



## DEBATE PACK

Number CDP-0230, 21 November 2017

# Human and financial costs of drug addiction

This pack has been produced ahead of the debate on the Human and financial costs of drug addiction, to be held in Westminster Hall on Wednesday 22 November from 2.30 to 4pm. The debate will be opened by Craig Mackinlay MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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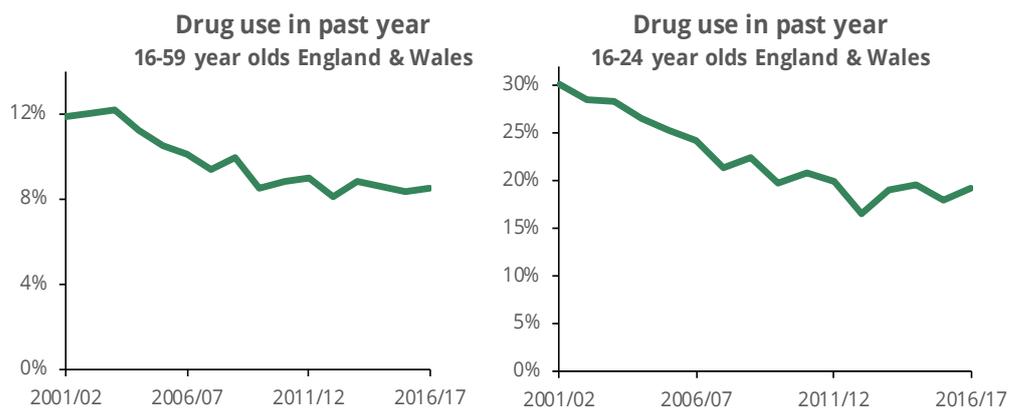
# 1. The human and financial costs of drug addiction

This briefing provides an overview of drug misuse, the recent increase in drug related deaths and estimates of drug misuse costs. It will also look at the publication of the new Government Drug strategy and responses to this.

## 1.1 Drug misuse

The Home Office publish details of the extent of drug misuse in England and Wales in [Drug Misuse Findings from the Crime Survey for England and Wales](#). The [Statistical News Release](#) accompanying the report provides a useful summary of key figures and trends.

Overall the 2016/17 survey estimated that 8.5% of 16-59 year olds had taken illegal drugs over the past year, equating to around 2.8 million people. While the numbers of people taking drugs has fallen significantly, the trend has remained relatively flat since 2009/10:



Around 1 in 5 (19.2%) young adults aged 16 to 24 had taken an illicit drug in the last year. This proportion is more than double that of the wider age group, and equates to around 1.2 million people. This level of drug use was similar to the 2015/16 survey (18.0%), but lower compared with a decade ago (24.2% in the 2006/07 survey).

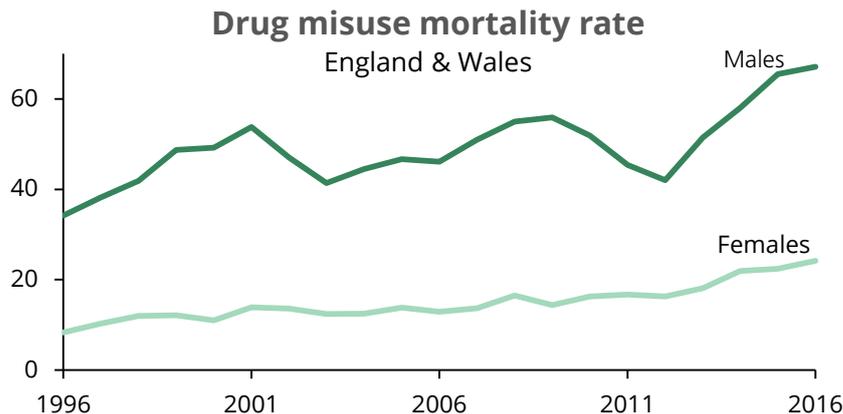
## 1.2 Drug related deaths

Health professionals, charities and policy makers have recently expressed concerns about the increase in drug-related deaths.

Drug-related deaths include accidents, suicides and assaults involving drug poisoning, as well as deaths from drug abuse and drug dependence. Drug misuse deaths are defined as deaths where the underlying cause is drug abuse or drug dependence, or is drug

poisoning involving one or more substances controlled under the *Misuse of Drugs Act 1971*.<sup>1</sup>

The Office of National Statistics (ONS) collects and annually publishes data on drug-related and drug misuse deaths. There were 2,593 drug misuse deaths involving illegal drugs registered in England and Wales in 2016, the highest number since comparable records began in 1993.<sup>2</sup>



The male drug misuse mortality rate has increased sharply over the past 3 years to reach a new peak of 67.1 deaths per million population in 2016. The 2016 female mortality rate of 24.2 deaths per million population was also the highest since records began in 1993. However the increase in the female rate is not as pronounced as the male rate.

Public Health England noted that there has been a particularly increase in deaths related to heroin and morphine usage:

Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago.<sup>3</sup>

The Advisory Council on the Misuse of Drugs (ACMD) is an advisory non-departmental public body which provides independent advice and recommendations regarding drug misuse to the Government. Their 2016 report [Reducing Opioid-Related Deaths in the UK](#) compares drug misuse and opioid-related deaths across the UK. Between 2012 and 2015 opioid related deaths increased by in England by 58%, in Wales by 23%, in Scotland by 21% and in Northern Ireland by 47%.<sup>4</sup>

This report concluded that an ageing cohort of heroin users, who began using drugs in the 1980s or 1990s, with complex health and social care needs are likely to have contributed to the recent increase in deaths.

<sup>1</sup> ONS, [Deaths related to drug poisoning in England and Wales QMI](#), 4 September 2014.

<sup>2</sup> Office for National Statistics, [Deaths Related to Drug Poisoning, England and Wales](#), 2 August 2017.

<sup>3</sup> Public Health England, [Health matters: preventing drug misuse deaths](#), 1 March 2017 [Accessed 28 March 2017].

<sup>4</sup> ACMD, [Reducing Opioid-related Deaths in the UK](#), 12 December 2016.

ONS data published in 2016 shows a large increase in the number of deaths among 40-70 year olds between 2012 and 2016 relative to other age groups.<sup>5</sup>

## Reports on the increase in drug misuse deaths

Public Health England (PHE) published a detailed [Health matters guidance document](#) on preventing drug misuse deaths in March 2017. This highlighted a 2016 PHE and Local Government Association (LGA) [inquiry that investigated the causes of the increase in drug related deaths](#). This found that two important factors may be responsible for this increase – an increase in availability and purity of heroin, and an increased proportion of older heroin users:

Two important factors were identified that may be responsible for the increase in drug-related deaths.

### 1. Increase in availability and purity of heroin

The apparent sudden increase in drug-related deaths in 2013, 2014 and 2015 was likely to have been caused, at least in part, by an increase in the availability of heroin, following a fall in deaths during a period when heroin purity and availability was significantly reduced.

### 2. Ageing heroin users

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise.

An ageing cohort of 1980s and 1990s heroin users is now experiencing cumulative physical and mental health conditions. Older heroin users also seem to be more susceptible to overdose because of long-term smoking and other risk factors.

PHE has linked opioid misuse deaths with treatment data and found that as of 2012, more than half of those who died were not known to have been in contact with treatment for at least 5 years. Engaging in drug treatment has a protective effect.

The inquiry identified other factors that contribute smaller numbers to the rise. They include:

- increasing suicides by drug poisoning generally and among drug users specifically; still far fewer in number than accidental poisoning but steadily rising
- increasing deaths among women; far fewer in number than among men but steadily rising even during the period of reduced heroin availability
- a potential increase in people using multiple drugs and alcohol concurrently; there are certainly more people reported as dying with multiple drugs in their systems but the link between the increases and the prevalence of polydrug use is unproven
- an increase in the prescription of medicines; there is a correlation here as the frequency with which some prescribed medicines are found in drug misuse deaths has risen significantly but there is no evidence of causation

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<sup>5</sup> Office for National Statistics, [Deaths Related to Drug Poisoning, England and Wales](#), 9 September 2016.

- variations in coroner identification and reporting of drug deaths; this seems likely but is as yet unproven

The 2016 ACMD [report on reducing opioid-related deaths in the UK](#) makes a number of recommendations in this area. This included calls for an improvement in how information is collected on opioid related deaths, and recommendations that the Government fund independent research to look causes of increases in opioid (and other drug) related deaths. The ACMD also noted the evidence that opioid substitution therapy (OST) protects heroin users from overdose, and has limited the increase in drug related deaths. It recommended that the Government ensures that OST at optimal dose and duration is maintained, and that access to healthcare professionals for those with drug misuse problems is important to manage co-existing medical conditions and promote recovery.<sup>6</sup>

The report also recommended that:

- naloxone treatment (a medicine that reverses the effects of an opioid overdose) be made available routinely and cheaply to opioid users, and friends and family;
- the Government consider the potential to reduce drug related deaths through the introduction of drug consumption clinics in areas with high IV drugs use; and that
- more research be carried out on drug related deaths and treatment services.

### Government response

An [October 2017 PQ response](#), from the Under-Secretary of state for Health, Lord O'Shaughnessy, sets out the Government's response to the ACMD report:

The Government has considered the Advisory Council on the Misuse of Drugs' (ACMD's) advice carefully and set out a range of work it is taking forward to address it in its response published in July.

For people to achieve and sustain freedom from drug dependence, the Government recognises the need for high quality treatment interventions as well as wider recovery support, including stable employment and housing, to enable people to build and maintain their recovery and live a life free from drugs. The ACMD's recommendations and the findings of its published evidence review have informed the current and future work programme of Public Health England (PHE) in relation to supporting the quality of Opioid Substitution Therapy. PHE is also developing guidance, in partnership with NHS England, to support local areas to effectively meet the needs of people with co-existing mental health and substance misuse problems, which it is planning to publish this year.

As we continue with the implementation of the Drug Strategy published this summer, the advice of the ACMD will be

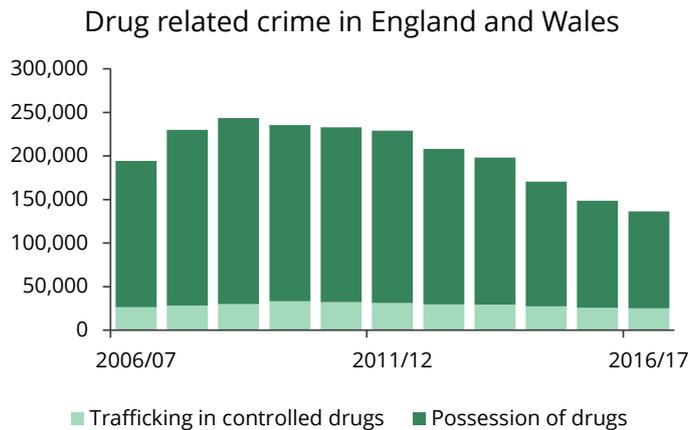
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<sup>6</sup> ACMD, [Reducing Opioid-Related Deaths in the UK](#), December 2016

fundamental to informing our approach and the Government will continue to seek its valuable input and advice.<sup>7</sup>

### 1.3 Drug related crime

Recorded crime figures for England and Wales show a reduction in drug offences in recent years. Over the past decade recorded drug offences peaked at 243,536 in 2008/09 and have since fallen by 44% to a total of 136,352 in 2016/17.

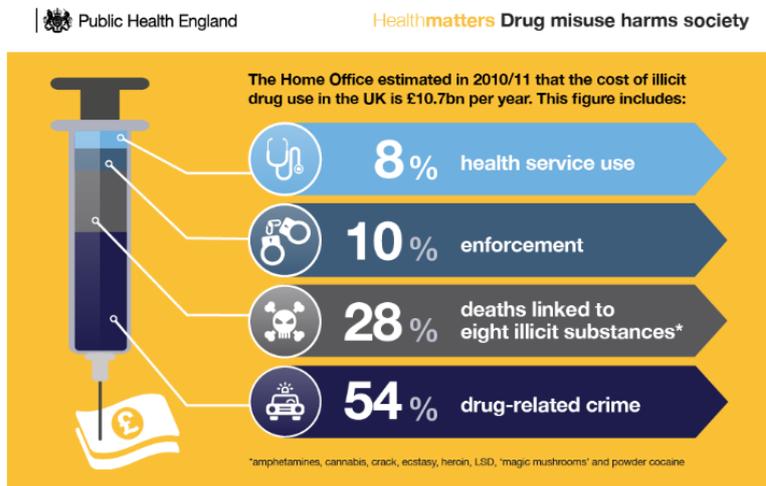


Source: [Home Office: Recorded Crime in England and Wales Year ending June 2017](#)

### 1.4 Estimates of drug misuse costs

Drugs misuse can cause a wide range of harms to the individual, those close to them, and wider society. These include impacts on physical and mental health, unemployment, homelessness and criminal activity.

Total costs of drug misuse are difficult to estimate due to the range of impacts. Public Health England provide an illustration of the 2010/11 Home Office estimate of the total annual cost of illicit drug use in the UK and what this includes:<sup>8</sup>



<sup>7</sup> [HL Written Question HL2141 Opiates: Misuse](#), 25 October 2017

<sup>8</sup> PHE, [Health matters: preventing drug misuse deaths](#), March 2017

In 2014 the National Treatment Agency estimated that the overall annual cost of drug misuse was around £15.4 billion. £13.9 billion was due to drug-related crime, while around £0.5 billion was NHS costs for treating drug misuse.<sup>9</sup>

A 2014 report from [Public Health England](#) reported that every pound spent on drug treatment saves £2.50 in costs to society.<sup>10</sup> In 2012, the [National Treatment Agency for Drug Misuse](#) estimated that drug treatment and recovery systems in England prevented 4.9 million crimes in 2010-2011, saving £960 million.<sup>11</sup>

In a 2009 policy paper on the families of drug misusers, the UK Drug Policy Commission estimated that:

- nearly 1.5 million adults will be significantly affected by a family member's drug use;
- the cost of the harms they experience as a result amounts to about £1.8 billion per year; and
- the support they provide would cost the NHS or Local Authorities about £750 million to provide if it was not available.<sup>12</sup>

## 1.5 Drug treatment services

The National Drug Treatment Monitoring System (NDTMS) publishes routine reports on the number of individuals in contact with drug treatment services.

The [latest report](#) shows that in 2015/16 a total of 288,843 individuals were in contact with drug and alcohol services, a 2% reduction on 2014/15.

Individuals that had presented with a dependency on opiates made up the largest proportion of the total numbers in treatment in 2015/16 (149,807, 52%). This is a fall of 2% compared with the 2014/15 figure and a 12% reduction since a peak in 2009/10 when there were 170,032 opiate clients in treatment.

The decrease in opiate clients in treatment is most pronounced in the younger age groups with the number of individuals aged 18-24 starting treatment for opiates having reduced substantially from 11,351 in 2005/06 to 2,367 in 2015/16, a decrease of 79%.

In 2011/12 National Treatment Agency for Substance Misuse reported that around 104,000 under 18s in England are living with people in drug treatment.<sup>13</sup>

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<sup>9</sup> National treatment Agency for substance misuse, [Why invest?](#), 2014

<sup>10</sup> PHE, [Alcohol and Drugs Prevention, Treatment and Recovery: why invest?](#) 2014

<sup>11</sup> NTA, [Estimating the Crime Reduction Benefits of Drug Treatment and Recovery](#), May 2012.

<sup>12</sup> UKDPC, [Supporting the supporters: families of drug misusers \(policy briefing\)](#), November 2009

<sup>13</sup> NTA, [Parents with Drug problems](#), 2012

In January 2017, PHE published [a review](#) of the evidence on the drug treatment and recovery system. This provides a detailed discussion of the outcomes to be expected from drug treatment, and how England compares with other countries. It noted that:

2. 60% of heroin users are in treatment
3. 97% receive access to treatment within 3 weeks
4. the rate of drop out from treatment before 3 and 6 months (18% and 34%, respectively) is comparable to the literature (28% on average)
5. the rate of stopping injecting (52% after 3 months; 58% after 6 months; 61% after 1 year) is comparable with, or better than, the scientific literature
6. treatment in England is associated with a marked reduction in convictions (47% among those retained in treatment for 2 years or successfully completed treatment)
7. successful completion of treatment rates for non-opiate drug users, who only receive psychosocial interventions, have increased from 14% in 2005 to 2006 to 37% in 2014 to 2015 for non-opiate drug and alcohol users, and from 13% in 2005 to 2006 to 42% in 2014 to 2015 for users of non-opiate drugs alone

The report makes recommendations on improving treatment services for commissioners and providers of local treatment services. The National Director of Health and Wellbeing at PHE, Professor Kevin Fenton said that there are many benefits of drug treatments, but there are also further challenges:

Our review highlights the many benefits of drug misuse treatment for individuals, families and communities. But there are challenges ahead.

Local areas increasingly have to meet the complex needs of older long-term heroin users, often in poor health, with other problems particularly housing, poor social-networks and unemployment, which are vital to successful recovery.

Services will also need to be flexible, ensuring appropriate treatment to those seeking help for the first time, particularly with emerging issues such as new psychoactive substances or the problematic use of medication.

With every £1 spent on treatment yielding a £2.50 saving on the social costs of drug misuse, it makes sound sense for local authorities to continue to invest - helping people get their lives back on track and fully contributing to society.<sup>14</sup>

The ACMD has recently warned the Government that reductions in funding for local drug treatment services may impact the effectiveness of services:

The report says the ACMD is concerned that such a loss of funding would result in the dismantling of a drug misuse treatment system that has brought huge improvement to the lives of people with drug and alcohol problems. If resources are spread

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<sup>14</sup> PHE, [Press release: Evidence review on drug misuse treatment published](#), January 2017

too thinly, the report says, the effectiveness of drug treatment will suffer, which could lead to increased levels of blood-borne viruses, drug-related deaths and drug-driven crime in communities.

Annette Dale-Perera, chair of the ACMD's Recovery Committee, said:

A lack of spending on drug treatment is short-sighted and a catalyst for disaster. England had built a world class drug treatment system, with fast access to free, good quality drug treatment.

This system is now being dismantled due to reductions in resources. Unless government protect funding, the new drug strategy aspiration of 'effectively funded and commissioned [drug treatment] services' will be compromised.<sup>15</sup>

## 1.6 New Government drug strategy July 2017

The Home Office [published its new drug strategy](#) on 14 July 2017.<sup>16</sup>

The strategy draws attention to the rising number of drug misuse deaths:

In England and Wales, the number of deaths from drug misuse registered in 2015 increased by 10.3% to 2,479. This follows an increase of 14.9% in the previous year and 19.6% the year before that. Deaths involving heroin, which is involved in around half the deaths, more than doubled from 2012 to 2015.<sup>17</sup>

It also draws attention to the economic and social cost of crime:

Each year in the UK, drugs cost society £10.7 billion in policing, healthcare and crime, with drug-fuelled theft alone costing £6 billion a year. Research shows that for every £1 spent on treatment, an estimated £2.50 is saved.

In 2015/16, 2.7 million – over 8% – of 16-59-year-olds in England and Wales took illegal drugs. This is down from 10.5% a decade ago, but new threats are emerging including new psychoactive substances such as 'spice', image and performance enhancing drugs, 'chemsex' drugs and misuse of prescribed medicines.<sup>18</sup>

In her foreword, the Home Secretary, Amber Rudd, confirms the strategy's goals:

- preventing people – particularly young people – from becoming drug users in the first place;
- targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- leading and driving action on a global scale.<sup>19</sup>

<sup>15</sup> ACMD, ACMD warns ministers of falling local funding for drug treatment services, 6 September 2017

<sup>16</sup> Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017

<sup>17</sup> As above: [page 5](#)

<sup>18</sup> Home Office, [Press release: New drug strategy to safeguard vulnerable and stop substance misuse](#), 14 July 2017

<sup>19</sup> Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017: page 2

Saying that there is “much further to go”, the 2017 strategy also sets out how it will take forward the approach adopted in its predecessor, the 2010 drug strategy, with what it terms “new action”, based around

2. a smarter, coordinated partnership approach
3. enhancing the “balanced” response to reducing demand, restricting supply, building recovery and global action
4. expanding on the twin aims of reducing illicit drug use and increasing the rate of individuals recovering from their dependence
5. developing a new set of measures to foster what it terms “joint ownership” between the various agencies involved and
6. strengthening governance, with a Board chaired by the Home Secretary and a national Recovery Champion.<sup>20</sup>

Various new measures were promised:

- Additional new action in the strategy includes improved measures to test the long-term success of treatment. As part of the National Drug Treatment Monitoring System (NDTMS), health services will now carry out additional checks to track the progress of those in recovery at 12 months, as well as after 6, to ensure they remain drug-free.
- Building on the successful impact of the Psychoactive Substances Act 2016, a new NPS intelligence system will ensure the treatment response stays one step ahead of the criminals pushing newly invented substances onto British streets.
- The system, being developed by Public Health England, will reduce the length of time between drug-related health harms emerging and effective treatment responses being prepared.
- A network of medical experts will analyse data from a new pilot system (RIDR - Report Illicit Drug Reactions) designed to gather information about adverse reactions and harms caused by NPS and other drug use, to identify patterns and agree the best clinical responses.<sup>21</sup>

The Home Secretary was quoted in the [press release accompanying the strategy](#) as saying that the Government’s “tough law enforcement response” had to go hand in hand with prevention and recovery. The Lead for Drugs at the National Police Chiefs Council said that the police would play their part:

The government has set out their new strategy for tackling the complex harms and issues associated with drugs and police will play our part in delivering it.<sup>22</sup>

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<sup>20</sup> Home Office, *Policy paper: Drug strategy 2017*, 14 July 2017:: [page 5](#)

<sup>21</sup> Home Office, *Press release: New drug strategy to safeguard vulnerable and stop substance misuse*, 14 July 2017

<sup>22</sup> As above

## 1.7 Response to the 2017 drug strategy

[Collective Voice](#), which puts forward the views of the drug and alcohol treatment sector, welcomed the evidence-based approach:

The government's recognition that evidence based treatment, recovery, and harm reduction services need to be at the heart of our collective response to drug misuse is very welcome.

Investment in treatment has reduced levels of drug use, cut drug related crime, enabled tens of thousands of individuals to overcome dependence, and is crucial in combating the recent increase in drug related deaths.

The Home Secretary's commitment to personally lead this cross-government effort, and the increased transparency of local performance provide the political energy and focus needed to turn the strategy's aspirations into outcomes.<sup>23</sup>

Other commentators also welcomed the shift in approach and especially the reduced emphasis on abstinence, for example the Guardian reported:

[Drugs](#) charities and critics have welcomed a shift away from an "abstinence-only" approach to drug treatment and a return to an emphasis on harm-reduction and recovery in the government's revised drugs strategy.

(...)

Harry Shapiro of [DrugWise](#), an online advice service, said there was a lot of continuity between the 2010 and 2017 drug strategy documents. But he added: "There has been a shift from the 2010 strategy when there was an emphasis that recovery from addiction was just about abstinence. Anyone working in the sector knew that wasn't the case, because if you are going to recover, you have got to have something to recover to and that means jobs, housing and training."

He confirmed that would be hard to deliver effectively because of cuts to local drug services and local authorities struggling with budgets.<sup>24</sup>

Others, though, were critical of the emphasis on crime and criminality

Former Liberal Democrat health minister Norman Lamb said the new strategy would not work because it treated drug dependence as a criminal justice rather than a health issue.

"It should have been announced by the health secretary, not the home secretary. The war on drugs has been a catastrophic failure, costing millions, making criminals of young people and unleashing gang violence." He called for decriminalisation of drugs use and for cannabis to be legalised and regulated, which he said would encourage users to seek help.<sup>25</sup>

The view that drugs policy should be focused on health has been echoed by the Royal Society for Public Health. It has said that a

<sup>23</sup> Home Office, [Press release: New drug strategy to safeguard vulnerable and stop substance misuse](#), 14 July 2017

<sup>24</sup> Alan Travis, "[Chemsex drugs and former legal highs targeted by Home Office](#)", *Guardian* online, 14 July 2017

<sup>25</sup> As above

“fundamental reorientation of policy towards public health and away from criminal justice” is needed to tackle rising drug harm.<sup>26</sup>

The [Mayor of Manchester, Andy Burnham, has argued](#) that the strategy will be “hollow” without new money:

“Where is the extra help for [public services] to put into place some of the principles that have been spoken of?”

He added: “I haven’t seen any mention of new money and it seems quite hollow, what was being said.”<sup>27</sup>

## 1.8 Devolved administrations

The 2017 drug strategy points out that the legislation governing misuse of drugs is reserved to the UK government and describes how the strategy relates to ongoing work in the devolved administrations:

The UK devolved administrations have their own approaches to tackling drug and alcohol misuse and dependence in areas where responsibility is devolved. Some of the policy areas covered by this Strategy such as healthcare, education, housing and social care therefore only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales and the work of the Department for Work and Pensions to England, Scotland and Wales.<sup>28</sup>

More details of the various drugs strategies can be found in the following documents:

- Scottish Government, [The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem](#), 2008. The Scottish Government have announced in July that they will refresh the drug strategy, to respond to the changing nature of drug misuse.<sup>29</sup> For further information see this Scottish Parliament Information Centre 2017 publication, [Drugs Misuse](#)
- Welsh Government, [Working Together to Reduce Harm: the substance misuse strategy for Wales 2008-2018](#)
- Welsh Government, [Working Together to Reduce Harm: Substance Misuse Strategy Annual Report – 2015](#), November 2015
- Northern Ireland Department of Health, Social Services and Public Safety, [New Strategic Direction for Alcohol and Drugs: Phase 2](#), December 2011
- Northern Ireland Department of Health, [New Strategic Direction for Alcohol and Drugs Phase2: 4<sup>th</sup> Update Report](#), July 2016

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<sup>26</sup> RSPH, [New Government Strategy another missed opportunity to take a new line on drugs](#), 14 July 2017

<sup>27</sup> Josh Halliday, [“UK drug strategy 'hollow' without more money, says Burnham”](#), *Guardian* online, 14 July 2017

<sup>28</sup> Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017: page 7

<sup>29</sup> Scottish Government, [Treating Scotland's changing drug problem](#), July 2017

## 1.9 Psychoactive Substances

The [Psychoactive Substances Act 2016](#) received Royal Assent on 28 January 2016. The Act was intended to plug gaps in the existing legislation, which did not deal adequately with what were termed new psychoactive substances or “legal highs”. It introduced a blanket ban on the production, supply, possession with the intent to supply, and import and export of psychoactive substances.

Section 58 of the Act requires the Secretary of State to review its operation and produce a report. The [framework for the review](#) was announced in July 2017.<sup>30</sup>

In July 2017, the Government’s new drug strategy included information about ongoing and new approaches to psychoactive substances:

The continued emergence of NPS (eg synthetic opioids) – the content and harms of which are not known due to their rapidly changing make up and/or novel patterns of use - has created additional dangers to some of our most vulnerable groups e.g. young people, the homeless and prisoners. We have already taken a range of action to reduce harms from the continuing evolution of these substances including implementation of the Psychoactive Substances Act 2016, development of local toolkits, a refreshed resource pack for educators, and world-leading NPS treatment guidelines.

In addition, PHE is developing a NPS intelligence system, which aims to reduce the length of time between drug-related health harms emerging and effective treatment responses to these harms. There are two key components of this work:

- piloting a new system (RIDR - Report Illicit Drug Reactions) to collect information about adverse reactions and harms caused by NPS and other drug use; and
- establishing a NPS clinical network of leading clinicians and experts to analyse the data coming from RIDR and other existing drugs intelligence systems, to identify patterns and harms, and agree appropriate clinical responses to NPS problems. NHS England has carried out an extensive review of its specification for substance misuse treatment in prisons and consequently increased the focus of provision on NPS.<sup>31</sup>

In [response to a July 2017 debate on drugs policy](#), the Under-Secretary of State for the Home office, Sarah Newton, said that the Government were concerned about the way synthetic cannabinoids have been targeted at the homeless population. She said that it would work with mental health services, and on ensuring that everyone has access to the best possible recovery programme.

In March 2017, PHE announced the launch of a pilot of a national system to monitor the negative effect of NPS and share best treatment practice. More information is provided in [a press release](#):

Last year, according to the 2015 to 2016 Crime Survey for England and Wales, one in 40 (2.5%) young adults aged 16 to 24 took a new psychoactive substance and there is evidence of

<sup>30</sup> Home Office, [The Psychoactive Substances Act Review Framework](#), July 2017

<sup>31</sup> Home Office, [Drug strategy 2017](#), July 2017

widespread use among vulnerable adults such as prisoners and homeless people. Whilst specialist services are responding, these harms are often poorly understood in frontline healthcare services and there is little guidance available to them.

Public Health England (PHE) in collaboration with the Medicines and Healthcare products Regulatory Agency (MHRA) is piloting a national system to help better monitor the negative effects of NPS and share best treatment practice across a variety of settings, including A&E, sexual health clinics, mental health services, prison health services, drug treatment services and GP surgeries.

The UK-wide, easy to use Report Illicit Drug Reaction (RIDR) system will be accessible to all front line health staff. Information about the drug and its effects will be recorded anonymously using an online portal. Data from the tool will be analysed by experts to identify patterns of symptoms and harms. This will be used to inform treatment guidance and help staff deal more quickly with unknown substances, and improve patient safety.

## 2. Press Articles

The Observer

### **Could a heroin vaccine cure the west's drug epidemic?**

Philip Ball 26 August 2017

<https://www.theguardian.com/science/2017/aug/26/will-heroin-vaccine-cure-west-drug-epidemic-chemical-answer-to-social-problem>

The Independent

### **Ministers accused of 'squandering' £1.6bn a year on anti-drug policy**

Ashley Cowburn 7 August 2017

<http://www.independent.co.uk/news/uk/politics/anti-drug-policy-government-16-billion-theresa-may-usage-levels-illicit-illegal-a7881356.html>

The Times

### **Scots plan to treat addicts as patients, not criminals**

John Boothman 1 October 2017

<https://www.thetimes.co.uk/article/scots-plan-to-treat-addicts-as-patients-not-criminals-2pm2cngb0>

The Times

### **Rudd tackles legal highs and 'chemsex' in new drugs strategy**

Gabriel Samuels 14 July 2017

<https://www.thetimes.co.uk/article/rudd-tackles-legal-highs-and-chemsex-in-new-drugs-strategy-bpmhg6sqg>

The Guardian

### **Who will this 'new' Home Office drugs strategy help? Not today's users**

15 July 2017 Henry Fisher

<https://www.theguardian.com/commentisfree/2017/jul/15/home-office-drugs-strategy-users-policy-public-services>

The Independent

### **Pregabalin: Doctors call for 'new Valium' to be restricted amid sharp rise in abuse**

Katie Forster 30 June 2017

<http://www.independent.co.uk/news/health/pregabalin-new-valium-doctors-call-restricted-sharp-rise-abuse-misuse-prisons-addiction-bma-yasir-a7817601.html>

The Times

**Billions spent enforcing drug laws have little effect**

Richard Ford, 7 August 2017

<https://www.thetimes.co.uk/article/billions-spent-enforcing-drug-laws-have-little-effect-6mfp985c0>

BBC News

**Older addicts cost £51m in hospital stays, report says**

Reevel Alderson 23 June 2017

<http://www.bbc.co.uk/news/uk-scotland-scotland-politics-40370051>

## 3. Press releases

### Addaction

#### **Addaction responds to NHS Digital's Report: Smoking, Drinking and Drug Use among Young People, England 2016**

**6 November 2017**

Addaction has responded to the newly published Survey by NHS Digital on Smoking, Drinking and Drug Use among Young People in England. The report is derived from an anonymous survey of 11-15 year olds from 2016, conducted by Ipsos Mori.

A key finding from the survey is that 24% of those questioned have at least once in their lives tried recreational drugs, which represents a 9% increase since the last survey conducted in 2014.

Another takeaway is that 44% of secondary school pupils have drunk alcohol, which is an increase of 6% since 2014.

On smoking cigarettes, the survey found that 19% of students have smoked cigarettes, which is a similar figure to 2014, but a significant fall from 1996 when 49 per cent of pupils had ever smoked.

Addaction's specialist on young people & mental health, Rick Bradley said:

The continued decrease in the number of young people smoking is fantastic news. Increases in price combined with repeated messages about health risk means smoking has much less appeal to young people than in the past.

Nitrous oxide use amongst young people has increased and this may be one reason for the in the higher rates of drug use. Whilst not without its risks, most nitrous oxide use will be experimental or recreational and does not present the same risks as misuse of some other substances, including alcohol.

That said, these figures should be seen as a wake up call to government. Investment in good quality drug education and treatment for young people is essential. Young people need to have access to the right information and support to make decisions that can help keep them safe.

We have to teach young people about the risks before they start thinking about using substances or alcohol. What works is providing supportive and evidence based education at schools, so young people can make informed choices as they grow up.

Despite the rate of consumption increasing, the number of children receiving lessons about smoking, alcohol or drugs hasn't changed in the past thirteen years. We have do more to support children at school.

For more information on the survey: <http://digital.nhs.uk/catalogue/PUB30132>

## **Advisory Council on the Misuse of Drugs**

### **ACMD warns ministers of falling local funding for drug treatment services**

**6 September 2017**

Funding cuts are the single biggest threat to drug treatment recovery outcomes, a report published by the ACMD has warned.

The Advisory Council on the Misuse of Drugs (ACMD), which advises the government on drugs of misuse and their harmful effects, found that maintaining funding of drug treatment services is essential to preventing drug-related death and drug-driven crime in communities. However, money available for both youth and adult substance misuse services has fallen in recent years.

The ACMD heard evidence of examples of funding reductions in local areas in England, brought about through variations to existing contracts and re-procurement of local services. For example, one local authority re-procured its substance misuse services to achieve 32% 'cost-efficiencies' over a five-year contract.

The report says the ACMD is concerned that such a loss of funding would result in the dismantling of a drug misuse treatment system that has brought huge improvement to the lives of people with drug and alcohol problems. If resources are spread too thinly, the report says, the effectiveness of drug treatment will suffer, which could lead to increased levels of blood-borne viruses, drug-related deaths and drug-driven crime in communities.

Annette Dale-Perera, chair of the ACMD's Recovery Committee, said:

A lack of spending on drug treatment is short-sighted and a catalyst for disaster. England had built a world class drug treatment system, with fast access to free, good quality drug treatment.

This system is now being dismantled due to reductions in resources. Unless government protect funding, the new drug strategy aspiration of 'effectively funded and commissioned [drug treatment] services' will be compromised.

The ACMD received evidence that further reductions in resources were likely because of future savings to the overall public health grant, as outlined by Public Health England. The report also found that disruptive and frequent re-procurement of resources was draining vital resources and resulting in poorer recovery outcomes.

It adds that in the complex and changing context it is difficult to see how current levels of drug, and also alcohol, misuse treatment coverage and outcomes can be maintained without significant extra efforts to protect investment and quality.

In its conclusions the ACMD makes a number of recommendations including:

- drug and alcohol misuse services should be mandated within local authority budgets and/or the commissioning of drug and alcohol treatment placed within NHS commissioning structures
- transparency and clearer financial reporting on local drug misuse treatment services should be increased in order to challenge local disinvestment or falls in treatment penetration
- the drug misuse treatment workforce should be reviewed to strike a balance of qualified and unqualified staff and volunteers required for effective drug misuse treatment services
- links between local healthcare services and local drug treatment systems should be strengthened
- commissioning contracts should be five to ten years in length
- research infrastructure and capacity within the drugs misuse field should be addressed

Notes to editors:

- For media queries, contact the ACMD press officer on 0207 035 3535
- A copy of the [commissioning impact on drug treatment report](#) is available on GOV.UK

## **Addaction**

### **Reversing the drug-related deaths crisis**

**31 August 2017**

Collective Voice and the NHS Substance Misuse Provider Alliance has today published advice and recommendations to help cut the devastating number of drug-related deaths.

Each year the number of lives lost in England, Wales and Scotland due to drugs has increased.

Addaction has labelled the latest figures released earlier this month a 'national crisis and a badge of shame'.

As part of Collective Voice, Addaction has worked with other treatment providers, the NHS and PHE to produce new guidance about how to reverse this trend and reduce the number of people whose lives are tragically cut short.

#### **Key recommendations include:**

- Providing tailored treatment and guarding against the forced reduction or premature removal of treatment in order to meet targets – this has proven to have prevented at least 880 deaths over the last few years.
- Having clear protocols to manage the risk of overdose, making sure, naloxone is widely available, particularly for at risk people leaving prison – pilots have proven that this has cut deaths.

- Supporting people to get support for all their physical and mental health issues including testing and treatment for hepatitis C.
- Increasing the number of people who need support accessing treatment, particularly by promoting and expanding access to needle and syringe programmes – which at the moment is only 50% adequate according to users.

The report highlights examples of how Addaction is already working to reduce drug-related deaths, such as improving access to rural communities and to multi-lingual recovery workers using telephone and video-conferencing; and having a national lead who oversees training in suicide prevention, including ensuring that staff feel able to talk comfortably and confidently about suicide with people who access their services.

The report - released on Overdose Awareness Day August 31 – will be available to all commissioners across the country.

Addaction's Director of Operations Anna Whitton, who contributed to producing the report, said:

At Addaction we're passionate about saving lives and will lead in promoting these aims. Every life lost is one too many and as a country we desperately need to escape this heart-breaking spiral. We'd urge every commissioner and provider to read the report in full, take on this life-saving advice, and join us in reversing this catastrophic trend.

## **Home Office**

### **New drug strategy to safeguard vulnerable and stop substance misuse**

**14 July 2017**

The Home Secretary has today launched the government's new drug strategy, to reduce illicit drug use and increase the rate of individuals recovering from drug dependence.

Each year in the UK, drugs cost society £10.7 billion in policing, healthcare and crime, with drug-fuelled theft alone costing £6 billion a year. Research shows that for every £1 spent on treatment, an estimated £2.50 is saved.

In 2015/16, 2.7 million – over 8% – of 16-59-year-olds in England and Wales took illegal drugs. This is down from 10.5% a decade ago, but new threats are emerging including new psychoactive substances such as 'spice', image and performance enhancing drugs, 'chemsex' drugs and misuse of prescribed medicines.

The [new strategy](#) confronts these threats and sets out new action to protect the most vulnerable, including the homeless, victims of domestic abuse and those with mental health issues.

The comprehensive new approach brings the police, health and local partners together to support those most at risk. The strategy includes measures to:

- reduce demand: through deterrent work including an expansion of the Alcohol and Drugs Education and Prevention Information Service for young people
- restrict supply: by pursuing a strong law enforcement response and dismantling trafficking networks
- support recovery: a new National Recovery Champion will be appointed to make sure adequate housing, employment and mental health services are available to help people turn their lives around
- drive international action: an international strand is included for the first time, setting out action to strengthen controls at our borders, understand global trends and share intelligence

Home Secretary Amber Rudd said:

Since becoming Home Secretary I have seen first-hand how drugs can destroy lives. I am determined to confront the scale of this issue and prevent drug misuse devastating our families and communities.

This government has driven a tough law enforcement response in the UK and at our borders, but this must go hand in hand with prevention and recovery. This new strategy brings together police, health, community and global partners to clamp down on the illicit drug trade, safeguard the most vulnerable, and help those affected to turn their lives around.

We must follow through with our commitment to work together towards a common goal: a society free from the harms caused by drugs.

The Home Secretary will chair a new cross-government Drug Strategy Board, to drive action and ensure the strategy is delivered by all partners.

Under the strategy, police and law enforcement will continue to pursue a strong enforcement response to restrict the supply of drugs by adapting our approach to reflect changes in criminal activity and using innovative data and technology.

Just ten days ago Border Force and National Crime Agency officers helped intercept a boat carrying 1.5 tonnes of uncut South American cocaine, with a street value of about £200 million, preventing it from entering the UK.

In addition to a tough global and domestic law enforcement response, we will continue to promote the role of the police in referring drug-misusing offenders to appropriate services to maximise the significant benefits that investment in treatment can have on reducing crime and anti-social behaviour.

National Police Chiefs' Council Lead for Drugs, Commander Simon Bray said:

Illicit drugs feature in so many types of harm and crime; they are frequently used as a commodity by organised criminals and gangs, often linked to violence and exploitation of the vulnerable. Drugs are the root cause behind countless burglaries, thefts and robberies, and are often associated with anti-social behaviour and public concern.

The government has set out their new strategy for tackling the complex harms and issues associated with drugs and police will play our part in delivering it.

Additional new action in the strategy includes improved measures to test the long-term success of treatment. As part of the National Drug Treatment Monitoring System (NDTMS), health services will now carry out additional checks to track the progress of those in recovery at 12 months, as well as after 6, to ensure they remain drug-free.

Building on the successful impact of the Psychoactive Substances Act 2016, a new NPS intelligence system will ensure the treatment response stays one step ahead of the criminals pushing newly invented substances onto British streets.

The system, being developed by Public Health England, will reduce the length of time between drug-related health harms emerging and effective treatment responses being prepared.

A network of medical experts will analyse data from a new pilot system (RIDR - Report Illicit Drug Reactions) designed to gather information about adverse reactions and harms caused by NPS and other drug use, to identify patterns and agree the best clinical responses.

Paul Hayes, Chief Executive of the Collective Voice, said:

The government's recognition that evidence based treatment, recovery, and harm reduction services need to be at the heart of our collective response to drug misuse is very welcome.

Investment in treatment has reduced levels of drug use, cut drug related crime, enabled tens of thousands of individuals to overcome dependence, and is crucial in combating the recent increase in drug related deaths.

The Home Secretary's commitment to personally lead this cross-government effort, and the increased transparency of local performance provide the political energy and focus needed to turn the strategy's aspirations into outcomes.

[Find out more about the new drug strategy.](#)

## **Adfam**

### **Adfam responds to the 2017 Drug Strategy**

**14 July 2017**

#### **1 Commitment to evidence**

Adfam is driven by what works and therefore endorses the strategy's commitment to evidence-based interventions, in terms of both treatment options and support for families.

#### **2 Inter-relatedness of problems**

For most of the families we work with the substance use of their loved one is not the only issue they face. The challenges of mental ill health, domestic abuse, offending and bereavement sadly often go hand-in-hand with problematic relationships with drugs or alcohol. We therefore welcome the strategy's acknowledgement that "there are families

where substance misuse is just one of a number of other complex problems” and the driving force social inequalities play in the development of all these issues.

### 3 Support for and work with families

We welcome the strategy’s recognition of the key role families and parents can play in prevention, the inclusion of the need to support families in their own right, with the suggestion that “evidence-based psychological interventions which involve family members should be available locally and local areas should ensure that the support needs of families and carers affected by drug misuse are appropriately met”. The strategy’s highlighting of the efficacy of peer support in the recovery journey of both drug and alcohol users and their families resonates with the experiences of the families and practitioners we work with, and is therefore welcome.

From our experience, much of the support families value can include broader work encompassing one-to-one practitioner support based on listening, signposting and the provision of information – the structured therapeutic approaches mentioned can be expensive or impractical for voluntary and community groups to deliver.

### 4 Harms experienced by adult family members

The main focus of the strategy’s coverage of families is driven by the desire to protect the children of those parents who use drugs or alcohol problematically. This desire is laudable. However the realities of the harms experienced by the families of substance users are significantly wider: many of the people Adfam supports are adults profoundly harmed by the substance use of partners, friends and children, both under and over 18. The focus on children within policy discourse means that sometimes the needs of adult family members are overlooked; we would therefore have liked to see a wider focus in the strategy.

### 5 Resourcing

The acknowledgement in the strategy of the important role played by the voluntary sector is good to see, as are the commitments to supporting those with substance use issues and their families. Adfam joins others in the sector in noting that the long-term challenge will be ensuring there is sufficient resourcing and political will to meet those commitments.

Vivienne Evans  
Adfam CE

## **Local Government Association**

### **LGA responds to the Government’s new drugs strategy**

**14 July 2017**

Responding to the Government’s new drugs strategy, Cllr Izzi Seccombe, Chairman of the LGA’s Community Wellbeing Board said:

Local government will continue to play its part in working with national government to deliver on our shared ambition to support those individuals and their families devastated by the harm caused by drug misuse.

We have long argued that reductions by central government to the public health grant in local government that is used to fund drug and alcohol prevention and treatment services is a short-term approach and one that will only compound acute pressures for criminal justice and NHS services further down the line.

Leaving councils to pick up the bill for new national policies while being handed further spending reductions cannot be an option. Pressure will be placed on already stretched local services if the Government fails to fully assess the impact of their funding decisions.

### **Notes to editors**

[Government's new drug strategy](#)

### **Collective Voice**

#### **Collective Voice response to the 2017 Drug Strategy**

**14 July 2017**

The Home Office has today published the government's latest, and long-awaited, [drug strategy](#). Collective Voice is very pleased to welcome the strategy as a serious and realistic platform which, if delivered, will improve society's collective efforts to minimise the various harms flowing from illegal drug use. Our optimism is driven by four key aspects of the strategy.

#### **VULNERABILITY**

The dominant media and political narrative about drug misuse emphasises the power of the drug and minimises the social, economic and psychological world of the user. The clear association between drug dependence and social exclusion, poverty, criminality, and mental ill-health is thus assumed, often implicitly, to be a consequence of drug use. For the first time this strategy makes it clear that drug dependence is as much a consequence of pre-existing social and economic disadvantage as it is their cause. To protect the vulnerable from the risks associated with drug misuse is therefore as much about broadening economic and educational opportunity, and minimising social exclusion, as it is about restricting supply or effective drug prevention. This is a crucial conceptual shift in the thinking underpinning drug policy and it is entirely consistent with the Prime Minister's statement about "fighting burning injustices" when she took up office a year ago.

#### **LEADERSHIP**

The Home Secretary spells out the continuing harms associated with the misuse of illegal drugs: particularly crime, drug-related deaths, and the impact on the life chances of dependent drug users and their children. However, drug misuse is no longer the political priority it was in the 1980s at the height of the HIV crisis or at the turn-of-the-century when

it was the main driver of rising crime. Today, in large measure as a consequence of investment in treatment and harm reduction services by successive governments, England has one of the lowest rates of HIV infection among injecting drug users in the world and the increased availability of treatment is regarded by the Home Office as one of the key factors behind the reduction in acquisitive crime over the past decade. Unfortunately the price of this success has been a growing inability to retain the investment and political interest on which it has been based. In this context for the Home Secretary to take personal leadership of this agenda is crucial. If the very real gains of the last 30 years are to be sustained we need clear visible political leadership. The Home Secretary's readiness to lead the drug strategy across Whitehall and the appointment of a dedicated Recovery Champion both augur well for the increase in political priority that will be needed if these successes are not to be thrown away.

#### EVIDENCE

The publication of the strategy by the Home Office is accompanied by the Department of Health publishing new clinical guidelines for the management and treatment of drug dependence. This emphasises the very clear commitments in the strategy to follow the clinical evidence of what works in responding to drug dependence. The 2010 drug strategy sought a rebalancing of the treatment system to give fresh impetus to promoting individual recovery, measured by successful completion of treatment, alongside continuing provision of harm reduction services and a recognition that for many individuals their journey to recovery would involve lengthy periods being supported by opiate substitution therapy. Unfortunately some of the political messaging that accompanied the strategy obscured the crucial significance allotted to harm reduction and maintenance resulting in commissioners in some Local Authorities misinterpreting the strategy as a commitment to a crude one-dimensional abstinence-based approach. The 2017 strategy leaves no room for misinterpretation. The recovery ambition remains at its heart but this is clearly tempered by recognition that for many of the increasingly vulnerable ageing cohort of heroin users, who still constitute the majority of the treatment population, interventions need to be matched to their individual need, not based on an ideological commitment to a pre-set outcome.

#### ACCOUNTABILITY

The strategy correctly identifies Local Authorities as ideally suited to integrate the clinical care drug misusers need with housing, employment, and other social supports. However since assuming responsibility for commissioning drug treatment in 2013, Local Authorities have struggled to make a success of their stewardship of this agenda, in large measure because of the competing demands they face in a very harsh financial climate. Alongside the Home Secretary's leadership across Whitehall will sit a revitalised process of accountability and support to Local Authorities from central government and Public Health England to help them channel their efforts to deliver the aspirations of the strategy. To hold them to account, government will

expect them and their local partners to report a series of metrics identifying: investment in treatment, the outcomes this achieves, their success in getting people into work, improving access to housing, and, most crucially of all if we are to address the continuing rise in avoidable death, how effectively the drug treatment system is integrated with wider physical and mental health NHS provision. The re-emergence of direct accountability to a powerful Minister will enable government to track the effectiveness of local delivery and the aggregate of these returns will enable Parliament and the public to hold the Home Secretary herself and the wider government to account.

This strategy provides a context in which drug treatment and recovery services can continue to build on the achievements of previous administrations. Collective Voice stands ready to work with all partners to capitalise on this opportunity.

## **Royal Society for Public Health**

### **New Government Strategy another missed opportunity to take a new line on drugs**

**14 July 2017**

We have expressed disappointment that the [Government's new Drug Strategy](#), launched today, represents another missed opportunity to put the public's health first when it comes to UK drugs policy.

While the Strategy goes further than before to recognise the importance of treatment services and harm reduction initiatives, it fails to provide the fundamental reorientation away from criminal justice and towards public health needed to reverse the UK's ongoing rise in drug-related harm.

New features of the strategy welcomed by RSPH include:

The appointment of a National Recovery Champion intended to address issues with housing, unemployment and mental health which influence much problem drug use.

Continued funding to expand the Alcohol and Drugs Education and Prevention Information Service (ADEPIS) to build resilience in young people to avoid problem drug use.

More support for elements of the wider public workforce who have frequent contact with young people, such as school nurses, teachers and youth workers to help them promote health and wellbeing.

Also today, RSPH is supporting the [launch of a radical call for safer, health-based UK drugs policy by Durham Police and Crime Commissioner Ron Hogg](#). Speaking from the launch event in Durham, Shirley Cramer CBE, Chief Executive, RSPH, said:

The new Government strategy represents a small step in the right direction, and we take some encouragement from a renewed focus on the importance of evidence-based drug treatment services and moves to address underlying factors such as

inadequate housing, unemployment and mental health problems which often prevent people from recovering from problem drug use.

However, it falls far short of the fundamental reorientation of policy towards public health and away from criminal justice needed to tackle rising drug harm. Decriminalisation of drug possession and use is a critical enabler that would enable drug treatment services to reach as many people as possible as effectively as possible. Instead, the Government still continues to lead with unhelpful rhetoric about “tough law enforcement” that contributes to the marginalisation and stigmatisation of vulnerable drug users, while also pushing through severe cuts to local authority public health budgets that undermine their ability to deliver drug treatment services.

## European Commission

### European Drug Report 2017: The UK leads the sad statistic of drug overdose deaths in Europe

**8 June 2017**

For a third year in row deaths from drugs overdose in Europe have increased. The UK and Germany together account for around half of these deaths. The data comes from the annual [European Drug Report 2017](#) released this week by the European Commission and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

A total of 8,441 overdose deaths, mainly related to heroin and other opioids, are estimated to have occurred in Europe in 2015, a 6% increase on the estimated 7,950 deaths in 2014. Increases were reported in almost all age groups. The UK accounts for 31% of these or 2,655 deaths. Germany is a distant second with 15%.

The most recent data shows an increase in the number of heroin-related deaths in Europe, notably in the UK. In England and Wales, heroin or morphine was mentioned in 1,200 deaths registered in 2015, a 26% increase on the previous year and a massive 57% increase compared to 2013. Heroin or its metabolites have been present in the majority of fatal overdoses reported in Europe as well.

Stimulants such as cocaine, amphetamines, MDMA and cathinones are implicated in a smaller number of overdose deaths in Europe, although their significance varies by country. In England and Wales, deaths involving cocaine increased from 169 in 2013 to 320 in 2015, although many of these are thought to be heroin overdoses among people who also used crack.

Presenting the report, Commissioner for Migration, Home Affairs and Citizenship Dimitris Avramopoulos said:

*“The impact of the drugs problem continues to be a significant challenge for European societies. The annual European Drug Report gives us the necessary analysis, guidance and tools to tackle this threat together across Europe, not just to protect the health of our citizens, but also to stop huge profits from drugs ending up in the pockets of organised crime groups in Europe and beyond.”*

The report finds that the three European countries with the highest volume of drug online sales are Germany, the Netherlands and the United Kingdom, with stimulants, in particular MDMA and cocaine, accounting for most of the sales revenue.

According to the report, over one million seizures of illicit drugs are reported annually in Europe. In 2015, more than 60% of all drug seizures in the EU occurred in just three countries: Spain, France and the United Kingdom.

A 2016 analysis found the highest mass loads of benzoylecgonine — the main metabolite of cocaine — in cities in Belgium, Spain and the UK and very low levels in the majority of eastern European cities. Spain, Italy and the UK account for three quarters (74%) of all reported treatment entries related to cocaine in Europe. In 2015, 7,400 people entering treatment in Europe reported primary crack cocaine use. The UK accounts for almost two thirds (4,800) of this group.

Five countries, including the UK, account for three quarters (76%) of the estimated high-risk opioid users in the EU. The UK recorded the highest number of high-risk opioid users in 2015 with 330,445.

While a majority of countries reported decreases in injection-related HIV cases between 2014 and 2015, Germany, Ireland and the UK reported rises to levels not seen for 7 to 8 years. In Ireland and the UK, this was in part related to localised outbreaks of new HIV infections among people who inject drugs. The UK recorded 182 HIV diagnoses attributed to injections in 2015.

Interventions to prevent overdoses in Europe include supervised drug consumption rooms (DCRs) and the provision of 'take-home' naloxone (a drug blocking the effects of opioid) to opioid users, their peers and families. DCRs now operate in six EU countries but not the UK. Take-home naloxone programmes exist in nine EU countries, including the UK. These programmes allow the use of naloxone in non-clinical settings, such as hostels and facilitate the distribution of naloxone kits to those at risk of overdose and to their families and carers.

This year's report also compares long-term patterns in smoking and drinking habits among European and American students (15–16 years). Both have been on the decline on the two sides of the Atlantic. In the EU, smoking among students has declined by a third in the last 16 years – from over 35% in 1999 to under 25% in 2015 – while heavy drinking has gone down only slightly from 40% in 1999 to 37% in 2015.

The annual European Drug Report provides a comprehensive analysis of recent trends in drug use across Europe, including developments in the European drug market, drug use among young Europeans and the threats posed by new substances.

[More information](#)

[UK report](#)

## **System launched to help tackle harms from new psychoactive substances**

**22 March 2017**

New online system, Report Illicit Drug Reaction, launched today to improve knowledge of the harmful effects of new psychoactive substances.

Last year, according to the 2015 to 2016 Crime Survey for England and Wales, one in 40 (2.5%) young adults aged 16 to 24 took a new psychoactive substance and there is evidence of widespread use among vulnerable adults such as prisoners and homeless people. Whilst specialist services are responding, these harms are often poorly understood in frontline healthcare services and there is little guidance available to them.

Public Health England (PHE) in collaboration with the Medicines and Healthcare products Regulatory Agency (MHRA) is piloting a national system to help better monitor the negative effects of NPS and share best treatment practice across a variety of settings, including A&E, sexual health clinics, mental health services, prison health services, drug treatment services and GP surgeries.

The UK-wide, easy to use Report Illicit Drug Reaction (RIDR) system will be accessible to all front line health staff. Information about the drug and its effects will be recorded anonymously using an online portal. Data from the tool will be analysed by experts to identify patterns of symptoms and harms. This will be used to inform treatment guidance and help staff deal more quickly with unknown substances, and improve patient safety.

Rosanna O'Connor, Director of Alcohol, Drugs and Tobacco at PHE, said:

The contents of NPS frequently change and their effects can be dangerous and unpredictable. These substances can cause serious problems to both mental and physical health.

Last year's ban has helped reduce their easy availability, but we are still seeing the most vulnerable groups, particularly, the homeless, prisoners and some young people, suffering the greatest harm from these substances.

The new RIDR system will help health staff better deal with the emerging challenges we are seeing. We want to encourage all frontline staff in settings such as A&E, sexual health clinics, prisons, drug and mental health services, to use the system, which over time will greatly increase our knowledge of these new substances and ultimately improve patient care.

Dr Sarah Elise Finlay, Emergency Medicine Consultant, Imperial College Healthcare NHS Trust, said:

The information and advice provided by this new system will ultimately ease some of the burden and stress of managing those tricky overdose and poisoning cases in the early hours over the weekend in emergency settings.

Emergency services are facing significant pressure, which is why we've made the RIDR system as easy as possible for health staff.

It's great to know that, in future, help will be at hand for health staff dealing with the harms of these often unknown new drugs.

More information, including on how to register, is available on the [RIDR website](#).

## **Public Health England**

### **Government funds school resource for drug and alcohol prevention**

**13 March 2017**

Public Health England announces new funding to expand Mentor UK's ADEPIS resource into more schools and community settings.

The programme helps equip young people with the life skills and resilience to deal with the challenges they face with alcohol and drugs.

Mentor UK has been awarded a new 3 year contract, jointly funded by Public Health England (PHE) and the Home Office, to continue to develop and deliver the Alcohol and Drug Education and Prevention Information Service (ADEPIS) programme for schools and community prevention services.

Based on evidence of what works, the programme takes a new approach with a significant move away from the 'hard-hitting' messages, which could be counter-productive in trying to improve young people's attitudes and behaviour toward drugs and alcohol. Instead, it focuses on building young people's life skills and resilience to help them deal with the pressures they can face and develop positive lasting habits and behaviours.

The ADEPIS programme was developed by Mentor UK as a platform for sharing information and resources on drug and alcohol prevention and is the leading source of evidence based information and tools for alcohol and drug education as part of PSHE work.

The funding will help Mentor UK ensure the programme is able to evolve and expand, as well as enabling the delivery of briefings and seminars for teachers and practitioners. Almost 44,000 professionals have visited the ADEPIS website since May 2013.

While recent reports show a steep decline in rates of children and young people smoking and drinking, instilling healthy habits and behaviours at an early age is shown to have a positive life-long influence.

Similarly drug misuse among young people is also declining, but cannabis remains the most commonly used drug among young people and in recent years the emergence of new psychoactive substances also raises new challenges for prevention work.

Mentor's Chief Executive, Michael O'Toole, said:

We are delighted to continue this valuable work and to get the backing of Public Health England and the Home Office for our ADEPIS programme. I think it helps signal a strategic break from the past where some educators lacked support about how to

convince young people about the harms of drugs and alcohol. We need to promote a more evidence based approach to prevention if it is to be effective, and ADEPIS does exactly that.

Only by building children and young people's resilience and life skills can we expect education programmes to be truly effective at preventing harms later on. It is also important to build local capacity to ensure development of effective 'ecosystems of prevention'.

Rosanna O'Connor, Director of Drugs, Alcohol and Tobacco, PHE, said:

We now have stronger evidence on what works to educate and influence young people's attitudes and behaviour on drugs and alcohol. The ADEPIS programme is a significant move away from the well-meaning 'hard-hitting' approach, which can be counter-productive, to one which focuses on building young people's knowledge, skills and resilience to make better choices.

While encouragingly young people's use of drugs and alcohol continues to fall, the more common use of cannabis and the emerging risks from new psychoactive substances remains a concern. I urge all local areas to support the use of the excellent ADEPIS programme in their schools and among community prevention workers.

Minister for Vulnerability, Safeguarding and Countering Extremism Sarah Newton, said:

This Government is acting to prevent the devastating impact of drug and alcohol misuse on our young people, their families and communities. I am delighted to be able to support Mentor to continue to deliver the ADEPIS programme, which helps keep vulnerable young people away from the harms that drugs and alcohol can cause.

We are seeing encouraging signs that drug use among 11 to 15 year olds has continued to fall since a peak in 2003. I am hopeful that the ADEPIS programme can continue to have a positive impact on young people, giving them the tools and confidence they need to resist being drawn into drug and alcohol misuse.

## Background

1. Mentor UK is the UK's leading charity working to prevent the misuse of alcohol and drugs among children and young people. They run evidence-based programmes in a variety of settings for different groups of young people. Mentor developed ADEPIS, the leading source of alcohol and drug education resources for schools, and now maintains the CAYT repository of impact studies of evidence-based programmes.
2. Mentor UK will receive £80,000 a year over a 3 year period.
3. See [Health Survey for England](#) for data on young people's alcohol and tobacco use.
4. See [Drug Misuse: 2015/16 Crime Survey for England and Wales](#) for data on young people's drug use.
5. Evidence on drug and alcohol prevention for young people:
  - In 2015 PHE published a review of the international evidence [Summary of the international evidence on the prevention of drug and alcohol use](#).

- In December 2016, the Scottish Government published [What works in drug education and prevention](#), which showed that focusing on a life course approach can be effective in changing children's outlook to alcohol and drugs.
- In 2015 The Advisory Council on the Misuse of Drugs published [Prevention of drug and alcohol dependence](#).

## **Advisory Council on the Misuse of Drugs**

### **Medicines supplementing use of other illicit drugs, says ACMD**

**15 December 2016**

A [report](#) published today (Thursday, 15 December) by the government's drug advisors has found prescription-only medicines are being used to supplement the use of other illicit drugs – like cocaine and heroin – but that at present we have a much smaller problem in this regard than the USA.

The Advisory Council on the Misuse of Drugs (ACMD) was tasked with investigating whether medicines are being taken by people they were not prescribed for - also known as diversion and illicit supply of medicines (DISM). It has also explored the potential medical and social harms by comparing the situation in the UK with the USA where the issue is well-established.

Diverted prescription drugs are not replacing traditional street drugs, the inquiry finds, but rather supplementing their use. Evidence suggests that prescription medicines are being widely used to complement the effects of illicit drugs such as heroin and cocaine or by users to 'tide them over' by alleviating withdrawal symptoms until they can access or afford Class 'A' drugs.

The use of diverted medicines leads to an increased risk of accidental overdose, infections and blood-borne viruses and illicitly supplied medicines may also be counterfeit. Furthermore, most prisons have reported issues of diverted medicines being used by inmates.

The ACMD's report recommends health professionals and organisations support the development of tailored treatment for those who misuse or have become dependent on prescription or over-the-counter medicines and keep a watch list of prescribed medicines that could be abused. It also calls for prison health care commissioners, including NHS England, to embed responsibility for protecting against this into prison healthcare provider specifications. This requires action by prison governors to deliver improved safety in partnership.

Professor Ray Hill, chair of the Diversion and Illicit Supply of Medicines Inquiry, said:

We call on the Government and public health bodies to have increased awareness and policies in place to tackle the diversion and supply of prescription medicines, which has become of growing public concern across the globe in recent years.

Our inquiry has found misuse of prescribed medicine supplements the abuse of traditional illicit drugs - increasing the risk of accidental overdose, infections and blood-borne viruses.

We remain particularly concerned with the on-going trends of diversion of medications in the prison environment.

Professor Les Iversen, chair of the ACMD, said:

The diversion of prescription-only medicine damages patient-doctor relationships and can create an atmosphere of distrust.

The use of medicines supplied illicitly is dangerous - it is essential that tailored treatment is developed for users who have become dependent on prescription or over-the-counter medicines.

Other key findings of the study are:

- addiction clinics and therapists in the UK reported, anecdotally, that they sometimes see opioid-addicted clients who first developed a dependency on over-the-counter (OTC) codeine
- use of prescription medicines to manage the 'come down' from illicit stimulant drugs seems to involve purchase of the drugs from a 'friend' who may have obtained them by legitimate prescription
- the sale of prescription medicines is increasing online with many unregistered pharmacies supplying prescriptions and medicines unethically
- the number of people seeking treatment for addiction to prescription medicines has reportedly increased. As with other drug users those using prescription drugs often have other mental health problems to cope with

## 4. Parliamentary material

### 4.1 Debates

Commons Chamber

[Drugs Policy](#)

HC Deb 18 July 2017 Vol 627

Lords Chamber

[Drugs Policy](#)

HL Deb 1 November 2016 Vol 776

Lords Grand Committee

[Cannabis](#)

HL Deb 7 September 2017 Vol 783 GC

### 4.2 PQs

[Mental Health](#)

**Asked by: Shannon, Jim**

To ask the Secretary of State for Health, if he will undertake an assessment of the effect of (a) drug and (b) alcohol addiction on people's mental health.

**Answering member: Steve Brine | Department: Department of Health**

Public Health England's (PHEs) alcohol evidence review published last year highlighted the links in the research, including links between alcohol use disorders, depression and bipolar disorder. The review represents England's most comprehensive look at the evidence on the public health burden of alcohol and policy responses to reduce the health, social and economic harm.

The review can be read here:

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

The 'Drug Misuse and Dependence: United Kingdom guidelines on clinical management', which were updated earlier this year, specifically address co-existing mental health and substance use problems. The guidelines outline how and where services for people with these conditions should be delivered, depending on the severity of the problem:

<http://www.nta.nhs.uk/guidelines.aspx>

In June 2017, PHE published guidance on better care for people with co-occurring mental health and alcohol and drug use conditions. This guidance is aimed at commissioners and providers of mental health and

alcohol and drug treatment services and is also suitable for support services that have contact with people with co-occurring conditions:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

**08 Nov 2017 | Written questions | House of Commons | 111010**

### [Heroin Addiction](#)

**Asked by: John Mann (Bassetlaw) (Lab)**

What assessment she has made of the effectiveness of interventions by her Department in dealing with heroin addiction in England.

Oral questions - Lead

**Answering member: The Parliamentary Under-Secretary of State for the Home Department (Sarah Newton)**

Recovery from drug misuse remains at the heart of our approach. More people are recovering from their dependency now than in 2010, and the number of heroin and crack cocaine users in England has continued to fall, with the number going below 300,000 for the first time since 2011. We are developing a new drugs strategy with other Government Departments and key partners, which will be published soon.

**31 Oct 2016 | House of Commons | 616 c640**

### [Opiates: Misuse](#)

**Asked by: Lord Patel of Bradford**

To ask Her Majesty's Government, in the light of the increases in the number of opioid-related deaths, what consideration they have given to the advice of the Advisory Council on the Misuse of Drugs supporting the use of opioid substitution treatment.

**Answering member: Lord O'Shaughnessy | Department: Department of Health**

The Government has considered the Advisory Council on the Misuse of Drugs' (ACMD's) advice carefully and set out a range of work it is taking forward to address it in its response published in July.

For people to achieve and sustain freedom from drug dependence, the Government recognises the need for high quality treatment interventions as well as wider recovery support, including stable employment and housing, to enable people to build and maintain their recovery and live a life free from drugs. The ACMD's recommendations and the findings of its published evidence review have informed the current and future work programme of Public Health England (PHE) in relation to supporting the quality of Opioid Substitution Therapy. PHE is also developing guidance, in partnership with NHS England, to support

local areas to effectively meet the needs of people with co-existing mental health and substance misuse problems, which it is planning to publish this year.

As we continue with the implementation of the Drug Strategy published this summer, the advice of the ACMD will be fundamental to informing our approach and the Government will continue to seek its valuable input and advice.

**25 Oct 2017 | Written questions | House of Lords | HL2141**

[Heroin: Medical Treatments](#)

**Asked by: Austin, Ian**

To ask the Secretary of State for Health, with reference to the Modern Crime Prevention Strategy, published in March 2016, page 31, whether his Department has sought legal advice on its policies relating to heroin-assisted treatment; and what assessment he has made of the legal implications of those policies.

**Answering member: Nicola Blackwood | Department: Department of Health**

The prescribing of injectable opioids, such as methadone or diamorphine (pharmaceutical heroin) as substitutes for illicit heroin, as outlined in the Government's Modern Crime Prevention Strategy, published in March by the then Home Secretary, has been an option for many years but since the late 1960s, prescribing of diamorphine for the management of addiction has been restricted to licensed addiction specialists.

The decision to prescribe injectable diamorphine for the treatment of dependence is a clinical matter, for a clinician to take in conjunction with the patient. Advice to guide these decisions is contained in Chapter 5 and Annex 8 of the 2007 UK Guidelines on the Clinical Management of Drug Misuse and Dependence. The guidelines advise that:

- "injectable opioid treatment may be suitable for a small minority of patients who have failed in optimised oral treatment.";
- "clinicians providing injectable opioid treatment should encourage patients not to regard it as a lifelong treatment option and should regularly review their patients and the continuing necessity for this unusual and expensive treatment"; and
- The use of diamorphine "alone does not constitute drug treatment...it should be seen as an element or pathway within wider packages of planned and integrated drug treatment".

The guidelines are currently being reviewed by an Expert Working Group, to take into account developments in the evidence base. In July 2016, the Expert Working Group published their draft update for consultation. The consultation has closed and the responses are being considered by the Expert Working Group.

Diamorphine is licensed as a medicine by the Medicines and Healthcare products Regulatory Agency. Clinicians wishing to legally prescribe it for the treatment of dependence need to obtain a licence for that purpose from the Home Office and to comply with all other legislation relevant to the safe management, use and supply of medicines which are controlled drugs.

**17 Oct 2016 | Written questions | House of Commons | 47629**

[Drugs: Misuse](#)

**Asked by: Baroness Hayter of Kentish Town**

To ask Her Majesty's Government what is their response to the report of the Drugs, Alcohol and Justice Cross-Party Parliamentary Group's Charter for Change, published in September.

**Answering member: Baroness Williams of Trafford | Department: Home Office**

The Government has noted the recommendations in the report. In July, the Government published a comprehensive new Drug Strategy which aims to reduce drug misuse and increase the numbers recovering from dependence.

The new Drug Strategy sets out a range of actions, to be taken forward at national and local level, that respond to the evolving threats and challenges that continue to emerge from drug misuse. These include changing drugs markets, changing patterns of use and an ageing and more complex group of people who need wide-ranging support to recover.

**11 Oct 2017 | Written questions | House of Lords | HL1654**

[Drugs: Misuse](#)

**Asked by: Glindon, Mary**

To ask the Secretary of State for the Home Department, what the implications for her policies are of the Office for National Statistics' statistical bulletin entitled Deaths related to drug poisoning in England and Wales: 2016 registrations, published in August 2017; and if she will make a statement.

**Answering member: Sarah Newton | Department: Home Office**

The Government continues to be concerned by the increase in death related to the misuse of drugs. That is why the Government published a comprehensive new Drug Strategy in July.

The new Drug Strategy reflects the findings of Public Health England's inquiry into drug related deaths, 'Understanding and preventing drug related deaths', which was published in September 2016. The Strategy recognises the benefits of evidence based approaches that help prevent drug related deaths. For example, Naloxone has a vital role in saving lives and we are committed to widening its use in England.

We will support local areas to develop a more joined up approach to commissioning and delivering the range of services that are essential to supporting recovery and preventing drug-related deaths.

**11 Oct 2017 | Written questions | House of Commons | 105812**

[Drugs: Misuse](#)

**Asked by: Glindon, Mary**

To ask the Secretary of State for the Home Department, whether her Department plans to (a) include harm reduction within the remit of the Recovery Champion and (b) appoint a bespoke harm reduction champion as part of the Government's new drugs strategy.

**Answering member: Sarah Newton | Department: Home Office**

The Recovery Champion will provide a national leadership role around key aspects of the recovery agenda that support sustained recovery, in partnership with Public Health England. This will include looking at the support provided to those in recovery by public employment services, housing services, criminal justice agencies and mental health services.

There are no plans to appoint a bespoke harm reduction champion.

**11 Oct 2017 | Written questions | House of Commons | 105686**

[Drugs: Misuse](#)

**Asked by: Cowan, Ronnie**

To ask the Secretary of State for Health, what discussions his Department has had with the Ministry of Justice on making drugs policy a responsibility of his Department.

**Answering member: Steve Brine | Department: Department of Health**

As set out in the 2017 Drugs Strategy, the complexity and pervasiveness of drug misuse and the harms it causes means that no one department can tackle it alone. The Home Office remains the lead department for policy on drugs and implementation of the Strategy working closely with the Department of Health, Ministry of Justice and other interested Government Departments and agencies, and there are no plans to change this.

**10 Oct 2017 | Written questions | House of Commons | 10383**

[Drugs: Misuse](#)

**Asked by: Reynolds, Jonathan**

To ask the Secretary of State for the Home Department, what plans the Government has to tackle trends in the incidence of the drug known as Spice.

**Answering member: Sarah Newton | Department: Home Office**

Use of new psychoactive substances has fallen significantly since we introduced the Psychoactive Substances Act, hundreds of retailers have shut and the first offenders have been convicted.

However, the Government recognises how dangerous synthetic cannabinoids, such as those found in spice, can be and the devastating impact that they can have on those taking them. That is why we acted to control these substances as class B drugs under the Misuse of Drugs Act and give the police the powers they need to take action, including making possession illegal and delivering longer sentences for dealers

Our new Drug Strategy, emphasised the importance of a joined up approach to tackling the harms caused by drugs to prevent substance misuse, restrict the supply of drugs and support people from drug dependency. We strongly support the multi-agency approach being taken in areas to respond to this issue to reduce burden on public services and to prevent harm to the individuals themselves.

**13 Sep 2017 | Written questions | House of Commons | 8685**

[Prescription Drugs: Misuse](#)

**Asked by: Godsiff, Mr Roger**

To ask the Secretary of State for Health, what the NHS guidelines are for rates of withdrawal for prescription drug addiction.

**Answering member: Steve Brine | Department: Department of Health**

There are no specific National Health Service guidelines that cover withdrawal from prescription drugs in general. However the recently-updated National Clinical Guidelines for Drug Misuse and dependence has specific guidance about pharmacological management of dependence on benzodiazepines and z-drugs, including prescribing regimens, detoxification, adjunctive therapies and monitoring. The guidelines are available at the link below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/628634/clinical\\_guidelines\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628634/clinical_guidelines_2017.pdf) (starts at page 119)

Addiction to prescribed and over the counter medicines is a concern and it is essential that people only take these medicines in accordance with advice from a health professional. People who feel that they might be dependent on either prescribed or over the counter medicines should seek help from a health professional in the first instance (such as a general practitioner or pharmacist).

Local authorities are supported by Public Health England to develop tailored responses to existing and emerging drug misuse in their area and, in conjunction with the NHS, to address specific concerns about addiction to prescribed and over the counter medicines.

**13 Sep 2017 | Written questions | House of Commons | 8875**

[Drugs: Misuse](#)

**Asked by: Morris, Grahame**

To ask the Secretary of State for the Home Department, what assessment her Department has made on the effectiveness of its drugs policy on (a) reducing harm, (b) drug related deaths and (c) improving community safety.

**Answering member: Sarah Newton | Department: Home Office**

The Government recently published an evaluation of the effectiveness and value for money of the activity provided by the previous Drug Strategy between 2010 and 2015. The evaluation assesses a range of outcomes of drug policy, including harms, drug-related deaths and community safety.

We have no plans to review the Misuse of Drugs Act 1971. We recently published a new Drug Strategy. This sets out a balanced approach which brings together police, health, community and global partners to tackle the illicit drug trade, protect the most vulnerable and help those with a drug dependency to recover and turn their lives around.

**12 Sep 2017 | Written questions | House of Commons | 7219**

[Drugs: Rehabilitation](#)

**Asked by: Morris, Grahame**

To ask the Secretary of State for the Home Department, what discussions she has had with her counterparts at the Department for Health and the Ministry of Justice on the potential merits of establishing a drugs rehabilitation programme to divert drug users from the criminal justice system and towards health services and of deferring or withdrawing fines and custodial sentence upon the successful completion of a drug rehabilitation programme.

**Answering member: Sarah Newton | Department: Home Office**

The Home Office worked with a range of government departments at official and ministerial level, including the Department of Health and Ministry of Justice, to develop the Government's 2017 Drug Strategy, which was published on 14 July. The strategy sets out the action we are taking to develop health interventions for drug using offenders in the criminal justice system. This includes making effective use of community sentences with treatment requirements.

We will establish a new Drug Strategy Board, chaired by the Home Secretary and including representation from all the key departments, including the Department of Health and Ministry of Justice, to oversee delivery of the actions in the strategy.

**05 Sep 2017 | Written questions | House of Commons | 6753**

[Drugs: Rehabilitation](#)

**Asked by: Smith, Jeff**

To ask the Secretary of State for the Home Department, what assessment she has made of the Advisory Council on the Misuse of Drugs's recommendation that the treatment services that are most effective will be those that combine harm reduction services with support to recovery.

**Answering member: Sarah Newton | Department: Home Office**

The Government consulted the Advisory Council on the Misuse of Drugs (ACMD) during the development of the Strategy. The Government's response to the ACMD, along with the ACMD's advice, was published on 14 July.

The new Strategy sets out clear expectations for a range of partners, including those in health, housing, criminal justice and employment to offer people with a drug dependence problem the best chance of recovery through support at every stage of their life.

**20 Jul 2017 | Written questions | House of Commons | 5336**

[Drugs: Rehabilitation](#)

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**20 Jul 2017 | Written questions | House of Commons | 5336**

[Drugs: Misuse](#)

**Asked by: Smith, Jeff**

To ask the Secretary of State for the Home Department, what funding her Department has provided to (a) support the implementation of the Drug Strategy 2017 and (b) evaluate the effect of that strategy.

**Answering member: Sarah Newton | Department: Home Office**

The Government recognises that effectively funded and commissioned services are crucial to the implementation of the Drug Strategy 2017. The Government has confirmed the continuation of the ring-fenced

Public Health Grant to local authorities until April 2019, which funds drug and alcohol services.

The Home Secretary-chaired Drug Strategy Board will monitor the progress of the Strategy on an ongoing basis.

**20 Jul 2017 | Written questions | House of Commons | 5337**

[Drugs: Decriminalisation](#)

**Asked by:** Smith, Jeff

To ask the Secretary of State for the Home Department, what evidence in favour of decriminalisation she considered in drafting the Drug Strategy 2017.

**Answering member:** Sarah Newton | **Department:** Home Office

The 2017 Drug Strategy was informed by extensive consultation with key partners in the drugs field – the partners who will be delivering the Strategy on the frontline.

The Government has no intention of decriminalising drugs. Drugs are illegal because evidence has shown they are harmful to human health and are associated with much wider societal harms including family breakdown, poverty, crime and anti-social behaviour.

**20 Jul 2017 | Written questions | House of Commons | 5335**

[Drugs: Misuse](#)

**Asked by:** Saville Roberts, Liz

To ask the Secretary of State for the Home Department, what the Government's policy is on safe injecting facilities.

**Answering member:** Sarah Newton | **Department:** Home Office

The Government has no plans to introduce drug consumption rooms for those who wish to use intravenous drugs which have been illicitly obtained.

As set out in the 2017 Drug Strategy, published 14 July, recovery from drug misuse is a core part of our balanced approach. Drug treatment is invaluable to individuals, their families and the communities in which they live, and it is vital there is access to a range of options that can be tailored to individual need, to provide the best possible chances of recovery. People using drugs they have bought on the street is not part of a structured treatment plan.

**18 Jul 2017 | Written questions | House of Commons | 4852**

## 5. Useful links and further reading

Public Health England Guidance: *Health matters: preventing drug misuse deaths*, 15 September 2017

<https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths>

Local Government Association: *Preventing drug related deaths*, 7 August 2017

<https://www.local.gov.uk/preventing-drug-related-deaths>

Collective Voice: *Improving clinical responses to drug-related deaths*, August 2017

<http://www.collectivevoice.org.uk/wp-content/uploads/2017/08/Improving-clinical-responses-to-DRDs-August-2017.pdf>

Home Office Policy paper: *Drug strategy 2017*, 14 July 2017

<https://www.gov.uk/government/publications/drug-strategy-2017>

Advisory Council on the Misuse of Drugs: *Drug Strategy 2016 Development Review*, 14 July 2017

<https://www.gov.uk/government/publications/drug-strategy-2016-development-review>

Public Health England: *Better care for people with co-occurring mental health and alcohol/drug use conditions*, June 2017

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625809/Co-occurring\\_mental\\_health\\_and\\_alcohol\\_drug\\_use\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf)

Advisory Council on the Misuse of Drugs: *Psychoactive Substances Bill Evaluation Review*, 14 July 2017

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/628095/ACMD\\_Impact\\_WG\\_-\\_Evaluation\\_framework\\_comments\\_23\\_October.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628095/ACMD_Impact_WG_-_Evaluation_framework_comments_23_October.pdf)

Advisory Council on the Misuse of Drugs: Drug strategy 2016: development review, 14 July 2017

<https://www.gov.uk/government/publications/drug-strategy-2016-development-review>

Scottish Parliament Information Centre Briefing: Drug Misuse, 27 March 2017

[http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB\\_17-22\\_Drug\\_Misuse.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_17-22_Drug_Misuse.pdf)

Public Health England: *Drug Misuse treatment in England: evidence review of outcomes*, 26 January 2017

<https://www.gov.uk/government/publications/drug-misuse-treatment-in-england-evidence-review-of-outcomes>

Advisory Council on the Misuse of Drugs: *Reducing Opioid-Related Deaths in the UK*, December 2016

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf)

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