



THE ALL-PARTY PARLIAMENTARY GROUP

Drug Policy Reform

Dear Home Secretary,

We would like to congratulate the Government on its recent decisions that show a pragmatic approach to tackling the problems associated with drug consumption and markets. Examples include the rescheduling of cannabis to allow for potential medical use; the willingness to allow individual police forces and local authorities to decide whether to allow drug safety testing at festivals or town centres in their area (if they deem such interventions could save lives); and the licensing of the drug checking service pilot in Weston Super Mare run by Addaction. Particularly at a time when drug-related deaths - the worst drug-related harm possible - are at record highs, allowing these locally determined, pragmatic approaches is to be commended.

These services do, however, raise further questions about the support offered to those who continue to use drugs in dangerous ways. If a drug examined at a testing facility is found to be particularly potent and to carry a high risk of overdose, such as heroin cut with fentanyl, and the service user is insisting that they will still use it. In this scenario, what would be better? For them to leave the building and use in a bedsit or back-alley, alone, with heightened risk of fatality? Or for a nurse to direct them to a sterile clinical space, with medical supervision and Naloxone to reverse any overdose, and a further opportunity to encourage them to start treatment?

Supervised drug consumption rooms (DCRs) have been established in many countries with good public health results, and an absence of the feared negative consequences. We and many of our colleagues have been assessing their value as part of local strategies to reduce drug-related deaths and infections (primarily HIV and Hepatitis), as well as incidences of disorder and needle litter. We are supportive of areas that wish to proceed with their implementation. We are therefore calling on the Government to allow the relevant local authorities the discretion to proceed with locally developed, closely evaluated pilots.

We understand the current Government position is to block any such pilots. Meanwhile, the country faces a drugs-related deaths crisis, with the UK seeing over 3,500 deaths in 2017 - double the number killed in car accidents.¹ In light of this, a refusal to sanction evidence-based interventions which would bring this number down appears complacent and dangerous. The situation in Glasgow illustrates the urgency of this matter - in 2017 there were 934 drug-related deaths in Scotland, equating to around 170 deaths per million population, or 260 per million age 15-64:² by far the

¹ ONS, *Deaths related to drug poisoning in England and Wales: 2017 registrations*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>; National Records Scotland, *Drug-related deaths in Scotland, 2018*, (2018), <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/17/drug-related-deaths-17-pub.pdf>; NI Statistics and Research Agency, *Drug-related deaths 2007-17*, (March 2019), <https://www.nisra.gov.uk/publications/drug-related-and-drug-misuse-deaths-2007-2017>.

² National Records Scotland, *Drug-related deaths in Scotland, 2018*, (2018), <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/17/drug-related-deaths-17-pub.pdf>.

highest in Europe.³ Almost a third of these deaths were in the Glasgow area, where early data indicates a further 43% rise in drug overdose mortality from January to October 2018.⁴ We simply cannot accept this level of mortality without taking action proven, over many years across the world, to reduce such deaths.

The Government has already accepted the research confirming the public health benefits of DCRs. This is shown for instance in its letter to Glasgow City Council, after councillors unanimously requested permission to open a DCR:⁵

*The Government's own report, Drugs: International Comparators (2014), acknowledges that there is some evidence for the effectiveness of drug consumption rooms in addressing the problems of public nuisance associated with open drug scenes, and in reducing health risks for drug users. The Government's Advisory Council on the Misuse of Drugs (ACMD) has also provided additional evidence based on studies of the effectiveness of facilities in Vancouver and Sydney, noting that they reduce injecting risk behaviours and overdose fatalities. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) too finds that drug consumption facilities have the ability to reach and maintain contact with high-risk drug users who are not ready or willing to quit drug use.*⁶ Home Office Drugs Legislation Team 2018

Your department has raised concerns that DCRs encourage increased rates of drug use, but the evidence shows the reverse to be the case. In the short term, with or without a DCR, people will buy the same quantity of drugs. As the EMCDDA report quoted in the Home Office letter above also says: *"There is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting."*

Moreover, in the longer term, DCRs can actually contribute to a reduction in the size of the illegal drugs market. This is because by engaging an otherwise difficult to reach population, they increase treatment uptake. Again, as the EMCDDA review mentioned by the Home Office letter notes: *"These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime."*⁷

People in treatment use markedly less heroin or other illegal drugs, as of course do those who ultimately become abstinent.⁸ This reduces the scale of the market, and the amount of money going to organised crime. In Glasgow for example, the NHS proposes using a DCR as an entry point to

³ The next highest rates were Estonia (132 per million), then Sweden (88 per million). NB. 2016, 2017 stats not yet available. In EMCDDA, *European Drug Report Trends and Developments*, (2018), p.75, http://www.emcdda.europa.eu/system/files/publications/8585/20181816_TDAT18001ENN_PDF.pdf.

⁴ Brooks, L., 'Spike in Glasgow homeless drug deaths linked to 'street Valium'.', *Guardian*, (2019), <https://www.theguardian.com/uk-news/2019/jan/30/spike-glasgow-homeless-drug-deaths-linked-street-valium-tranquillisers>.

⁵ 'Safe drug consumption rooms – Motion approved.' (2018), <http://www.glasgow.gov.uk/Councillorsandcommittees/viewSelectedDocument.asp?c=P62AFQDN2U0G0GUTT1>.

⁶ Letter to Glasgow City Council from Home Office Drugs Legislation Team (2018), reported on Glasgow City Council website, <https://www.glasgow.gov.uk/index.aspx?articleid=22874>.

⁷ European Monitoring Centre on Drugs and Drug Addiction, 'Drug consumption rooms: an overview of provision and evidence', (2018), http://www.emcdda.europa.eu/publications/pods/drug-consumption-rooms_en.

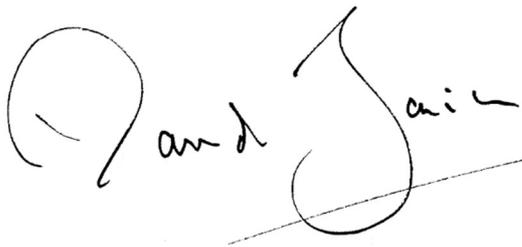
⁸ For example see PHE, 'An evidence review of the outcomes that can be expected of drug misuse treatment in England', (2017), p.61, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf.

engage people, who over time can then be encouraged into a range of treatment options, including the planned Heroin Assisted Treatment Clinic.

Concerns have also been raised that local law enforcement will be faced with impossible choices when policing the drug laws around a DCR. But we have been reassured by a number of Police and Crime Commissioners and senior police, at meetings in Parliament and elsewhere, that they have the requisite knowledge and skills, and legal powers, to tackle drug dealing and to manage drug possession offences in a way that would allow a DCR to operate properly. They have done this for decades with other harm reduction interventions, such as needle and syringe programmes, which involve people known to be in possession of illegal drugs accessing services. We understand three PCCs have written to the Home Office to confirm their position.⁹

We therefore call on the Home Office to extend its commendable approach to drug safety testing facilities to also cover DCR pilots with proper evaluative frameworks. These must be allowed to go ahead where local authorities, police, and health bodies determine they would be in the best interests of their local communities.

On a final note, we would also like to congratulate the Government on asking Dame Carol Black to lead the Home Office independent review of drug markets and violence, and look forward to providing evidence in due course.

A handwritten signature in black ink that reads "David Jamieson". The signature is written in a cursive style with a horizontal line underneath the name.

David Jamieson (Police and Crime Commissioner for the West Midlands)

A handwritten signature in blue ink that reads "Arfon Jones". The signature is written in a cursive style.

Arfon Jones (Police and Crime Commissioner for North Wales)

⁹ Marshall, C., 'Police commissioners urge Home Office to drop opposition to addicts' 'fix rooms', *The Scotsman*, (July 2018), <https://www.scotsman.com/news-2-15012/police-commissioners-urge-home-office-to-drop-opposition-to-addicts-fix-rooms-1-4762383>.