Public Accounts Committee Call for Evidence: Reducing the Harms from Illegal Drugs

Release & Unjust UK Joint Evidence

November 2023

Release
Drugs, The Law & Your Rights

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About Release

Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free nonjudgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release believes in a just and fair society where drug policies should reduce the harms associated with drugs, and where those who use drugs are treated based on principles of human rights, dignity and equality. Release is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations

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About Unjust UK

UNJUST CI.I.C is a non-profit organisation that challenges discriminatory practices, culture and policies within the UK's police forces, and the wider criminal legal system. We are committed to holding State agencies accountable for their conduct and treatment of Black, Asian and racialised ethnic communities. Most recently, UNJUST was involved in issuing judicial review proceeds against the Metropolitan Police Service for its use of the Gangs Matrix.

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Introduction

1. Against decades of declining outcomes for all those impacted by drugs policy, the government's 10-year strategy "From Harm to Hope"[1] ("the Strategy") addresses the same core themes as its 2010 and 2017 predecessors. Those are the reduction of demand, the disruption of supply and funding treatment. Our evidence first addresses the embedded societal harms caused by the criminalisation of drugs, before commenting on each of these themes.

2. The government is treading a tight wire. A Home Office Evaluation of the 2010 Drug Strategy found that despite spending £1.6 billion a year on drug law enforcement, interdiction had little impact on the availability of drugs but it had a number of "unintended consequences" including increased violence associated with the market, increased overdose due to varying purity and an increase in drug purchasing. All the emerging evidence - by contrast - points towards the efficacy of public health led interventions, free from coercion and punitive sanctions.[2]

3. Despite the warnings of recent history, over the last 12 months or so, the government has consulted the public on a number of proposed policy changes in relation to the criminal sanctions available to law enforcement for drug-related offences. Release has responded to many of these consultations, which have each raised concerns about the harms that are endemic in the enforcement of drugs laws without providing sufficient discussion of safeguards against those harms.

4. The National Audit Office's ("NAO") October 2023 report[3] on the Strategy raises a number of specific concerns about its implementation, which it describes as "*mixed*", and indeed issues that go to the heart of a number of the objectives the Strategy outlines.

5. To date the Government has measured the effectiveness of the Strategy in terms of so-called "county lines" closed, arrests made, number of treatment workers, referrals to treatment from the criminal legal system, and number of people tested on arrest. These are not metrics of success, they do nothing to

[1] UK Government, Policy Paper: From harm to hope: A 10-year drugs plan to cut crime and save lives. Updated April 2022. Available at: https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#chapter-4--achieving-a-generational-shift-in-the-demand-for-drugspe: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

[2] UK Home Office, An evaluation of the Government's Drug Strategy 2020. Available at: https://assets.publishing.service.gov.uk/media/5a82a6a1e5274a2e87dc2472/Drug_Strategy_Evaluation.PDF

[3] National Audit Office, Report – Value for money, Reducing the harm from illegal drugs, October 2023, Available at: https://www.nao.org.uk/reports/reducing-the-harm-from-illegal-drugs/

evidence the impact on the availability of drugs, or changes to the market resulting from interdiction which can cause greater risks to people. They also do not address impact on health including whether they have been able to reduce drug related deaths, the majority of which would be avoidable with the right policies - the current Strategy is not the right policy approach.

6. It is clear that, despite the optimism inherent in its title, the Strategy is grounded in outmoded, harmful approaches to drugs policy. It often sets out goals without a clear plan for their achievement and no evidence to support the efficacy of the chosen route which, in our view, will be wayward and inevitably lead us back to where we started: with a drugs policy framework that does nothing to mitigate harms, that in reality increases harms, and that could do so much more for people.

The harms of criminalisation

7. Release and Unjust have been researching and campaigning against the harms inherent in the criminalisation of drugs for decades and are positioned on the frontline of drugs policy and its impact on the lives of vulnerable people. Among other areas, our work has focused on the racial disparities in drugs enforcement,[4] harm reduction[5] and impacts upon young people.[6]

8. Over the last year or so, Release has raised these issues in its responses to government policy consultations that have taken place under the rubric of the Strategy, including the White Paper on Drug Possession Offences,[7] the new cautions framework under the Police, Crime, Sentencing and Courts Act 2022,[8] and the criminalisation of Nitrous Oxide.[9] Latterly, and despite the evidence and our shared views with the Advisory Council on the Misuse of Drugs, criminalisation went ahead.

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[4] Release, The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales, 2017. Available at: https://www.release.org.uk/publications/ColourOfInjustice

[5] Release, Saving Lives: Best practice guidance on the provision of naloxone. Available at: https://www.release.org.uk/publications/saving-lives-best-practice-guidance-provision-naloxone-people-who-might-experience-or

[6] Release, Liberty and ors., Holding our own: a guide to non-policing solutions to serious youth violence, 2023. Available at: https://www.libertyhumanrights.org.uk/wp-content/uploads/2023/04/HoldingOurOwn_Digital-DoubleSpreads.pdf

[7] Release, Response to the UK government's White Paper 'Swift, Certain, Tough: New Consequences for Drug Possession'. Available at: https://www.release.org.uk/publications/response-uk-governments-white-paper-swift-certain-tough-new-consequences-drug

[8] Release, Response to Ministry of Justice Consultation on Diversionary and Community Cautions in the Police, Crime, Sentencing and Courts Act 2022. Available at: https://www.release.org.uk/publications/response-ministry-justice-consultation-diversionary-and-community-cautions-police-crime

[9] Release, Submission to ACMD call for evidence on health and social harms of nitrous oxide (laughing gas). Available at: https://www.release.org.uk/publications/submission-acmd-call-evidence-health-and-social-harms-nitrous-oxide-laughing-gas

9. All signs point toward the government continuing to introduce punitive policies, which have been shown to be ineffective, at the expense of the health and other outcomes of those impacted most by criminalisation.

Health harms

10. Drug-related deaths are at an all-time high across the UK[10], accounting for a third of such deaths across the whole of Europe[11].

11. Opioid deaths have increased by 75 per cent since 2012, and there has been a 131 per cent rise in heroin/morphine deaths in the same period.[12] Similar increases have been experienced in Scotland and Northern Ireland, and the Scottish government have declared the situation as a public health emergency.[13]

12. The drivers for these deaths are complex, with inequalities and cuts to drug treatment due to austerity being two of the main factors resulting in these tragic and avoidable deaths. In addition, the risk of criminalisation hinders people seeking the support they need, this applies both in emergency situations and in relation to accessing drug treatment services. A 2022 report from the Higher Education Policy Institution (HEPI) into illicit drug use amongst students found that 29 per cent feared punishment if they were to disclose their drug use to their institution. This report also cited one study where 16 per cent of students who experienced or witnessed a "scary experience" did not go to hospital or seek help.[14]

13. For those who experience drug dependency, fear of criminalisation, or at the very least, being perceived as a criminal first and foremost (and the associated stigma that creates) can result in reluctance to access treatment services. It is estimated that 54 per cent of those who died from an opioid related death had not been in contact with drug services in the preceding five years.[15]

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[10] National Records of Scotland, Drug-related deaths in 2022. Available at: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2022

[11] European Monitoring Centre for Drugs and Drug Addiction (2017) European Drug Report 2017: Trends and Developments, Lisbon: EMCDDA. Available at: https://www.emcdda.europa.eu/publications/edr/trends-developments/2017_en

[12] Office for National Statistics, Deaths related to drug poisoning in England and Wales: 2022 registrations. Available at: https://www.ons.gov.uk/releases/deathsrelatedtodrugpoisoninginenglandandwales2022registrations

[13] The bmj, News, 2 December 2019, News
Drug deaths: Scottish minister vows to tackle "public health emergency". Available at: https://www.bmj.com/content/367/bmj.l6776

[14] Illicit drug use in universities: zero tolerance or harm reduction? Ozcubukcu and Towl, March 2022. Available at: https://www.hepi.ac.uk/wp-content/uploads/2022/03/Illicit-drug-use-in-universities-zero-tolerance-or-harm-reduction.pdf

[15] 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. Available at:

Racial disparities

14. Those policies aimed at punishment under the Strategy will have the effect of increasing drugs-related policing and the net-widening of individual interactions with the criminal legal system. The thread of racism, racial disparity in outcomes and prejudice that runs through our legal system is well understood.[16] Release has raised this issue in relation to several consultations in the last year.

15. This prejudice has far-reaching consequences for people of colour. Currently, 61% of all stop and searches are for drugs accounting for just over 330,000 such police interactions.[17] Her Majesty Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) estimates that 70 per cent of these searches are for simple possession of drugs.[18] These searches fall most heavily on Black people and those from other ethnic communities, and people living in deprivation.[19] Black people are 7.7 times more likely to be stopped and searched for drugs[20], despite being less likely to use drugs.[21] And even though the "find" rate of drugs resulting from a police search is lower for Black people, when caught in possession they are more likely to receive a harsher punishment, for example, a Black person is sentenced to cannabis possession at almost 12 times the rate of white people.[22]

16. Recent legislative changes, including the new cautions framework, risk prolonging and deepening the harmful trend of racially biased drugs enforcement. The impact of this new approach will bring young people, particularly young people from racialised communities, further into the criminal legal system, reducing their life opportunities through the stain of criminal records and doing nothing to make communities safer.

The national inquiry into drug-related deaths in England

[16] For example, recall: The Metropolitan Police, The Baroness Casey Review, March 2023. Available at:https://www.met.police.uk/police-forces/metropolitan-police/areas/about-us/about-the-met/bcr/baroness-casey-review/

[17] Home Office, Police Powers and Procedures, Stop and Search Summary Data Tables, Year Ending March 2023. Available at: https://www.gov.uk/government/statistics/stop-and-search-and-arrests-year-ending-march-2023/police-powers-and-procedures-stop-and-search-and-arrests-england-and-wales-year-ending-31-march-2023

[18] HMICFRS, PEEL: Police legitimacy 2017. Available at: https://hmicfrs.justiceinspectorates.gov.uk/publications/peel-police-legitimacy-2017/

[19] Supra note 4

[20] Home Office, Police Powers and Procedures, Stop and Search Summary Data Tables, Year Ending March 2022. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1113377/stop-search-data-tables-summary-mar22.ods

[21] ONS, Drugs Misuse in England and Wales, 2022. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingjune2022/relateddata

[22] Supra note 4

17. The Strategy is completely silent on how the government plans to remediate or guard against the racism and disparate outcomes embedded in drugs enforcement. Without this due consideration, the government's march further down the line of harsher criminal penalties will do nothing but further ingrain those harms.

Young people

18. Young people are disproportionately impacted by the enforcement of drugs laws. In its White Paper consultation, the Home Office acknowledged concerns about the overrepresentation of young people from ethnic minority communities for drug possession offences.

19. Over 1300 children aged 10 to 17 were prosecuted for possession of a drug in 2020, with nearly 900 being sentenced.[23] Over 6000 children were convicted of this offence in the last five years.

20. The largest age group to be prosecuted and sentenced for possession offences are those aged 18-24 years old, accounting for 29 per cent of those prosecuted for possession of a controlled substance in 2020,[24] a pattern that reflects previous years. Whilst this is also reflective of patterns of drug use, in that this age group is more likely to consume controlled substances, the damage it can do to a young person's life opportunities is significant.

21. While we welcome a number of the initiatives that the Strategy sets out, recent legislative changes have failed to address risks to young people or mitigate against those risks. For example, the Code of Practice for the new cautions framework failed to address the discrepancy between Out of Court Disposals for young people and adults. It remains unclear which OOCD would be applied to someone who may have received a Youth Conditional Caution (YCC) were they under-18, with the risk that a young person may be subject to a harsher penalty than an adult for the same offence.

22. The harm of receiving a caution, and a criminal record, and its impact upon employment and educational opportunities cannot be understated and outweighs the harms associated with the drug use patterns of most young people.

[23] Ministry of Justice, Criminal Justice System Statistics Outcomes by Offence 2017 to 2020, available at:https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F1113400%2Foutcomes-by-offence-tool-2021-revised-2.xlsx&wdOrigin=BROWSELINK

[24] Ibid

23. The criminalisation of Nitrous Oxide possession, despite its low risk index, will pull many more young people into the criminal legal system. We are particularly concerned about prosecution and potential imprisonment for supply or intent to supply in situations where young people are simply sharing nitrous oxide in a social setting.

24. We are deeply concerned that this risk to young people has progressed despite the advice of the ACMD. We are additionally concerned that the criminal sanctions have not been accompanied by public health advice on safe consumption to young people, to mitigate the harms associated with the heavier and regular use of Nitrous Oxide.

25. The Strategy seeks to force a "*generational shift*" in attitudes to drug use, relying predominantly on the use of criminal sanctions to "send a message" to young people so as to deter them from using drugs. It seems counterintuitive that young people - many from ethnic minority and deprived communities - should continue to bear the brunt of criminalisation. The reality is that successive generations of young people have been subjected to harsh sanctions but continue to consume drugs, often stopping in adulthood. There is nothing to suggest this latest drive will succeed where every other has failed.

Progress on disrupting drugs supply

Global issues: futile enforcement

26. The government has estimated that approximately three million people in England and Wales take illegal drugs, costing society approximately £20 billion a year. Government collated statistics also indicate that in 2021, almost 3,000 people in England died due to drug use and thousands more suffered complex health problems.[25]

27. The Strategy sets out the government's desire to tackle the complexity of the illegal drug market and associated issues. The government has announced a £900 million increase for funding in 2022-23 to 2024-25, to achieve long term targets in reducing drug use and drug related crime and death, through establishing the cross-government Joint Combating Drugs Unite to oversee the development and implementation of the strategy.

28. Whilst such efforts are welcome, prohibition and punishment does not address supply or demand, nor effectively help those who take drugs. The Home Affairs Select Committee Inquiry into Drugs evidence[26] stated that *'Unfortunately,*

[25] Supra note 3
[26] Evidence submitted by the All-Party Parliamentary Group for Drug Policy Reform, Home Affairs Select Committee Inquiry Into Drugs, March 2022. Available at: https://committees.parliament.uk/writtenevidence/107428/pdf/

much of current drug supply reduction activity is either ineffective, or actually makes things worse – increasing the violence associated with drug markets, encouraging the replacement of less harmful with more harmful substances, encouraging the exploitation of vulnerable young people, and driving consumers into riskier forms of consumption'. This reflects the Government's own assessment of the 2010 Drug Strategy, published in 2017 and cited earlier in this submission.

29. The Home Office in 2014 conceded that "*we did not…observe any obvious relationship between the toughness of a country's enforcement against drug possession, and levels of drug use in that country.*"[27]

30. Once demand is established for a particular drug in a particular population, it is not possible to reduce it significantly through stifling distribution of the said substance, using arrest or punishment as a deterrent,[28] lending itself to the position that enforcement is futile, and as already highlighted can increase harms for individuals, families and communities. Various factors such as the cost of living crisis and supply and demand issues have resulted in other substances surfacing and being mixed into more traditional drugs.

31. The current drugs supply market is shifting and although traditional recreational drugs such as heroin, cocaine and amphetamines remain prevalent in the UK, we are now seeing nitazenes entering the heroin, oxycodone and benzos markets, as well as less frequent occurrences in other drugs. Nitazenes, a potent synthetic opioid similar in strength to fentanyl, mixed into other depressant drugs pose substantial risk of overdose, hospitalisation and death.

32. Since June 2023, the Toxicology Unit at Imperial College London has encountered over a dozen illicit drug cases in which nitazenes have been detected in postmortem blood. Nitazenes have also been seen in cases that involve illicitly obtained tablets, such as alprazolam and oxycodone.[29] Over 30 deaths have occurred in Birmingham and the surrounding area in the same period, and are suspected to be linked to this group of drugs.[30] There are similar reports across the country.

33. We are seeing a similar situation in Ireland where Dublin's Health Service Executive reports that recent heroin overdose clusters in the Dublin region are

[27] UK Home Office, Policy paper, Drugs: international comparators, October 2022. Available at: https://www.gov.uk/government/publications/drugs-international-comparators
[28] Ibid
[29] The bmj, Rapid Response: Evolving use of recreational drugs in UK - Nitazines and Xylazine. Dr Limon Nahar and ors. 16 October 2023. Available at: https://www.bmj.com/content/383/bmj.p2280/rr
[30] Booth R, Synthetic opioids and sedative may be behind rise of fatal overdoses in West Midlands Synthetic opioids and sedative may be behind rise of fatal overdoses in West Midlands

as a result of nitazenes mixed in heroin.[31] A total of 40 drug related overdoses had been reported to the HSE in a 36 hour period, following a sharp rise in the number of overdoses related to a powder being sold as heroin, containing trace amounts of nitazene.

34. The profile of those using these drugs incorporate a wide range of people including young people, using drugs such as Xanax and oxys. Fake versions of these drugs are often sold over the dark web, leaving many who purchase these drugs unclear of the authenticity of the drugs, putting themselves at major health risks. A greater emphasis should be placed on tests of the content of drugs, using Wedinos sample testing to test drugs.

35. The arrival of synthetic opioids in the UK, and in neighbouring countries, should be of grave concern to the Government. We are already experiencing a public health crisis in drug related deaths, with deaths at a record high, these contamination of the drug supply that we are currently seeing could result in a catastrophic situation as we have seen in North America. Simply, classifying these substances under the MDA 1971 and ramping up enforcement will have no effect, and as we have repeatedly stated may cause greater harms. This is a public health crisis that needs a public health response, which is currently lacking.

36. The emergence of these substances is as a result of the Taliban banning poppy production in Afghanistan. This has impacted on the heroin supply chain, leading to a price hike in heroin.[32] In Release's opinion, even if the ban is lifted synthetic opioids are here to stay, and may become the dominant substance in the opioid market.

37. Disrupting the supply of drugs has been shown to be ineffective across successive governments. Despite this, chapter 2 of the Strategy states that the government are "*...committed to bring the full force of government to bear in a relentless and uncompromising attack on every phase of the drugs supply chain…including using all of the law enforcement capability*". The crux of the issue remains that whilst costly enforcement is rolled out, it remains ineffective.

38. The UN World Drug Report 2023[33] states that the world drug challenges further complicate the picture. For example, cocaine production is at a record high, or "booming" as the UNODC put it, and seizures of amphetamine and

[31] HSE, Nitazenes detected in heroin samples related to Dublin Overdose cluster. Available at: Nitazenes detected in heroin samples related to Dublin Overdose cluster - HSE.ie.
[32] Eastwood & Schlossenberg, 2023, Addressing Illicit substance threats: old and new | The BMJ. Available at: https://www.bmj.com/content/383/bmj.p2421/rr
[33] United Nations, Online World Drug Report 2023 - Latest data and trend analysis. Available at:https://www.unodc.org/unodc/en/data-and-analysis/wdr-2023-online-segment.html

methamphetamine have skyrocketed. The UN Office on Drugs and Crime has identified that cocaine trafficking is diversifying through new hubs and groups with the global supply at record levels.

39. The report has identified that any seizure remains the tip of the iceberg and the steep growth in supply has been matched by a similar swelling in demand. Many global regions show a steady increase in cocaine users over the past decade, and interceptions of cocaine shipments by law enforcement around the world have also risen sharply, with seizures reaching a record high of nearly 2,000 tons in 2021. The 2023 Global Report on Cocaine details how cocaine cultivation soared 35% from 2020 to 2021, which was a record high and the sharpest year-to-year increase since 2016.[34]

40. Even when traditional markets such as heroin are disrupted (albeit this disruption was due to the Taliban ban) the market shifts often toward more harmful substances. Further, UNODC identifies a number of 'unintended consequences' from a punitive enforcement- led approach, that places control of the trade in the hands of organised crime, and criminalises many users, limiting efforts to rectify issues. By using an enforcement based approach, the UNODC notes that this process:

    - Undermines international development and security, and fuels conflict
    - Threatens public health, spreads diseases and causes death
    - Undermines human rights
    - Promotes stigma and discrimination
    - Creates crime and enriches criminals
    - Causes deforestation and pollution
    - Wastes billions on ineffective law enforcement.

41. This coincides and confirms that the Home Office were right in their assessment and the proposed increase in enforcement strategies as means to curtail and disrupt the drug supply may in fact be ineffective and adding to exploitation and increase in mixing of illicit drugs into traditional ones.

Local issues: County Lines and the Gangs Matrix

42. The government has undertaken successive efforts in enforcement that specifically target young people involved in the trade of drugs. Despite its continued framing as such by the government and media, this is not a new issue. However, initiatives like the Gangs Matrix, and tackling so-called County Lines, focus a disproportionate amount of enforcement power onto young

[34] United Nations Office on Drugs and Crime, Global Report on Cocaine 2023. Available at: https://www.unodc.org/documents/data-and-analysis/cocaine/Global_cocaine_report_2023.pdf

people without considering how to support them and where alternative, more effective strategies exist.

43. We have been deeply concerned about the tendency for these initiatives to discriminate against young people from Black and racialised communities. Unjust UK assisted individuals in launching a successful Judicial Review of the Gangs Matrix in 2022.

44. The Metropolitan Police accepted that the Matrix breached the right to a private and family life. Personal data held on the Matrix had been shared broadly with third parties, putting them at risk of over-policing, school exclusion, eviction, and in some cases being stripped of welfare benefits, deportation or even children being taken into care.

45. The Met also accepted that Black people were disproportionately represented on the Matrix and that efforts to address this had not worked, with the latest review of the Matrix showing that 80% of those named on the Matrix were Black.

46. Research has found that County Lines entered the UK policy agenda as the culmination of local "problem profiling" carried out under the failed Ending Gangs and Youth Violence (EGYV) programme and other former drug policing and anti-gangs policies.[35]

47. County Lines has been the focus of the government supply side reduction, with "rolling up" lines being a metric on which success is measured. However, research has shown that County Lines, like the Gangs Matrix, is built on racist troupes framing Black men and children as a "criminal problem", resulting in overrepresentation in the criminal legal system, with 83% of suspected cases in London involving someone from a racialised community.[36]

48. Like stop and search, these numbers are reflective of policing activity not of the drugs market, and adds to the evidence of the racially unjust nature of our drugs policy. Despite Government's continued rhetoric that County Lines is "the most violent and exploitative" drugs market to date, there is little to no evidence to support this. The County Lines model operates in a very similar way to how the market has operated for decades, bar from technological adaptations. It is also not clear what the Government hopes to achieve by closing lines, as the market will simply adapt to avoid detection by law enforcement, as such this is a meaningless metric.

[35] Why county lines, why now? Racism, safeguarding, and statecraft in contemporary Britain, Koch, Williams, and Wroe, 15 November 2023. Available at: https://journals.sagepub.com/doi/10.1177/03063968231201325
[36] Ibid

Reducing long-term demand for drugs

49. The Strategy aims to reduce long-term demand for drugs, hoping that stronger criminal consequences will deter use, and that trying to *build* an evidence base in the process will assist. The fact is, these strategies do not work. Criminalisation does nothing to deter people from using drugs, only enhances the harms associated with their use.

50. Policy decisions should be evidence-based before they are conceived, not themselves reliant on building an evidence base to justify their efficacy. However, a lacuna of evidence is exactly what the government are transparently relying upon. It is striking that this approach has been taken, when the government feels otherwise emboldened to ignore relevant evidence as it relates to drugs policy decisions where it suits their wider political agenda.

51. One example is the recommendation from the Advisory Council on the Misuse of Drugs that the criminalisation of Nitrous Oxide under the Misuse of Drugs Act 1971 would be a disproportionate step against the low-risk index of the substance itself. It cannot be said that the Strategy is working towards building a world class evidence base if the government chooses to ignore the recommendations and evidence its expert advisors provide.

52. Drug use is ubiquitous across society. People from all social classes, genders, ethnicities and backgrounds use drugs. Further, the United Nations outlines that only a very small percentage of drug use is dependent use[37]. There is extensive evidence that shows a link between poverty and dependent use of drugs. While we acknowledge that people of all backgrounds can become dependent users of drugs, it is clear that markers of poverty are a huge barrier to drug services and treatment.

53. Criminalisation does not deter drug use. Rather, criminalisation only deters people from seeking help from services, including emergency services. This can be shown from the recent HEPI report, which stated that 16% of students did not seek help during a 'scary experience' related to drug use for fear of punishment.[38] Almost one in five young people fearing criminalisation or exclusion from school or university, over the risk to their life and broader health is a terrifying statistic, and just one reason we need to create an environment where people feel safe to come forward.

54. This pattern plays out in relation to people who are dependent on drug use. Many do not seek the help that they need to minimise their dependence, as

[37] Supra note 33
[38] ibid

evidenced by the fact that nearly 50% of people who have died of drug related deaths have not been in contact with the treatment system for at least 5 years.[39]

55. Criminalisation is a barrier to effective healthcare. The UN has confirmed this and has recommended that Member States move towards decriminalising possession of drugs.[40] It is worth noting that of the 30+ countries that have ended criminal sanctions for possession and use of drugs, drug use has not increased[41], but when coupled with investment in harm reduction and treatment, can have better health, social and economic outcomes.[42]

56. Against a lacuna of evidence supporting the effectiveness at attempts to reduce demand, it is also clear that the government has no clear plan. The National Audit Office's review of the 2021 Strategy states that it '*...aims to reduce the demand for drugs, but government does not yet have the evidence to know how to do so*'.[43]

57. The upshot is that any of the £903 million spent on the strategy is a sunk cost vis-a-vis reducing demand. The government's focus should be on reducing the harms associated with dependent drug use. In order to reduce dependency, investment and support needs to be targeted to identifiable risk factors. These factors include housing, inequality, welfare support, meaningful employment and quality drug treatment services.

58. The need for holistic support for dependent drug use is well established. The 2020 UN World Drug Report stated that "*[a]lthough people in higher socioeconomic groups have a greater propensity to initiate drug use than those in lower socioeconomic groups, people in lower socioeconomic groups pay a higher price for drug use as they are more likely to progress from drug use to drug user disorders…[and] also limit the access of disadvantaged or marginalized population groups to health, health promotion, prevention and drug treatment services*".[44]

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[39] Supra note 15

[40] United Nations, Chief Executives Board for Coordination Distr.: General 18 January 2019, Second regular session of 2018 Manhasset, New York, 7 and 8 November 2018, at Annex 1. Available at: https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf

[41] Is policy 'liberalization' associated with higher odds of adolescent cannabis use? A re-analysis of data from 38 countries, A Stevens. Available at: Is policy 'liberalization' associated with higher odds of adolescent cannabis use? A re-analysis of data from 38 countries - ScienceDirect

[42] Release's Written Submission to the Home Affairs Committee's Inquiry on Drugs, 24 March 2022. Available at: https://www.release.org.uk/sites/default/files/pdf/publications/Release%20Written%20Submission%20-%20Drugs%20Inquiry%202022.pdf

[43] National Audit Office (2023), Reducing the harm from illegal drugs, https://www.nao.org.uk/wp-content/uploads/2023/10/reducing-the-harm-from-illegal-drugs-summary.pdf

[44] UNODC, World Drug Report 2020, Booklet 5, Socioeconomic Characteristics and Drug Use Disorders (United Nations publication, 2020)

59. Dame Carol Black's report stated that "*[t]his problem can only be solved through coordinated action by multiple departments' and that 'these departments must work together to invest in and improve treatment, employment, housing support and the way that people with addictions are treated in the criminal justice system*".[45]

60. Housing is a particularly important risk factor, as The Kerslake Commission on Homelessness and Rough Sleeping's report found that 45% of rough sleepers "*self-medicate with drugs or alcohol to manage their mental health*".[46] Efforts to reduce drug dependency (and consequently reduce some demand for drugs) must ensure that individuals have access to drug services, adequate and stable housing, welfare support and meaningful employment to minimise the factors of deprivation and poverty that drive a large proportion of drug dependency. We welcome parts of the Strategy that allude to this provision, but it is not yet clear how or when it will be put into place.

61. Drug services and treatment need to be adequate to holistically support individuals seeking help. In the UK, there are no tailored treatment services for certain demographics of people. For example, there are almost no treatment services specifically for young people or women. This has the knock-on effect of deterring young people and women from seeking treatment (especially women who have faced domestic violence and may feel uncomfortable in a mixed gender service and women who have children who are afraid they will be taken from them because of their drug use), and means that the nuances faced by specific groups of people in addressing their risk factors may not be considered. The housing needs of a young person or woman is completely different to that of a middle-aged man. These differences need to be addressed in order to give useful, effective and holistic support.

62. The government's focus should be about reducing risk of problematic dependency, rather than non-dependant use. This focus must include the identification of risk factors and how to mitigate these because, whilst dependency is experienced across all groups in society, those living in deprivation experience exacerbated harms. Attempting to reduce the non-dependant demand for drugs will be futile, it will put people, especially young people, at risk and only cost the government more. The way to effectively use

[45] Dame Carol Black (2021) Independent report. Review of drugs part two: prevention, treatment, and recovery,https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

[46] The Kerslake Commission on Homelessness and Rough Sleeping (2023) Turning the Tide on Rising Homelessness and Rough Sleeping, https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2023/09/Turning-the-Tide-on-Homelessness-and-Rough-Sleeping-Kerslake-Commission-2023-Report.pdf

public funds and address the harms caused by drug use is to focus solely on dependent drug use that creates problems for individuals and mitigate these harms through holistic support to reduce factors of poverty, criminalisation and deprivation.

Barriers to accessing treatment and supporting recovery

Inconsistencies in the Treatment System

63. Unlike its predecessor, the National Treatment Agency, the Office for Health Improvement and Disparities (OHID), responsible for the management and governance of drug treatment, does not have direct mechanisms to hold individual drug treatment services accountable when they fall short of national standards or clinical best practice for the management of drug dependence. Rather, OHID issues statements to local service commissioners who monitor the performance of providers in their area, based on local drug strategies which contain a synthesis of national priorities and local influencing factors, such as drug-related harms or levels of deprivation present in that particular area.

64. While OHID announces changes to how drug treatment services should measure their performance, such as the new NDTMS Treatment Progress Measure, services will experience an uneven application and impact of this change, as different commissioners will differently incorporate the new Progress Measure guidance into their service specifications and different providers will differently interpret the indicator and outcome reporting requirements presented to them.

65. In practice, the result is that drug treatment services, even when reporting theoretically aligned local performance data into a national aggregated system such as the current National Statistics about Drug and Alcohol Misuse Treatment database ("NDTMS") are not actually reporting the same figures as those figures have different local definitions in practice all around the country.

66. For instance, despite the new NDTMS Treatment Progress Measure striking the requirement that successful completions from drug treatment not re-appear to the treatment service within six months of discharge, services around the country still report to Release that they do still consider the six month re-appearance caveat when calculating successful completions locally.

67. We cannot even begin to evaluate the success of a new drug's strategy on the point of improving access to treatment and recovery if the figures of those accessing, benefiting from, and successfully completing these interventions are unstandardised across the country.

68. Furthermore, whilst the Government points to workforce recruitment as a measure of success within the Strategy, the reported numbers in treatment for opiates has fallen from 138,386 in September 2021 to 137,220 people in September 2023.[47] We know from the number of people dying who have not been in contact with services for a number of years that there is a unmet need, but until we have more low threshold access to treatment, more patient centred care, a wider range of medication options (including diamorphine and benzodiazepine prescribing) and more support for other forms of treatment then people will simply not access services.

69. Key to this is the involvement of people who use drugs and those in treatment, in every other area of health patient-led services are crucial however it is largely absent from this area of health.

New drug supply challenges and a lack of meaningful innovation to include marginalised populations

70. Nitazenes are entering our illicit drug supply at an alarming rate, spanning numerous different families of illicit drugs used by diverse communities. While nitazenes continue to enter the market alongside other adulterants of concern, such as new novel benzodiazepine drugs and xylazine, the sector will experience a growing technological limitation to providing drug treatment to people who need it, as our ability to screen individuals to confirm use of these substances is limited. If the drug screening tools possessed by a local service cannot detect the presence of nitazenes (and most services will not possess tools that can screen for these drugs) in a person's body, then that person would likely be left ineligible for prescribing support by the local service and in practice, de facto ineligible for drug treatment support. This is because a person can only access opioid substitution treatment if opioids are detected, we have even received reports that in some areas OST is only accessible to those who have tested positive for heroin.

71. When the synthetic opioid crisis struck much of the United States, people experienced unique barriers to accessing Opiate Substitution Therapy. This often related to affordability as well as ongoing issues of geographic access and stigma. In that context, the interventions which saved lives were the harm reduction programmes which spread the word to people who used drugs regardless of drug treatment enrolment, which brought supplies and drugs education to people where they were, in their own neighbourhoods, outside of normal business hours. These messages were distributed by employing people who were actively using drugs and who were able to effectively spread rapidly

[47] Office for Health Improvements and Disparities, Community adult treatment performance reports - England. Available at: https://www.ndtms.net/Monthly/Adults

changing information about the threats of fentanyl to their networks, which often consisted of people who had never walked into a drug treatment clinic.

72. Unfortunately, needle and syringe programmes in this country largely operate within physical buildings that operate only during business hours, predominantly drug treatment centres and pharmacies. There is no meaningful and widespread practice of mobile harm reduction service here. Outreach teams, where they do exist, often only promote the brick and mortar service they are based from, which is usually open from 9am to 5pm and not at the weekends. This is a recipe for disaster amidst a toxic drug supply crisis.

73. We know that more than half of those who die a drug-related death are people who are outside the treatment system. The treatment system, as it exists now, is not accessible to young people, who often are not in need of 'drug treatment' but would benefit from one-to-one harm reduction interventions and education. It is not accessible to women, who we know use drugs at roughly equivalent levels of men but who are not seen accessing services at anywhere near the same rates. It is not accessible to Black and brown people. Many racialised communities in the UK experience racist policing via drugs-laws, which makes approaching drugs services additionally risky relative to the white population. Even once through the door, many services will not be equipped to provide culturally competent care to racialised people who might require specialised drug support.

74. Ultimately, drug services across the country are stuck in the cycle of reproducing experiences of marginalisation for diverse communities. As life-saving interventions which respond to the toxic drug supply crisis emerge and are taken up by services, they will miss those who sit outside the services, who will die or experience serious health harms as a result. It will be young people, racialised people, gender marginalised people left to bear an overdose crisis as we as a sector have failed to meaningfully innovate and develop ways to spread life-saving interventions to this population.

75. In the wake of this crisis, it is disappointing to see that large resources such as the drug's strategy innovation fund fail to address the well-documented, evidenced disparities that different groups experience in accessing services, instead focusing on technological developments which, even if realising their potential, would continue to only save the lives of those already accessing the treatment service as it exists today.

Housing

76. There are some references in the 10-year plan to ensuring those in recovery have access to safe and secure housing but there is no clear approach to this. The strategy states:

"*We will invest £53 million over the next three years to fund a menu of housing support options which will improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping – including funding housing support workers to work within treatment services. Alongside this investment, we will build the evidence base on the housing related need for people dependent on drugs and alcohol and the most effective interventions.*"

77. Release provides legal advice and assistance to individuals in drug treatment that is free at the point of use. We operate across myriad London Boroughs and in areas of high deprivation elsewhere in the country. During the cost of living crisis, a large proportion of our casework relates to housing issues: evictions, homelessness applications, disrepair and unsuitable housing, and so on.

78. The government's numbers on homelessness[48]are striking and paint a vivid picture of the ongoing housing crisis. Almost 30,000 households were assessed as owed a homelessness duty, due to being threatened with homeless or already being homeless in 2022-23, up 6.8% from the previous year and up 3% above pre-COVID levels in 2019-20. There was a 23.5% increase in households owed a prevention duty due to landlords wishing to sell or re-let a property. This has been accompanied by decreases in the proportion of successful outcomes at the end of prevention and relief duties.

79. The government is aware of the dire state of housing in this country, itself undertaking to abolish Section 21, or "no-fault", evictions and then, concerningly, backtracking on that undertaking. It has also recently been reported that the government is attempting to tackle landlords that discriminate against benefits claimants.

80. Other changes were introduced in the aftermath of the fire at Grenfell Tower, itself a totemic example of how our housing system fails the most vulnerable at a devastating cost. These include, for example, the establishment of the Social Housing Regulator.

[48] UK government, National statistics, Statutory homelessness in England: financial year 2022-23. Available at: https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2022-23/statutory-homelessness-in-england-financial-year-2022-23

81. The strategy, however, does not sufficiently set out how the government plans to tailor housing support to those in drug treatment.

82. Past or present drug use is a source of widespread societal stigma, which itself appears in the former Prime Minister's introduction to the Strategy.[49] We would urge the government to preclude housing providers from using drug use as grounds for an eviction. We have seen baseless accusations made by neighbours of our clients, who themselves have been physically attacked, which have then been used as grounds for an eviction. Where we have been able to intervene and reveal an absence of evidence, these evictions have been stopped. If the government is serious about ensuring those in treatment have access to safe and secure housing, it must surely agree that people in treatment should not lose their homes due to stigma.

83. Providing housing support workers in treatment centres will only go so far. People in treatment need access to legal advice, representation in possession proceedings and access to the legal system. After decades of funding cuts, legal aid provision is at an all-time low and so-called "advice deserts" are prevalent country wide. The government must fund legal services if it seriously plans to cut homelessness and support people into safe and secure housing.

84. Oftentimes, those facing homelessness are providing temporary accommodation by Local Authorities that is wildly unsuitable. Our clients are routinely offered placements many miles away from their treatment provider, which risks missed doses of OST and potential relapse. Further, clients are often offered placements in temporary hostels, among active drug users. Many clients who are abstinent find this incredibly difficult. Where clients refuse these placements, Local Authorities are often minded to find them "intentionally homeless".

85. Local Authorities often refuse to grant our clients priority need, based on their treatment for substance use, for housing. We would urge the government to release guidance to Local Authorities setting out the specific support needs of those in treatment, people that are not in treatment but are using drugs, and how this relates to their housing duties under legislation.

86. The government must appreciate the barriers to accessing the housing system that many people face. The Office for National Statistics reported in 2020 that 1.6 million people in Great Britain had never used the internet, and that 776,000

[49] Mr Johnson states "*[t]here are more than 300,000 heroin and crack addicts in England who, between them, are responsible for nearly half of all burglaries, robberies and other acquisitive crime*" demonising hundreds of thousands of people and ignoring other drivers of acquisitive crime, specifically poverty.

last used it more than a year previously.[50] Access to homelessness support and housing registers is incumbent on internet access, and those that do not use the internet must be supported in accessing that support. Local Authorities must adapt their approach to those applicants. Further, any housing support offered within treatment services must appreciate that clients often require ongoing support with tasks like viewing online property listings, arranging deposit payments, and so on.

87. To support people into housing, the government has to appreciate the cycle that a huge number of people are currently stuck in. Most of our clients, who historically would have been priority candidates for social housing, get pushed into private housing and are eventually subject to no-fault evictions. Individuals that may have been in a secure position in terms of their treatment and wellbeing then have to face a complex housing system and the stigma and exclusion of looking for housing as a benefits claimant. Often even clients that were privately renting only become rehoused by making a homelessness application, spending time in temporary accommodation which is often unsuitable and where they might stay for years, or into a supported pathways arrangement with no clear way of becoming housed again.

88. The government is correct that housing is inextricably tied to a person's wellbeing and relationship to treatment. This interrelationship is under intense strain amidst the collision of two crises, housing and drug-related deaths. If the government is serious about providing meaningful support to people, it must be prepared to engage with the reality on the ground and push for a radical overhaul of our housing system. At present, it is not clear that this is what the Strategy aims toward and the situation for most has become significantly worse in the last two years.

Welfare benefits

89. 6.1 million people were in receipt of Universal Credit at July 2023.[51] However, there is no reference in the plan to access to welfare benefits. Those in treatment are often claimants of more than one benefit, most typically Universal Credit and Personal Independence Payment. Those benefits are underpinned by complex legislation of accompanying arrangements and are themselves attached to a formal appeals route up to the social security tribunal.

[50] The Office for National Statistics, Frequency of internet use, population counts, by age group, Great Britain, 2020. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/adhocs/14652frequencyofinternetusepopulationcountsbyagegroupgreatbritain2020

[51] Department for Work and Pensions, National statistics, DWP benefits statistics: August 2023. Available at: https://www.gov.uk/government/statistics/dwp-benefits-statistics-august-2023/dwp-benefits-statistics-august-2023

90. Release's clients routinely approach us for specialist legal support to ensure that they are in receipt of their full entitlement under the law. It is very rare, in our experience, for this to be the default position. It is also, however, our experience that, by the time a dispute reaches the tribunal system, it is resolved in the client's favour, often triggering a higher award and substantial back payments.

91. Benefits can be the difference between paying for rent, food and bills, and receipt of adequate financial support to help address the costs of living with a long-term health condition. Many of our clients have fallen into debt and rent arrears on the basis of erroneous benefits decisions. It follows, perhaps intuitively, that a person's wellbeing and personal and housing security is intimately tied to the adequacy of their financial support.

92. Like wages, benefits payments have stagnated and have failed to keep up with the cost of living. Benefits claimants are also frequently discriminated against by landlords. As with housing, access to sufficient specialist advice and support is not available to most people.

93. We would urge the government to ensure that benefits advice, support and, where necessary, representation in the tribunal, is available to all people in treatment. Release frequently sees clients who struggle to engage with treatment when benefits are taken away or reduced and, conversely, has seen many clients reach a more secure relationship to their treatment when they receive the support they are entitled to. We would also urge the government to continue with plans to prevent landlords discriminating against benefits claimants.

Conclusion

94. Decades of public spending on enforcement aimed at reducing the supply of and demand for drugs has failed to deliver. There is nothing to suggest this latest Strategy will succeed where its predecessors failed, particularly where the government continues to aim toward the same objectives using methods that have been shown to be ineffective.

95. Criminalisation drives harms for individuals, while simultaneously doing nothing to help those hardest hit by its far-reaching effects. The government cannot hope to succeed in its objectives *while* building an evidence base that, in our view, will never present itself.

96. There is, however, a wealth of evidence available to support effective policies in relation to drugs which, concerningly, the government feels it can ignore where it suits a particular political agenda. Alternative approaches point to the

efficacy of secure housing provision, harm reduction, access to robust and meaningful treatment and the elimination of prejudice and discrimination against drug users past and present.

97. As it stands, while it comments on a number of these issues, the Strategy fails to set out a sufficiently clear and detailed plan to deliver on them. This, as we have attempted to show in this submission, is at the expense of real-world outcomes for people all over the country.

Release
Unjust UK
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