical. Alongside central and local government needing to implement strategies to improve long-term levels of investment, and ensure it is used in the right places, there needs to be a focus on optimal dosing for OST prescribing, for an appropriate duration, same day prescribing, and improved capacity to ensure rapid, low threshold access to OST.

Overdose prevention centres could also play an important role in engaging those not already in contact with treatment services. Alongside reducing risk of overdose and blood borne virus infections among people who use drugs, they also provide vital pathways to treatment and healthcare services.

The ACMD's recommendations from 2016 report, Reducing Opioid Related Deaths in the UK, should be fully adopted. This report identifies the systematic problems that contribute to such high rates of fatalities amongst this population and puts forward solutions that would save lives.

The widespread provision of naloxone across the full range of agencies which come into contact with opiate users is another critical element in reducing drug-related deaths, ensuring life-saving interventions for potentially fatal overdoses. However, naloxone isn't a panacea. Many services are continuing to see an increase in poly-drug

involving both opiates and benzodiazepines which presents an additional range of challenges in reversing the rising trend in overdose deaths.

Too many people with drug dependency are cycling in and out of prison, without achieving rehabilitation or recovery. Evidence has shown prosecuting people for low-level, first time offences is not effective at reducing crime, and people who find themselves in the justice system are often more likely to reoffend. It also creates long-term damaging consequences, from the impact and stigma of having a criminal record to having education and employment interrupted.

We recommend the expansion of drug diversion schemes as recommended in the Black Review, by the Government's expert Advisory Council on the Misuse of Drugs (ACMD), and is a core recommendation of the UK Government's new Drug Strategy.

There are now many successful diversion schemes that have delivered in different parts of the country, in Durham, Thames Valley and Bristol which have shown just how effective diversion can be in helping people avoid the 'revolving door' of low-level offending and short-term sentencing, and the disruption to treatment that it brings. Though we are now seeing growing momentum for expanding the use of diversionary schemes through Project ADDER to tackle substance misuse in selected areas, it is important to ensure these schemes become the norm throughout the UK, and are not dependent on a postcode lottery.

The impact of drug use in the UK

7. What is the impact of drug use? In particular, on:

- ***drug users and their loved ones;***
    - ***local communities and wider society;***
- ***the economy.***

Having a long standing drug problem creates significant psychological and physical effects, and can result in death. The NHS is poor at engaging with the wider health needs of drug users with physical comorbidities (for example, hepatitis C, HIV, heart and lung disease), or mental comorbidities (for example, depression, anxiety, behavioural disorders). Many drug and alcohol users are ill-equipped to navigate complex pathways, and feel stigmatised. Drug dependency is a chronic condition experienced within the social environment and clinical treatment on its own is rarely enough. People often need services to help them with family challenges, mental health, housing and employment support.

People in treatment and recovery frequently experience stigma, and employers are

often wary of hiring people with histories of drug and alcohol misuse. Stigma often limits access to healthcare services, with drug users feeling unwelcome in many mainstream health and care settings. The healthcare system needs to find ways to reach these vulnerable patients to provide screening and treatment.

Drug dependence can be both a cause and a consequence of homelessness and rough sleeping. People who are dependent on drugs may struggle to retain accommodation due to financial difficulties, problems with behaviour or family relationship breakdown.

Long-term drug users will often experience going in and out of prisons, which despite the cost, very rarely enables them to achieve recovery or find meaningful work.

For people who use drugs, their children are often taken into care. Problem drug use is highly correlated with poverty, and these problems blight our most deprived communities.

International comparisons

8. Are there laws, policies or approaches adopted in other countries that have been effective in reducing:

- ***drug use,***
- ***drug related deaths, and/or***
- ***drug related offending?***

The Black Review recommended that the Home Office invest in an innovation fund. Ideally this fund could be used to test out which marketing and behavioural interventions could work in the UK to test and learn how best to reduce drug-related harm. We would like to see how the innovation fund can support international comparisons and adoption of best practice in the UK.

The government also announced there will be a new Centre for Addictions, following the recommendations in the Black Review. We would welcome additional detail on when this will be set up, what it will do and what aims and objectives it will set.

There are also certain areas which need greater research, such as around the needs of women and marginalised groups.

9. If so, could they reasonably be expected to work in the UK?

Not applicable.