Evidence submitted by the Conservative Drug Policy Reform Group (DRU0071)

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1. The Conservative Drug Policy Reform Group (CDPRG) are working toward drug policy reform in the UK with the aim of delivering better health and social outcomes by using evidence-based policy making, for the public good.

2. In December 2021, the CDPRG published Making Drug Policy a Success: Reforming the Drug Policy Process. An advance copy was shared with Number 10 ahead of the release of its new drug strategy. The paper builds on the work of the most comprehensive evaluation of British drug policy governance to date by the UK Drug Policy Commission (2006-2012) and puts forth possibilities for the structural reform of the UK drug policymaking process, which our analysis identifies as a necessary precursor to the attainment of better drug policy outcomes and the reversal of the trends associated with the UK's drugs crisis. This submission will largely draw on this most recent work to address our view of the UK Government's 10-Year Drug Strategy and some of the questions posed by the committee although we expect other organisations to address other areas in more detail.

3. We recommend this submission is read alongside the 8 principles principles of good governance identified by the UKDPC in 2012 and revisited in our 2021 report including the 23 recommendations made therein, directed at the present UK government in view of its policymaking process. We encourage the Home Affairs Select Committee to use its influence to scrutinise not just the ongoing development of the drug strategy, but the detail of its delivery and evolution in the coming years.

The UK Government's 10-Year Drug Strategy for England and Wales (published December 2021)

4. The government published its long awaited drug policy plan, From harm to hope, in December 2021, setting out its intended approach to drug use and its associated harms.[1] The 10-year plan is the formal, substantive response to the Independent Reviews of Drugs led by Dame Carol Black.

5. Part 1, appointed by the Home Secretary, identified serious shortcomings in governance. It recognised that enforcement activity can have unintended consequences such as "increasing levels of drug-related violence" and the negative effects of involving individuals in the criminal justice system. It also states that government interventions to restrict supply have had "limited success" and "even if these organisations were sufficiently resourced it is not clear that they would be able to bring about a sustained reduction in drug supply, given the resilience and flexibility of illicit drug markets". Part 1 did not provide recommendations and the parameters excluded any review of the legislation.[2]

6. The focus of part 2, as per the brief and a health secretary commissioned directive, is centered on drug treatment, recovery and prevention. It refrained from looking at specific policies as well as legislation, with the recommendations focusing on how to foster an environment that can rebuild treatment services that are currently

[1] Home Office (2010) Drug Strategy 2010: Reducing Demand, Restricting Supply and Building Recovery: Supporting People to Live a Drug Free Life. London: Home Office Available at: https://www.gov.uk/government/publications/drugstrategy-2010 [Accessed 29 Nov. 2021].

[2] Home Office (2020 *Review of drugs: part one report* by Dame Carol Black. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-one-report

"on their knees" and reinvigorate the sector with expertise and research.[3] It made 32 recommendations requiring a dramatic overhaul of drug treatment, recovery and prevention services, substantial new spending, and a whole system approach which the 10 year strategy is committed to.

7. Central to Carol Black's recommendations was the need for a new central Drugs Unit with a strong analytical capacity to develop a National Outcomes Framework and hold departments to account to coordinate and develop the government's objectives and targets. HMG announced, to coincide with the release of part 2 on the 8th July 2021, the formation of the Joint Combating Drugs Unit (JCDU), a new unit housed in the Home Office, with staff seconded from five other key departments: DHSC, DfE, DWP, MHCLG and MoJ to "help end illegal drug-related illness and deaths" and "tackle demand". Although the JCDU is still under construction, this government's commitment to set up a unit (which is well underway already) with coordination as its function has been widely welcomed as a step in the right direction.

8. The 10 year plan included a chapter focused on a new system of national and local outcomes and a commitment to publish annual reports on the progress made by the strategy against its key targets. The new unit's position as a central body overseeing this process is very encouraging and heralds good outcomes, especially for treatment and recovery. However, it is essential that these processes are allowed to work and enable sustainable improvement. The CDPRG made 23 recommendations based on the UKDPCs principles of good governance that we believe would help protect the 10 year ambition of the drug strategy. Given the limited remit of Dame Carol Black's review, we addressed several areas with which drug policy intersects that were not part of their consultation. These intersections will be briefly discussed below, (and are covered in more detail in our report Making Drug Policy a Success: Reforming the Drug Policy Process, shared with the Home Office and the most relevant ministers before the publication of the drug strategy).

9. As per Dame Carol Black's recommendation, the JCDU is to have the analytical capacity to develop a National Outcomes framework to measure progress against the key strategic aims through which government and public services can be held to account at both national and local levels. The overarching aims of the strategy are to deliver a world class drug treatment and recovery system; invest in local multi-agency partnerships, to achieve successful outcomes; breakdown the drug supply and achieve a generational shift in the demand for drugs. Accordingly, the strategy also outlines specific targets expected by 2025: Prevent 1000 drug related deaths; expand treatment capacity, aiming to create 54,500 places in treatment; close 2000 county line operations and cause major disruption to organised crime groups. We will visit these retrospectively in the subsequent discussion. For the purposes of this submission, we will focus on the areas that we believe require further thought, expansion or detail. However, we recognise and welcome that, as per the strategies own remarks that many areas of the strategy are not covered in detail and that the publication on the 6th December 2021 is a "*first iteration of what will be a living document*" using the annual reports to track progress against the national outcomes framework and allow the government to "*move our thinking forward year on year*". This commitment to evolution is commendable and our recommendations seek to support its success.

10. Previous analyses of UK drug strategy, including our own consultation in 2021 identified a lack of clarity on what drug policy was trying to achieve as an enduring impediment to proper evaluation. As our 2021 survey of MP attitudes revealed - 70% of UK MPs (and 75% of Conservative MPs) still find it difficult to have an objective debate about drugs and the best solutions, which no doubt lends itself to the challenges in setting the goals of drug policy. These challenges remain present in some of the ambiguous language utilised in the strategy and in subsequent media discussions. A prime example being the contested nature of drug diversion schemes, also known as out of court disposals (OOCD) schemes or "meaningful consequences".

[3] Home Office (2021) *Independent Review of Drugs: Part 2 Report* by Carol Black. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

11. One of the biggest proposals in the drug strategy outside the broader focus on treatment and recovery is the endorsement of out-of-court disposal schemes which the strategy notes that seven police forces are already using. These are various iterations of diversion programmes for those caught by the police in possession of small quantities of a controlled substance and likely includes the Checkpoint Diversion Programme in Durham, previously referred to as a "wholly laudable project" by the police minister Kit Malthouse.[4] The strategy expects "*at least double the number of police forces to be operating such schemes by the end of 2024/25*". This expansion builds on the Governments £59 million project ADDER, set to run until March 2021 which focuses on "co-ordinated law enforcement activity, alongside expanded diversionary programmes (such as Out of Court Disposal orders), using the criminal justice system to divert people away from offending". So slightly differing descriptions of the same thing aside, the strategy *is* referring to various manifestations of diversion schemes in the UK. However, when the *Telegraph* reported on London Mayor Sadiq Khan's proposals for a pilot diversion scheme in 3 areas in London, it misrepresented the projects as pioneering a new phenomena and provoked fears that this would 'effectively be decriminalisation' which prompted 15 conservative MPs to write to Sadiq urging him to block the proposal. It should be noted that conflation of key terms such as legal regulation, *de jure* decriminalisation like we see in Portugal with *de facto* decriminalisation, depenalisation and diversion is also a strong inhibitory force to objective debates in the realm of drug policy. While pause and reflection on Sadiq's proposals might be advised following the new drug strategy's endorsement and proposed expansion of existing diversion schemes (that already tend to go further than Sadiq's pilot proposals), the calls to block the scheme were unfounded having failed to grasp the detail contained within the new drug strategy, albeit hiding behind some of the archetypal "tough of drugs" rhetoric which largely refers to diversion as 'escalating sanctions', or 'meaningful consequences'. The move, regardless of how it is phrased (and ignoring inaccurate media sources) signifies a genuine endeavour to engage with and address low level drug possession offences through a more proportionate and effective scheme which demonstrates a welcome shift towards evidence.

12. However, close attention must be paid to the clarity of the overarching goals of drug policy and the measures one employs to demonstrate progress towards them — as this is crucially an area that can and has in the past hindered drug policy developments with the goal of reducing the harms of drugs. The wider roll out of diversion/OOCD was called for in Dame Carol Black's inquiry which described the schemes as one of the ways to reduce the harms to individuals and communities caused by drug use. In the strategy, diversion is listed as one the avenues to realise one of its key overarching goals to achieve "a generational shift in the demand for drugs" but it is not yet clear what metrics will be employed to measure progress towards this shift and how it relates to schemes such as diversion/OOCDs, although more detail is expected by a Home Office led Spring Whitepaper. It is not clear whether any formal consultation has or will be employed in the development of this whitepaper and to what extent the new JCDU and its seconded departments such (DHSC, DfE, DWP, MHCLG and MoJ) will play a role in this. The strategy does note however that it has commissioned a comprehensive domestic and international research project on reducing drug use across society, which will make initial policy recommendations in spring 2022, with an on-going programme of work. While this is welcome, we wonder if early stage results will be able to adequately inform such a broad project. While reducing the prevalence of drug use and by extension demand is not a wholly unwelcome objective, a government's capacity to control its citizens' demand for drugs within a global economy with drugs easily available from a variety of sources is ultimately quite limited. Changing trends in drug use are more related to generational drug preferences, cultural determinants, shifting drug markets and socioeconomic conditions than specific policies regardless of whether the approach employed is repressive or liberal. CDPRG noted in its December report that the degree to which an individual concludes whether an approach is successful depends on what the primary goal of the policy is – to reduce the overall number of drug users, or to reduce the harm experienced in communities and to those who use drugs. Shouldering success on the former not only has a history of failure but unintended negative outcomes.

13. Determining the success or failure of reducing demand will ultimately come down to how it is measured and the committee should be mindful of ensuring that easy to measure metrics which might not show the complete

[4] https://parliamentlive.tv/Event/Index/bb889db6-e235-4f56-810a-3708eb212fca

picture are not solely relied upon in annual reports. For example, existing longitudinal data has a number of limitations as an accurate measure of drug use, which we won't cover here, and already show historic lows. One the strategies specified targets of preventing 1000 drug related deaths also requires improved and standardised toxicology across the UK. This metric also has more limited use when trying to measure success or progress at local (non-aggregated) level given their relatively small numbers (which have even less utility without standardised toxicology). Drug related deaths are also more likely to correspond to individuals with opiate use disorders and overlooks the larger majority of drug using populations in the UK. Determining success, progress or failure will, as in any other area of policy, require a synthesis of all the available metrics. In order to best measure the impact of differing methods of diversion/OOCDs directed at the larger population of recreational users, which the strategy defines as those who "often live relatively typical and otherwise healthy lives", there should be more explicit aims of reducing harm and demonstrated by robust ways of measuring that such as fewer emergency call outs and hospitalisations concerning controlled drugs. On this basis, more careful attention should be paid to the patterns of drug use and the government's capacity to understand the phenomenon of drug use in the UK and what risks it presents (which is very nuanced when we look at different substances, frequency, patterns and context of use). It is therefore essential that UK drug policy builds this into its developing local and national outcome frameworks, in line with previous Home Affairs committee recommendations 2002 and 2012 goals aimed at reducing the harms caused by drugs and public health in order to avoid undue focus on inflexible goals and measurable outcomes that do not provide the complete picture of what's happening on the ground.

14. As part of this, the UK should also consider rejoining the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) which the UK Public Health Institute, part of Liverpool John Moores University, was the previous coordinating UK arm of. In response to a written parliamentary question last year[5] it was confirmed that the UK left the EMCDDA in line with the Brexit Withdrawal Agreement, and no longer takes part in the annual reporting process. It is in the UK interest to now become a signatory as no other international organisation makes the same commitments to thorough and consistent evaluation of drug issues. Extensive and detailed monitoring of availability and purity of drugs, and forecasting the emergence and consequences of new psychoactive substances, are crucial functions that we cannot adequately replace.

15. Wider measures of success and/or detail pertaining to drug use on the ground are also essential for the continued longevity of the drug strategy and the government's continued engagement with it. Over reliance on more straightforward and easy-to-measure metrics, such as the number of people in treatment or drug related deaths, while important as essential for measuring short-term progress, can provide premature declarations of success (or failure) that are disconnected from the more complete picture leading to political disengagement and disinvestment at the centre. Drug use is not an immediate problem that needs a singular reaction which the government can move on from. The new strategy has created a window of opportunity to re-orientate the system, with a new unit as a catalyst unit to build better outcomes. Goals and outcomes should be able to adapt and we believe there is still significant scope to engage with the greater breadth of drug policy detailed in CDPRG's December 2021 report *Making Drug Policy a Success: Reforming the Drug Policy Process*. It is essential that the Home Affairs Committee uses its platform to protect the longer term ambitions for the strategy to "test and learn" as it goes, and to move away from projects that are not reducing harm, or are inadvertently causing harms of their own. We hope that successive governments will also share this approach, and that the drug strategy is supported to evolve, as required, over the next decade. CDPRG also recommended in our December 2021 paper that in addition to the sponsoring minister of the JCDU reporting annually to Parliament, the minister should also report to a joint panel of select committees and relevant ALBs following the publication of each independent drug strategy evaluation. The Home Affairs Select Committee would be crucial here. We direct the committee's

[5] Blunt, C (2021) European Monitoring Centre for Drugs and Drug Addiction. U*K Parliament: Written question*, 11 June, HC 14130. Available at: https://questions-statements.parliament.uk/written-questions/detail/2021-06-11/14130/
Churchill, J (2021) European Monitoring Centre for Drugs and Drug Addiction. UK Parliament: Written answer, 18 June, HC 14130. Available at: https://questions-statements.parliament.uk/written-questions/detail/2021-06-11/14130/

attention to CDPRG's most recent recommendations in the area of clear policy goals and balanced policy design (recommendations #5, #6, #7, #8, #9, #12, #16 and #21).

16. Given that the national drug strategy's success relies on local delivery, the JCDU is perfectly positioned to identify local strengths such as areas that already have enhanced data collection and data synthesis methods. Best practice can be identified and shared nationally, and standardised approaches can be developed while maintaining some local freedom for innovation. In CDPRG's *Making Drug Policy a Success: Reforming the Drug Policy Process*, we also recommended active encouragement and support of local pilot schemes of new and innovative approaches, with robust evaluation and sharing of findings, (e.g. new multi sector partnerships, new approaches to integrated care, and new initiatives centred on reducing harm from drugs). In the report we noted that UK drug policy cannot move forward, unless it is willing to innovate, and that we should be open to new approaches that have met with success abroad. Regions wanting to pilot new approaches in the UK, such as those suffering from particularly severe drug-related problems, should therefore be supported in doing so in a way that robustly contributes to the evidence base - treated as hypotheses to be tested in practice. During a consultative roundtable we held in 2021, however, several attendees mentioned attempting to trial a new approach in the UK based on international examples and facing difficulties. While the Home Office, reportedly, did not think the international evidence was applicable, it was not willing to facilitate the generation of evidence in the UK if they also thought it required temporary licences or secondary legislation.

17. Overdose Prevention Centres are a good example of a promising intervention that has not found a place in the UK . In the view of this government as per response to a written parliamentary question tabled last year, 'a range of crimes would be committed in the course of running such a facility, by both service users and staff' and the actions of the staff would 'encourage or assist these and other offences'.[6] The Government's interpretation of UK legislation in regard to OPCs is contested, but this government will not clarify whether or not it has received written legal opinion on the provisions in law that would be engaged by the operation of an OPC. A well designed pilot cannot, therefore, be used to determine their suitability for the UK. This is despite the fact that the scheme was recommended by a number of health bodies, including the World Health Organisation, and a recent statement from the Faculty of Public Health including signatures from ten medical royal colleges.[7] In addition to OPCs capacity to reduce drug related deaths - a specific target for this government - the EMCDDA also found that OPCs are often among the first to gain insights into new drug use patterns and have a role to play in the early identification of trends among high-risk populations using their services[8]. A clear framework for piloting such policy innovations would relieve tensions in areas of the UK that are intending to proceed with the schemes regardless of the current government's view that it is in contravention of the Misuse of Drugs Act (legal opinions differ). This extends to Diamorphine Assisted Treatment (DAT) in the UK which has also been hindered in part by political and guidance barriers which we believe other submissions will provide further detail on.

18. It is clear that the JCDU intends, in general, to direct drug policy on the basis of what is shown to work, and to respond effectively to new evidence. A critical question CDPRG posed in our December report is whether the JCDU will have the capacity and political backing needed to support the piloting of approaches new to the UK given that it is not expected to advocate the review of particular policies or pieces of legislation reflected in the parameters of Dame Carol Black's inquiry. However, part of Dame Carol Black's recommendations are that local authorities commission a full range of evidence-based harm reduction and treatment services to meet the

[6] Blunt, C (2021) Drugs: Misuse. UK Parliament: Written question, 7 June HC 11461. Available at: https://questionsstatements.parliament.uk/written-questions/detail/2021-06-07/11461/ [Accessed 1 November 2021] Malthouse,K (2021) Drugs: Misuse. UK Parliament: Written answer, 11 June, HC 11461. Available at: https://questionsstatements.parliament.uk/written-questions/detail/2021-06-07/11461/ [Accessed 1 November 2021]

[7] Faculty of Public Health (2021) A call to pilot Overdose Prevention Centres (Supervised Injecting Facilities) in the UK Availble at https://www.fph.org.uk/news-events/fph-news/fph-lead-cross-sector-call-to-pilot-overdose-prevention-centres-in-the-uk/

[8] EMCDDA (2022) Spotlight on… Drug consumption rooms Availble at: https://www.emcdda.europa.eu/spotlights/drug-consumption-rooms_en

needs of their local population in line with the new national Commissioning Quality Standard. This is clearly an area for further consideration to allow more sensible debate and consideration of new approaches such as OPCs and the greater capacity to address the complete breadth of drug policy.

19. It is important that the Home Affairs Committee now uses its role to stay engaged with the strategy's commitment to building a "world leading evidence base" on how to tackle drug use among adults and acting on the basis of that evidence by ensuring investment and resources have proper evaluation to facilitate sustainable improvements. At the moment, there is no current mechanism to ensure the development of such an evidence base and there is currently a lack of funding streams for research related to criminal justice measures. A prime example is the strategy's endorsement of existing diversion schemes and their intended expansion - although each scheme runs slightly differently. A recent bid to the National Institute for Health Research for a quasi-experimental trial to evaluate the effectiveness and cost effectiveness of such multi-component interventions on reducing substance use and risk-taking behaviour in adolescents involved in the criminal justice system was rejected partly because it had less statistical power for health than crime outcomes. This conclusion is not unreasonable but demonstrates the problem that there is a lack of a funding equivalency for the latter.

20. In addition to a lack of funding for research, data collection and analysis, while necessary, are not sufficient to ensure proper scrutiny or a high-quality public debate. The former UKDPC stated that proper scrutiny may require an independent dedicated body with both sufficient funding and resources to build an evidence base and to scrutinise government performance. Building on the UKDPC's recommendation and present-day calls for evidence from an independent source, we believe there is urgent need for an independent research body to help coordinate research, provide appropriate frameworks to monitor and assess drug policy innovations at local levels, and keep the government alert to new threats and opportunities, as well as protect the ten year strategy from the interference of short term political goals that could negate long term sustainable improvement. This proposal is detailed in our recent report *Making Drug Policy a Success: Reforming the Drug Policy Process* (p37-39).

21. In response to the committee's interest in laws, policies or approaches adopted in other countries, the CDPRG believe the UK should be better committed to properly observing and learning from overseas examples, including where possible, the piloting of new initiatives in high need areas, such as the discussion in relation to OPC above.

22. Increasing dissatisfaction with traditional global systems of controlling certain substances is being expressed through alternative approaches being tried and tested across the globe. There is no single regulatory solution. Earlier on we noted that evaluating the success of a given drugs strategy, the degree to which an individual may conclude whether any given approach is successful or not depends on what the primary goal of the policy is - to reduce the overall number of drug users, or to reduce the harm experienced in communities and to those who use drugs. None of the different approaches employed around the globe, whether repressive or liberal have created a drug free world. Looking at the example of adult-use cannabis markets and the recent proliferation of, the devil is therefore in the details of the type of regulation employed and to what extent the country or state has employed good data collection and synthesis methods to measure the impact of the policy change on its citizens. While the CDPRG do not support a particular policy outcome, we do believe the research capacity should exist within the UK to properly scrutinise emerging international policies and identify meaningful lessons through engagement with the detail. In reference to our early comments about overarching goals, close attention should be paid to cannabis related harm to users and society and seek to explore the positive and negative aspects of different legal regulation models. Such an analysis could reveal gaps in the evidence that should be applied to the UK regardless of its policy position such as better ways of measuring the impact of the illicit use of cannabis on society (e.g. more robust ways of measuring cannabis use disorder, and the relationship between cannabis and psychosis). Supported by a greater understanding of our own domestic drug policy through the generation of better evidence and local pilots of new initiatives, the UK would subsequently be better placed to engage with global discussions on drug policy.

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