Joint Submission to the Committee on Economic, Social and Cultural Rights in relation to the seventh periodic report of United Kingdom of Great Britain and Northern Ireland.

1. We welcome and thank the Committee for their decision to address drug-related deaths in their review of the UK. This submission is made on behalf of Harm Reduction International, the International Drug Policy Consortium (IDPC), Release, the UK's centre of expertise on drugs and drug laws, and Radical Acts to Survive (RATS). Please note that this contribution is complementary to the submission made by RATS, and the supporting organisations to that submission.

2. Please note this submission will only address Question 37 of the Committee's list of issues:

> 37. Please provide information on drug-related deaths and indicate any steps taken to review legislation criminalizing personal drug use and any studies carried out to analyse the impact of such legislation on access to health-care services by people who use drugs. Please also provide information on the measures taken, and on their effectiveness, to tackle the high incidence of HIV/AIDS and hepatitis C among people who inject drugs and the high number of deaths by overdose.

3. As the Government has outlined in their response to the Committee, drug related deaths are at an all-time high, with opioids accounting for almost half of all drug "misuse" deaths[1], and deaths rising quickly in relation to other controlled substances. It is worth noting that the Office for National Statistics (ONS) states that deaths in this category are likely to be underreported, so the situation is likely to be worse that the statistics indicate.[2]

[1] Drug Misuse Deaths are classified as meeting one of the following conditions: a) the underlying cause is drug abuse or drug dependence, and/or b) any of the substances involved are controlled under the Misuse of Drugs Act 1971.
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

[2] Office for National Statistics, 'Deaths Related to Drug Poisoning in England and Wales: 2023 Registrations' (2024), Section 3
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

4. Drug misuse deaths have risen year on year since 2012.[3] In England & Wales there has been a 113% increase in fatalities in the last decade.[4] In their response, the Government has failed to acknowledge that the UK is already in a public health emergency in relation to drug-related deaths, with the situation likely to worsen significantly, and quickly, due to synthetic opioids entering the drug supply chain.

Drug deaths and inequality

5. Drug deaths have increased across all four nations of the UK. Scotland is experiencing rates equivalent to that of North America, with deaths at 277 per million of the population[5] compared to 61.8 per million in England and Wales[6]. In Northern Ireland, the rate is 110 per million of the population. In comparison, the mortality rate in the EU in 2022 (the latest available here) was estimated as 22.5 deaths per million.[7]

6. Inequality plays a significant role in drug-related deaths[8], and the effects of ten years of austerity under the previous Government is a fundamental factor in the rises that we have seen[9]. Inequality also explains, to some degree, the experiences of Northern Ireland and Scotland, it is also evident in drug-related deaths in parts of England, where high levels of deprivation have led to higher rates of deaths. For example, the most recent figures for North-East of England saw drug "misuse" deaths of 108.5 per million of the population - the highest England has ever seen and triple the rate of London.[10]

7. People living in under resourced areas – marked by experiences of poverty, unemployment, homelessness and inadequate housing – are 3 times more likely to

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[3] Ibid. and National Records of Scotland, 'Drug-Related Deaths in Scotland in 2023' (2024) https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023, Northern Ireland Statistics and Research Agency, 'Registrar General Annual Report 2023: Cause of Death' (2024) https://www.nisra.gov.uk/publications/registrar-general-annual-report-2023-cause-death

[4] Office for National Statistics, 'Deaths Related to Drug Poisoning in England and Wales: 2023 Registrations' (2024), https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

[5] National Records of Scotland, 'Drug-Related Deaths in Scotland in 2023' (2024) https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023

[6] Office for National Statistics, 'Deaths Related to Drug Poisoning in England and Wales: 2023 Registrations' (2024), https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

[7] https://www.euda.europa.eu/publications/european-drug-report/2024/drug-induced-deaths_en.

[8] Drug Strategy

[9] https://www.lse.ac.uk/News/Latest-news-from-LSE/2021/k-November-21/Austerity-linked-to-opioid-related-deaths

[10] Office for National Statistics, 'Deaths Related to Drug Poisoning in England and Wales: 2023 Registrations' (2024), https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations

die of a drug-related death in England (comparing the rates in the North East of England to London), and 18 times more likely in Scotland (compared the experiences of those from affluent communities).[11]

8. UN experts have consistently acknowledged the disproportionate impact of punitive drug laws and policies on people living in poverty and on marginalised communities, insomuch that the war on drugs has been denounced as a "war on the poor". Among many others, the OHCHR in its 2023 report concluded that "drug policies disproportionately impact the poorest and most marginalized populations".[12]

9. The Special Rapporteur on the right to health stressed the role of the social determinants of health in shaping drug use, drug policies and health responses; and concluded that "substantive equality, or the realization of what it will take for those individuals who have been made most vulnerable in society to thrive, requires the dismantling of the different systems of oppression that underpin both direct and indirect discrimination in the context of drug use, in particular when drug laws and policies have themselves been instrumental in perpetuating such systems of oppression."[13]

10. The UK Government must address inequality to reduce drug-related deaths. The Committee has repeatedly recommended state parties to enhance access to quality harm reduction and drug treatment services, including by eliminating obstacles to access for vulnerable and marginalised groups.[14] In this context, particular attention should also be paid to increasing funding for health and social services, and to promoting access to housing and social support.

11. The Government must also urgently address the fact that our current legal framework[15] not only continues to criminalise possession of drugs for personal use, it also prevents or hinders the establishment of life-saving interventions such as drug consumption rooms (DCRs) and drug checking services - recognised as a key harm reduction services by the UN Special Rapporteur on the right to health.

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[11] Hamilton I., More data on drug related deaths—a clear warning sign that all is not well in the UK, British Medical Journal (BMJ), 2021, https://blogs.bmj.com/bmj/2021/08/05/more-data-on-drug-related-deaths-a-clear-warning-sign-that-all-is-not-well-in-the-uk/
[12] A/HRC/54/53
[13] A/HRC/56/52.
[14] Among others, E/C.12/IRL/CO/4, para. 51; E/C.12/FRA/CO/5, para. 53.
[15] Misuse of Drugs 1971

Drug-related deaths, harm reduction and the Misuse of Drugs Act 1971

12. Despite significant evidence that drug consumption rooms can reduce health harms[16] and save lives[17], the current and previous UK governments have continuously refused to allow the establishment of these facilities, citing that they are unlawful.

13. The Scottish government historically asked the UK government for permission to set up DCRs in response to the crisis they are facing. It was only when Scotland's Lord Advocate, in 2023, provided some protection from prosecution for offences related to the facility, that a DCR in that jurisdiction could move forward (the previous UK government agreed not to oppose the facility). However, the current UK government has said they will not allow for further DCRs to be set up despite increasing deaths across the country.[18]

14. Similarly, drug checking services – where people can have their drugs tested, which is vital as more synthetic opioids enter the market – have been hampered by the UK legal framework for drugs. Whilst such services can operate with a Home Office license, the system for obtaining the license is expensive and comes with a number of barriers, resulting in difficulties in establishing these facilities, as evidenced by the fact there are only two drug checking services in the country.[19]

15. At the core of the legal restrictions related to DCRs and drug checking is the fact people who use drugs are criminalised. The very act of accessing these services would therefore place people at risk of arrest and prosecution.

16. We note that the Committee asked the UK Government whether a review of the legislation to criminalise people who use drugs has been undertaken; to date there has been no review.

17. A Home Office independent review of drugs in 2019[20], undertaken by Dame Carol Black, explicitly excluded the legislative framework and alternatives, such as

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[16] Stevens A. et al., 'Overdose prevention centres as spaces of safety, trust and inclusion: a causal pathway based on a realist review'. *Drug and Alcohol Review*, 43:6 (2024), 1573-91. doi:10.1111/dar.13908

[17] Rammohan, Indhu et al., Overdose mortality incidence and supervised consumption services in Toronto, Canada: an ecological study and spatial analysis, The Lancet Public Health, Volume 9, Issue 2, https://doi.org/10.1016/S2468-2667(23)00300-6

[18] Clements C, Inside the UK's first legal drug consumption room, 2025, BBC, https://www.bbc.co.uk/news/articles/cdekew421dgo#:~:text=The%20Home%20Office%20would%20not,in%20such%20cases%20in%202023.

[19] Welsh Emerging Drugs and Identification of Novel Substances (WEDINOS) https://www.wedinos.org/ and The Loop https://wearetheloop.org/

[20] Home Office, Independent review of drugs, part 1: terms of reference, 2019, HM Government, https://www.gov.uk/government/publications/independent-review-of-drugs-terms-of-reference

decriminalisation and regulation, from the terms of reference. This is even though an earlier Home Office review of drug policies internationally found that there was no correlation with toughness of sanctions and levels of use.[21]

18. In the last decade, two UK Parliamentary Select Committees[22] have recommended reviewing the current laws, with a specific focus on decriminalising people who use drugs by removing criminal sanctions for possession offences. An additional Committee, chaired by the now Drugs Minister, supported the piloting of DCRs and the roll out of drug checking.[23]

19. The evidence of the harms of criminalisation is well established in the UK context. A report from the Higher Education Policy Institution cited evidence that 16 per cent of students who experienced a "scary situation" with drugs did not seek emergency help for fear of punishment.[24] It is also estimated that about 50 per cent of people dying of an opioid related death have not been in contact with treatment services for at least 5 years[25] - this will be for a myriad of reasons, but at its core people being defined as criminals first and foremost will automatically create barriers.

20. Beyond the health harms, drug law enforcement practices disproportionately, and unjustly, targets Black people, other racialised communities, and those living in deprivation, despite drug use being ubiquitous across all racial and socio-economic groups.[26] In August 2024, The Committee on Elimination of Racial Discrimination expressed concern "about reports that members of ethnic minorities are disproportionately arrested, sentenced to prison and subjected to joint enterprise and drug-related prosecutions"; and recommended the UK review laws and policies that result in such disparate impacts among ethnic groups, including drug laws and policies.[27]

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[21] Drugs: International Comparators
[22] Health Select Committee, Drugs Policy Inquiry, 2019, UK Parliament, https://publications.parliament.uk/pa/cm201919/cmselect/cmhealth/143/14302.htm & Scottish Affairs Committee, Problem drug use in Scotland, First Report of Session 2019, 2019, UK Parliament https://publications.parliament.uk/pa/cm201919/cmselect/cmscotaf/44/44.pdf
[23] Home Affairs Select Committee, Drugs Inquiry, Third Report of Session 2022–23, UK Parliament, https://committees.parliament.uk/publications/41147/documents/203039/default/
[24] Ozcubukcu & Towl, Illicit drug use in universities: zero tolerance or harm reduction? HEPI, March 2022, https://www.hepi.ac.uk/wp-content/uploads/2022/03/Illicit-drug-use-in-universities-zerotolerance-or-harm-reduction.pdf
[25] Public Health England, the national inquiry into drug-related deaths in England. Martin White, Alcohol, Drugs and Tobacco Division, Public Health England and UK Focal Point, https://www.emcdda.europa.eu/system/files/attachments/3234/7.%20Plenary%202%20%20Martin%20White%20EMCDDA.pdf
[26] Shiner et al., 'The Colour of Injustice: 'Race', Drugs and Law Enforcement in England and Wales'. Release, 2018. https://www.release.org.uk/publications/ColourOfInjustice
[27] CERD/C/GBR/CO/24-26.

Addressing comments provided by the UK Government in its response to the CESCR

21. In its response to the Committee, the Government states that it is tackling drug-related deaths through increased investment, ensuring a range of opioid substitution therapy (OST) medications are available, enhancing surveillance systems and addressing stigma.[28] It is impossible to tackle stigma without decriminalising people who use drugs – if you are treated as a criminal, you are automatically stigmatised, that is arguably one of the purposes of the criminal law.

22. In relation to the range of OST medications the Government cites, there are only two medications that are licensed for opioid dependency: methadone and buprenorphine (whilst the long-acting formulation is new to the market, the medication itself remains the same). Physicians can prescribe off-licence, but this happens infrequently likely because of lack of specialised training and/or because of stigma and prejudice against people who use drugs, and more needs to be done by the Department of Health and Social Care to ensure that there is a wide range of medications to address dependency. For example, there are a number of patients, supported by Release, who are prescribed diamorphine (pharmaceutical heroin), who are on this medication because they were historically prescribed it, and who do exceptionally well on this drug.

23. Additionally, the prescribing treatment system can be incredibly restrictive, expecting patients to attend the pharmacy daily to collect their methadone, often requiring supervised consumption. Urine testing and failure to attend appointments can lead to dose reductions, or for those who are allowed to take their medications home, a return to supervised consumption. These are just some examples of how drug treatment in the UK can be an incredibly negative experience for people trying to access support, and is one of the contributing reasons as to why so many people who are dying have not been in contact with services.

24. As noted in the submission from colleagues at RATS, drug-related harms are "deeply gendered", with women experiencing significant barriers to drug services in relation to the risk of children being taken into custody. Access to treatment is also difficult for many minority groups including for people from racialized communities, those from gypsy and traveller backgrounds, and people who experience disabilities. It is also the case that many services are not geared to supporting the needs of LGBTQIA+ communities.

25. As most recently acknowledged by the Special Rapporteur on the right to health, "the stigmatization and criminalization of drug use represent a barrier for people with drug

[28] E/C.12/GBR/RQ/7, para 318.

use disorders to accessing services, establishing therapeutic relationships and continuing treatment regimes, leading to poorer health outcomes as, in addition to stigmatization, they may fear legal consequences or harassment and judgment."[29]

26. Whilst both the current and previous Governments have worked to expand naloxone[30] provision – which is very welcomed – this is not enough to address the crisis we are in. Additional funding and improved drug market surveillance systems are also welcome, but this funding comes after years of disinvestment and de-funding of the sector, whilst the fact we still don't have sufficient surveillance systems in the middle of a toxic drug supply means we are not equipped to address rising drug-related deaths.

27. It is worth noting that synthetic opioids are contaminating not only the heroin supply, but also the benzodiazepine market, as well as appearing, albeit less frequently, in other substances – another reason we urgently need a robust surveillance system, including a national roll out of drug checking.

28. Finally, the fact there is a time lag in the reporting of drug-related death statistics in England and Wales, with the figures often reported 12 to 24 months after death, is testimony to the scale of the problem in being prepared to address this ongoing emergency. Scotland has been much more effective in its reporting structures, with quarterly data published.[31]

29. The UK Government also points to their response to tackling BBV transmission, and whilst the work to reduce rates of Hepatitis C through scaling up testing and treatment is impressive, there have been concerning developments. Recent data from the UK Health Security Agency[32] found that the re-use and sharing of injecting equipment was the highest it had been for a decade, with 44 per cent of people responding to the survey reporting that they had shared equipment in the last month. This is happening in the context of low rates of HIV and Hepatitis B and declining rates of Hepatitis C, which is positive, but there is a need for vigilance and again a recognition of how

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[29] A/HRC/56/52, para. 31.
[30] Naloxone is an effective opioid overdose reversal medication: https://www.who.int/news-room/fact-sheets/detail/opioid-overdose. Also A/HRC/56/52, para. 65.
[31] Scottish Government, Suspected drug deaths in Scotland: July to September 2024 https://www.gov.scot/publications/suspected-drug-deaths-scotland-july-september-2024/pages/7/ - the Scottish Government publishes quarterly data
[32] UKHSA, People who inject drugs: HIV and viral hepatitis monitoring, 2024, https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring

policing and criminalisation can impact on people accessing the services they need, including needle syringe programmes.

Conclusions and Recommendations

30. The UK faces an unprecedented crisis in drug related deaths, with a backdrop of increasing figures over the last decade, we are now witnessing a public health crisis transforming into a public health catastrophe. Yet, the current UK Government has done little to explain how they are going to prevent deaths and save lives. There has been no clear commitment on long term funding for drug treatment and no clear support for harm reduction.

31. Instead, what we have witnessed since the new Government has taken office has been a ratcheting up of law enforcement approaches through the scheduling and rescheduling of drugs under the Misuse of Drugs Act 1971[33], which will inevitably lead to an increasing number of people criminalised for possession offences, creating further stigma and pushing people away from services. At the same time the Government is adding drugs to the list of substances that are prohibited, there has been absolutely no public health campaigns which could provide information on how people can reduce risks.

32. The Government should follow the advice of the Health Select Committee, the Scottish Affairs Select Committee, and a wide range of UN bodies including the World Health Organisation[34], UNAIDs[35], UNDP[36], the Office of the High Commissioner for Human Rights[37], the Special Rapporteur on Health[38], and decriminalise the possession of drugs for personal use.

33. Nearly 40 countries across the world have adopted non-criminal responses to drug possession, for some or all drugs.[39] When coupled with investment in treatment and

[33] https://www.gov.uk/government/news/six-synthetic-opioids-to-be-banned & https://www.gov.uk/government/news/home-office-requests-review-of-ketamine-classification
[34] World Health Organization, "Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations," 2016. Available at: https://iris.who.int/bitstream/handle/10665/246200/9789241511124-eng.pdf?sequence=8
[35] UNAIDS, "Global AIDS Strategy 2021-2026," 2021. Available at: https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf
[36] United Nations Development Programme, "Addressing the Development Dimensions of Drug Policy," Discussion Paper, 2015. Available at: https://www.undp.org/sites/g/files/zskgke326/files/publications/Discussion-Paper--Addressing-the-Development-Dimensions-of-Drug-Policy.pdf
[37] A/HRC/54/53
[38] A/hrc/56/52
[39] TalkingDrugs, IDPC & Accountability International, Drug Decriminalisation Across the World, 2024, Release: London https://www.talkingdrugs.org/drug-decriminalisation/

harm reduction services, decriminalisation can have a significant and positive impact on health, social and economic outcomes.[40]

34. The UK Government should allow for the establishment of DCRs across the UK, supporting local areas to set up these facilities to address the crisis of drug related deaths.

35. The licensing regime for drug checking should be amended to allow for greater flexibility in deploying this life saving intervention. As the drugs market becomes more and more unstable, it is critical that people can test their drugs in order to protect them from risk of overdose.

36. There must be a commitment to long term investment in the drug treatment sector, and funding for harm reduction initiatives must be prioritised. The previous Government significantly scaled up investment in 2021, committing £780 million over three years, the new Government must take similar steps to ensure that lives are saved.

37. Services must be low threshold, eliminating all barriers to access, and recognising the needs of different groups.

38. Public Health campaigns should be a key strategy to reduce the harms of drugs, by providing people will harm reduction information they can be empowered to navigate the risks of an unregulated market.

39. Key to protecting the lives of some of the most marginalised in society is addressing inequality. Economic, social and housing justice are fundamental to securing better health outcomes for people and their communities and must be a cornerstone of all government policies.

40. Finally, UK Government departments responsible for drug policy have failed to engage effectively with civil society, with little to no interaction beyond public consultation exercises. The most concerning aspect of this is the lack of engagement with, and support for with people who have lived or living experience. It is critical that people who use drugs, who come from intersectional experiences and backgrounds, have a seat at the policy table.

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[40] Global Commission on Drug Policy, Beyond Punishment: From Criminal Justice Responses to Drug Policy Reform, 2024, https://www.globalcommissionondrugs.org/reports/beyond-punishment-from-criminal-justice-responses-to-drug-policy-reform

41. We would be grateful if the Committee could recommend that the UK Government implement the above recommendations as part of the review. These steps are crucial to realising the fundamental rights of people who use drugs, their families and communities, including their right to health and their right to equal treatment and dignity.

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