



DEBATE PACK

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Drugs policy

This pack has been prepared ahead of the debate to be held in Westminster Hall on Tuesday 23 October 2018 at 2.30pm on drugs policy. The debate will be opened by Ronnie Cowan 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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Contents

1. Drugs policy	2
Misuse of Drugs Act 1971	2
The Psychoactive Substances Act 2016	3
1.2 Illegal Drug Usage	4
1.3 Drug-related Deaths	4
1.4 Drug treatment services	8
1.7 Medical use of cannabis	13
2. News items	15
3. Press releases	18
4. Parliamentary material	26
Debates	26
PQs	26
5. Useful links and further reading	32

1. Drugs policy

A debate will be held in Westminster Hall on Tuesday 23 October 2018 at 2.30pm on drugs policy. The debate will be opened by Ronnie Cowan MP.

This briefing provides a brief overview on legislation and drugs policy.

1.1 Legislation

Misuse of Drugs Act 1971

The [Misuse of Drugs Act 1971](#) (the 1971 Act) regulates the production, supply and possession of “controlled” drugs.

Controlled drugs are listed in Schedule 2 to the 1971 Act and are divided into three Classes – A, B and C – with Class A drugs considered the most harmful. Controlled drugs also include any substance or product specified in a temporary class drug order.

The 1971 Act sets out a range of criminal offences relating to controlled drugs. A factsheet from the Home Office provides an [overview of the 1971 Act](#) and sets out the maximum penalties for the various offences:

Offence	Maximum penalty on conviction on indictment: Class A drug involved	Maximum penalty on conviction on indictment: Class B drug involved	Maximum penalty on conviction on indictment: Class C drug involved
Production	Life imprisonment	14 years' imprisonment	14 years' imprisonment
Supply or offering to supply	Life imprisonment	14 years' imprisonment	14 years' imprisonment
Possession	7 years' imprisonment	5 years' imprisonment	2 years' imprisonment
Possession with intent to supply	Life imprisonment	14 years' imprisonment	14 years' imprisonment
Permitting certain activities to take place on premises	14 years' imprisonment	14 years' imprisonment	14 years' imprisonment

Source: Home Office, [Psychoactive Substances Bill: Factsheet: Overview of the Misuse of Drugs Act 1971](#), August 2015

The [Misuse of Drugs Regulations 2001](#) allow for the lawful possession and supply of controlled drugs for legitimate purposes. They set out how these substances will be prescribed, administered and stored. Substances are listed in Schedules of the regulations, depending on their therapeutic usefulness, and the potential harms.

The Crown Prosecution Service publication [Legal Guidance: Drug Offences](#) provides further details on the investigation and prosecution of these offences.

The Psychoactive Substances Act 2016

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.

1.2 Illegal Drug Usage

The [2017/18 Crime Survey for England and Wales](#) estimated that 9.0% of 16-59 year olds had taken illegal drugs over the past year, equating to around 3.0 million people. While the numbers of people taking drugs has fallen significantly over the past decade, the trend has remained relatively flat since 2009/10.¹

Demographics and Risk Factors

The [2017/18 Crime Survey for England and Wales](#) highlights the demographic and socioeconomic factors associated with drug abuse in 16-59 year olds.

- Men were almost twice as likely to have taken illegal drugs in the past year: 11.8% of men, compared with 6.2% of women.
- Around 1 in 5 (20%) of 16-24 year olds reported using illegal drugs in the last year, proportions fell among older age groups.
- Higher levels of drug use were reported by people living in urban areas than those living in rural areas. Around 9.4% of people living in urban areas had used drugs in the past year, compared with 7.0% in rural areas.
- **People with self-reported higher levels of happiness were less likely to have taken drugs.** Among those classed as having very high levels of happiness, around 6.4% had taken drugs in the last year compared with 16.1% of those classed as having very low levels of happiness.
- Approximately 14.3% of people in households with an income lower than £10,000 are estimated to use illegal drugs. This likelihood decreases as household income increases to £50,000, but increases for households earning over £50,000.

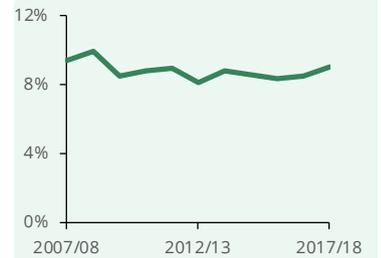
1.3 Drug-related Deaths

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*.²

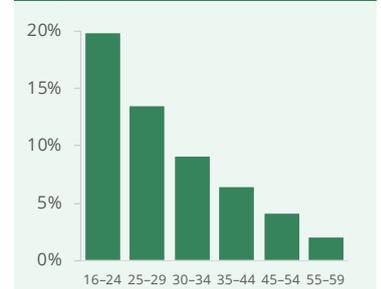
The [Office of National Statistics](#) (ONS) collects and annually publishes data on drug-related and drug misuse deaths. There were 2,503 drug misuse deaths involving illegal drugs registered in England and Wales in 2017.

In 2012, the total of 1,636 drug misuse deaths was the lowest number recorded since 2004. Numbers have since risen year on year before falling slightly in 2017.

DRUG USE IN PAST YEAR
England and Wales: 16-59 year olds



DRUG USE IN PAST YEAR BY AGE
England & Wales 2017/18



DRUG USE BY HOUSEHOLD INCOME
England & Wales 2017/18

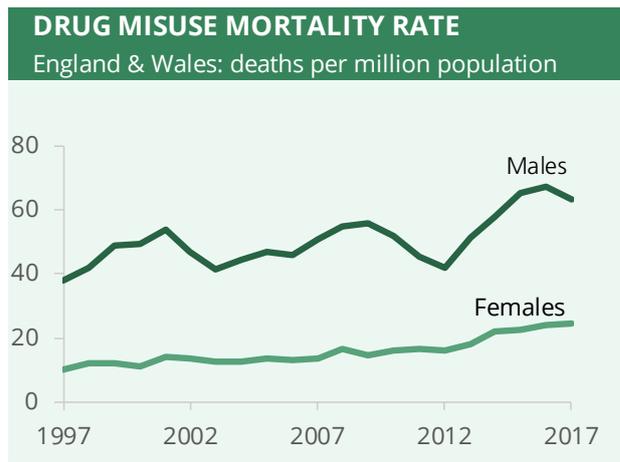


¹ Home Office, [Drug Misuse: Findings from the 2017/18 Crime Survey for England and Wales](#), 26 July 2018.

² ONS, [Deaths related to drug poisoning in England and Wales QMI](#), 4 September 2014.

The number of male deaths relating to drug misuse in 2017 was 1,794, or 71% of all male drug poisonings, which was higher than the proportion of female drug misuse deaths (57%, or 709 deaths).

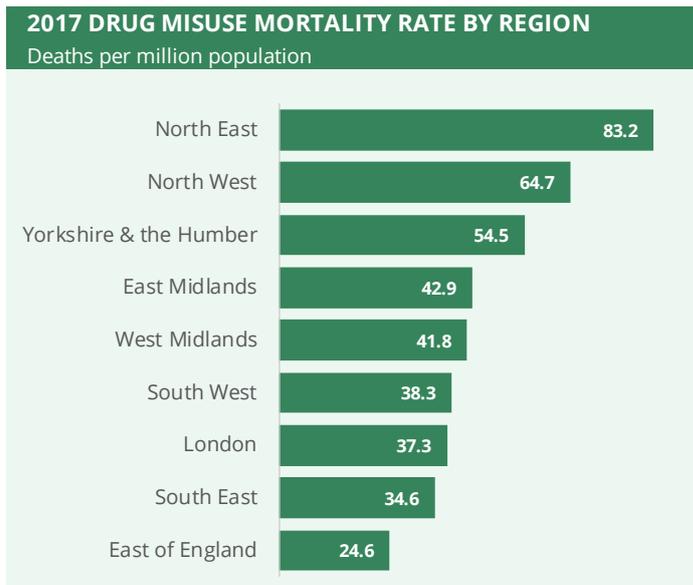
The drug related death rate in males decreased from 67.2 deaths per million population in 2016 to 63.4 in 2017. In contrast, the rate of drug misuse deaths in females increased slightly from 24.2 deaths per million population in 2016 to 24.6 in 2017. However, neither change was statistically significant.³



Source: ONS [Deaths Related to Drug Poisoning in England and Wales, Table 4](#)

Mortality from drug misuse shows substantial regional variation. In 2017, the highest rates of drug misuse mortality were observed in the North East, North West and Yorkshire and the Humber with the lowest rates being observed in London and the East Midlands. This pattern was somewhat different 20 years ago when the North East had the lowest level of drug misuse mortality and London the second highest. The North West has consistently had high rates of mortality from drug misuse.

³ The death rates compiled by ONS are based on registration figures represented as a rate of the standardised European population. A margin of error is inherent in such rates due to potential registration delays and this can have an impact on how differences in the rates should be interpreted. The changes in the 2017 rates are not substantial enough to conclude that a statistically significant change has occurred. The lower rate could simply be due to random fluctuations in the data.



Source: ONS [Deaths Related to Drug Poisoning in England and Wales, Figure 6](#)

In 2017, Public Health England noted that there has been a particularly large increase in deaths related to heroin and morphine usage:

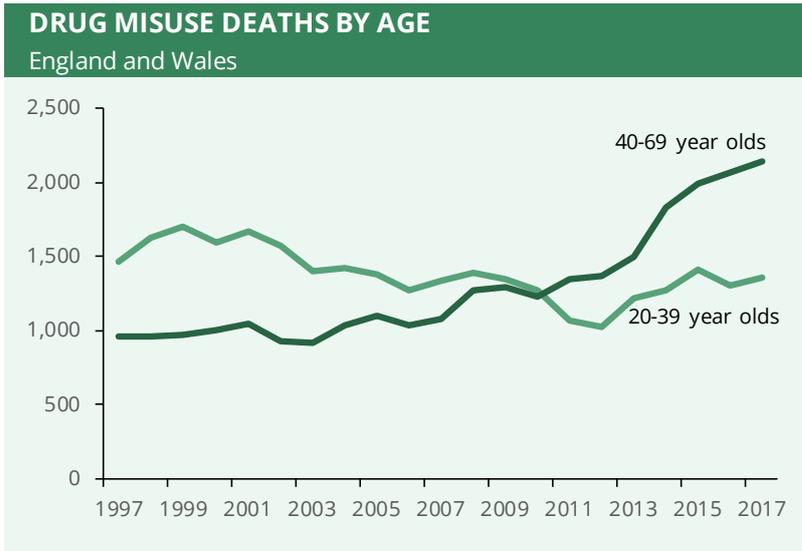
Deaths involving opioids (such as heroin) account for the majority of drug poisoning deaths. Heroin related deaths in England and Wales have more than doubled since 2012 to the highest number since records began 20 years ago.⁴

The Advisory Council on the Misuse of Drugs (ACMD) are 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%.⁵

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. ONS data published in 2017 shows a large increase in the number of deaths among 40-70 year olds between 2012 and 2017 relative to other age groups.

⁴ Public Health England, [Health matters: preventing drug misuse deaths](#), 1 March 2017

⁵ ACMD, [Reducing Opioid-related Deaths in the UK](#), 12 December 2016.



Source: ONS [Deaths Related to Drug Poisoning in England and Wales, Table 4](#)

Other possible factors that the ACMD reported may be contributing to the increasing drug deaths included changes in availability of heroin, cuts to health and social care and other local authority services, and changes in treatment and commissioning practices.⁶

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

⁶ ACMD, [Reducing Opioid-related Deaths in the UK](#), 12 December 2016.

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:

1. increasing suicides by drug poisoning generally and among drug users specifically; still far fewer in number than accidental poisoning but steadily rising
2. increasing deaths among women; far fewer in number than among men but steadily rising even during the period of reduced heroin availability
3. 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
4. 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
5. variations in coroner identification and reporting of drug deaths; this seems likely but is as yet unproven

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. He said that ACMD report had informed the current and future work on opioid substitution therapy and that Public Health England were working guidance to support local areas to meet the needs of individuals with co-existing substance misuse and mental health problems.⁷

More information is provided in the [Government responses to the ACMD report](#).

1.4 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 on [Adults in Treatment](#) shows that in 2016/17 a total of 279,793 individuals were in contact with drug and alcohol services, a 3% reduction on 2015/16.

Individuals that had presented with a dependency on opiates made up the largest proportion of the total numbers in treatment in 2016/17 (146,536 or 52%). This is a fall of 2% compared with the 2015/16 figure and a 16% 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 3,763 in 2016/17, a decrease of 67%.

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

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.⁸

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:

- 60% of heroin users are in treatment
- 97% receive access to treatment within 3 weeks
- the rate of drop out from treatment before 3 and 6 months (18% and 34%, respectively) is comparable to the literature (28% on average)
- 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
- treatment in England is associated with a marked reduction in convictions (47% among those retained in treatment for 2 years or successfully completed treatment)
- 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.⁹

⁸ NTA, [Parents with Drug problems](#), 2012

⁹ PHE, [Press release: Evidence review on drug misuse treatment published](#), January 2017

In September 2017, the ACMD 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 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.¹⁰

1.5 Government drug strategy July 2017

The Home Office [published its new drug strategy](#) on 14 July 2017.¹¹

The strategy draws attention to the rising number of drug misuse deaths (see section 1.3).¹²

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.¹³

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

1. preventing people – particularly young people – from becoming drug users in the first place;
2. targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
3. offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and

¹⁰ ACMD, [ACMD warns ministers of falling local funding for drug treatment services](#), 6 September 2017

¹¹ Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017

¹² As above: [page 5](#)

¹³ Home Office, [Press release: New drug strategy to safeguard vulnerable and stop substance misuse](#), 14 July 2017

4. leading and driving action on a global scale.¹⁴

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

- a smarter, coordinated partnership approach
- enhancing the “balanced” response to reducing demand, restricting supply, building recovery and global action
- expanding on the twin aims of reducing illicit drug use and increasing the rate of individuals recovering from their dependence
- developing a new set of measures to foster what it terms “joint ownership” between the various agencies involved and
- strengthening governance, with a Board chaired by the Home Secretary and a national Recovery Champion.¹⁵

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.¹⁶

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.¹⁷

¹⁴ Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017: page 2

¹⁵ Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017:: [page 5](#)

¹⁶ Home Office, [Press release: New drug strategy to safeguard vulnerable and stop substance misuse](#), 14 July 2017

¹⁷ As above

Drug treatment organisations, such as [Collective Voice](#), welcomed the evidence-based approach in the 2017 strategy:

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.¹⁸

Other commentators also welcomed the shift in approach and especially the reduced emphasis on abstinence.¹⁹ However, there has been some criticism 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.²⁰

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 "fundamental reorientation of policy towards public health and away from criminal justice" is needed to tackle rising drug harm.²¹

[A June 2018 Parliamentary Question response](#) about which Government Department should lead on drugs policy, stated that the Home Office will continue to lead, working closely with the Department of Health and Social Care:

The complexity and pervasiveness of drug misuse and the harms it causes mean that no one department can tackle it alone. The Home Office remains the lead department for policy on legislation on the misuse of drugs and implementation of the 2017 Drug Strategy, working closely with the Department of Health and Social Care, which is responsible for the recovery strand of the Strategy, Ministry of Justice and other interested Government Departments and agencies. There are no plans to change this. Ministers and officials from both the Home Office and the Department of Health and Social Care regularly hold discussions to develop a collaborative approach to reduce illicit and harmful drug use.

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

¹⁹ Alan Travis, "[Chemsex drugs and former legal highs targeted by Home Office](#)", *Guardian* online, 14 July 2017

²⁰ As above

²¹ RSPH, [New Government Strategy another missed opportunity to take a new line on drugs](#), 14 July 2017

1.6 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.²²

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. In July 2017, the Scottish Government announced that they will refresh the drug strategy, to respond to the changing nature of drug misuse.²³ 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](#) and 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 and Northern Ireland Department of Health, [New Strategic Direction for Alcohol and Drugs Phase2: 4th Update Report](#), July 2016

1.7 Medical use of cannabis

As set out above, under the *Misuse of Drugs Act 1971*, it is illegal to possess, supply, produce, or import/export cannabis in the UK. Whilst some controlled drugs, such as morphine, can be prescribed for legitimate medical use under the conditions of the *Misuse of Drugs Regulations 2001*, cannabis is listed under Schedule 1 of these regulations which generally applies to drugs that have been deemed to have no therapeutic value and as such, it cannot be legally prescribed by a medical practitioner.

However, there has been increased focus and debate on the medical use of cannabis both inside and outside Parliament in the last year. In July 2018, following advice from the ACMD and the Chief Medical Officer on the medical use of cannabis, the Home Secretary announced that he had decided to reschedule cannabis derived medicinal products.

In October 2018, regulations have been laid to move certain cannabis derived medicinal products to schedule 2 of the Misuse of Drugs regulations.²⁴ These will come into force on 1 November 2018, and will

²² Home Office, [Policy paper: Drug strategy 2017](#), 14 July 2017: page 7

²³ Scottish Government, [Treating Scotland's changing drug problem](#), July 2017

²⁴ Home Office, [Government announces that medicinal cannabis is legal](#), 11 October 2018

mean that doctors on the specialist medical register will be able to prescribe cannabis based medicinal products where there is an “unmet special clinical need that cannot be met by licensed products.”²⁵

In the short term, an expert panel has been established to consider and provide advice to Ministers on applications for licences for the medical use of cannabis.

More background on this issue is provided in the August 2018 Commons library briefing paper, [Medical use of cannabis](#) (please note this has not been updated since before the regulations were laid).

²⁵ Home Office, [Government announces that medicinal cannabis is legal](#), 11 October 2018

2. News items

Independent

22 October 2018

UN's 10-year plan to tackle world's drug problem has been 'spectacular failure' as production and consumption soar, report says

<https://www.independent.co.uk/news/health/un-drugs-policy-cocaine-cannabis-opium-report-illegal-a8592356.html>

Guardian

9 October 2018

Calls for radical action to curb record drug deaths in Scotland

<https://www.theguardian.com/politics/2018/oct/09/calls-for-radical-action-curb-record-drug-deaths-scotland>

Telegraph

9 October 2018

Royal College to review opposition to legalising cannabis despite concerns over mental health risks

<https://www.telegraph.co.uk/news/2018/10/09/royal-college-review-opposition-legalising-cannabis-despite/>

BBC News Online

2 October 2018

Conservative conference: Middle-class drug users to be targeted - Sajid Javid

<https://www.bbc.co.uk/news/uk-politics-45707227>

Guardian

29 September 2018

'County lines' drug gangs recruit excluded schoolchildren – report

<https://www.theguardian.com/world/2018/sep/29/excluded-schoolchildren-groomed-by-county-lines-drug-gangs-home-office-report>

BMJ

24 September 2018

Legalise illicit drugs to protect health, say former heads of state

BMJ 2018; 362 doi: <https://doi.org/10.1136/bmj.k4026> Cite this as: *BMJ* 2018;362:k4026

<https://www.bmj.com/content/362/bmj.k4026>

Guardian

24 September 2018

Labour peer Charles Falconer apologises over war on drugs

<https://www.theguardian.com/society/2018/sep/24/labour-grandee-charles-falconer-apologises-for-his-war-on-drugs>

BBC News Online

3 September 2018

Thousands of people use drug-testing facilities at UK music festivals

<https://www.bbc.co.uk/news/uk-england-45367810>

Telegraph

31 August 2018

Police should carry 'overdose kits' to treat addicts, crime commissioner suggests

<https://www.telegraph.co.uk/news/2018/08/31/police-should-carry-overdose-kits-treat-addicts-crime-commissioner/>

Independent

5 August 2018

Tories pile pressure on Theresa May to allow safe injection room for drug users

<https://www.independent.co.uk/news/uk/politics/theresa-may-drug-addicts-safe-rooms-hiv-deaths-dcr-government-policy-changes-a8476251.html>

Guardian

24 July 2018

Courts for addicted parents work. So why are they being stripped of support?

Family drug and alcohol courts keep children out of care and tackle dependency. But a funding crisis threatens their future

<https://www.theguardian.com/society/2018/jul/24/courts-addicted-parents-funds-family-drug-and-alcohol-court-children-care>

3. Press releases

Home Office

Government announces that medicinal cannabis is legal

Patients can be prescribed medicinal cannabis by specialist doctors from 1 November 2018.

11 October 2018

For the first time in the UK, expert doctors have been given the option to legally issue prescriptions for cannabis-based medicines when they agree that their patients could benefit from this treatment.

The law change, laid in Parliament today, came after the Home Secretary, Sajid Javid, listened to concerns from parents of children with conditions such as severe epilepsy.

Over the summer he called for an urgent review of cannabis-based medicinal products and accepted recommendations that followed from the Advisory Council on the Misuse of Drugs (ACMD) and the UK's Chief Medical Adviser.

The new law will not limit the types of conditions that can be considered for treatment and doctors will no longer need to seek approval from an expert panel in order for patients to access the medicines.

Home Secretary Sajid Javid said:

- Having been moved by heartbreaking cases involving sick children, it was important to me that we took swift action to help those who can benefit from medicinal cannabis.
- We have now delivered on our promise and specialist doctors will have the option to prescribe these products where there is a real need.
- I'm grateful to the expert panel – who have been considering cases in the interim – and to those who've worked hard to bring about this change at the earliest possible opportunity.

The decision to prescribe these unlicensed medicines must be made by a specialist doctor – not a GP. These doctors focus on one field of medicine such as neurology or paediatrics and are listed on the General Medical Council's specialist register. They must make decisions on prescribing cannabis-based products for medicinal use on a case-by-case basis, and only when the patient has an unmet special clinical need that cannot be met by licensed products.

Patients under the care of a specialist should discuss their treatment plan with them.

NHS England, the British Paediatric Neurology Association and the Royal College of Physicians will provide clinical advice to doctors ahead of the law change. The National Institute for Health and Care Excellence has

been commissioned to develop more detailed guidelines for clinicians in the longer term.

President of the Royal Pharmaceutical Society, Professor Ashok Soni OBE, said:

- This news will be welcomed by many patients with serious health conditions.
- The prospect of a future where safe and effective licensed cannabis-based medicines can be prescribed to help relieve suffering is genuinely exciting.
- We will work with the NHS to help support specialists in making the right prescribing decisions.

The Home Secretary has made it clear that today's announcement does not pave the way towards legalising cannabis for recreational use. The penalties for unauthorised supply and possession will remain unchanged.

Release

Drug-related deaths in England & Wales reach highest figure on record, Government policy directly contributing to public health crisis Deaths relating to cocaine and fentanyl highest on record August 6, 2018

Office for National Statistics (ONS) data released today shows that there were 3,756 drug-related deaths registered in England and Wales in 2017. It is the sixth year in a row that the ONS has registered an increase. 2017 is now the year with the highest number of registered drug-related deaths since records began.

Heroin and/or morphine deaths were involved in 1,985 of the deaths that took place. These deaths have increased by 30% since 2010 when 1,527 were registered. Deaths related to fentanyl, a powerful opioid, have reached 75 – the highest figure on record.

Release's executive director, Niamh Eastwood, said:

- The government is driving this devastating public health crisis by punishing people for their drug use instead of implementing compassionate, evidence-based policies. By criminalising people for drug possession, the government is dissuading people who want help from seeking it. This, in turn, is fuelling drug-related deaths. To make matters worse, the government is actively blocking the opening of life-saving drug consumption rooms, despite calls for their introduction from treatment service users, health professionals, and even the Scottish Parliament. This is a national crisis, and it requires a coordinated, national public health response. Instead we are seeing a disconnected, localised approach that fails to protect vulnerable people, and an overarching national strategy that primarily harms people who already marginalised. The government has also slashed funding to essential treatment services, leaving thousands of people left at the mercy of a postcode lottery as to whether their local authorities will provide the support that they need. The

government must establish safer drug consumption rooms, scale-up access to naloxone, and allocate central funding to heroin-assisted treatment. Instead, it has opted to perpetuate criminalisation - an approach that increases harm and causes deaths.

Deaths related to cocaine are at their highest since records began with 432 fatalities in 2017. This marks a 16% rise since 2016, and a staggering 200% increase since 2010. This may be due to the recent increase in powder cocaine use that was seemingly driven by higher purity and cheaper street prices. Whether it comes to reducing drug use, or reducing drug deaths, it is evident that the government is unable to achieve any of its key goals.

England and Wales have one of the highest rates of drug-related deaths in the EU – over 17 times higher than the rate of Portugal, which decriminalised all personal drug possession in 2001.

While the rate of drug-related deaths was higher among older people, there were 406 such deaths among people in the 20-29 age range in England and Wales in 2017. As a result, one in seven deaths of people in their twenties were registered as drug-related deaths.

The new data also shows that the rate of drug-related deaths is significantly higher in northern regions of England than elsewhere, while London's rate is significantly lower. The rate in the North East (83 per million deaths) is over three times higher than that of London (24 per million deaths).

People across the country are needlessly dying because of the government's ideological abstinence-focused approach and its refusal to implement evidence-based policies that have been tried and tested elsewhere.

Note to the editor. Release is the UK's centre of expertise on drugs and drug laws, providing free and confidential specialist services to professionals, the public, and people who use drugs. Release also campaigns for the reform of UK drug policy, particularly the removal of criminal sanctions for possession offences, in order to bring about a fairer and more compassionate legal framework to managing drug use in our society

Home Office

New drug strategy to safeguard vulnerable and stop substance misuse

14 July 2017

New drug strategy launched

Includes measures to:

-  reduce demand
-  restrict supply
-  support recovery
-  drive global action

New National Recovery Champion to ensure adequate housing, employment and mental health services are available

Will mean that for every £1 spent on treatment, **£2.50 is saved** in drug-related costs of crime, healthcare and law enforcement

Find out more on GOV.UK

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.

Public Health England

Alcohol and drug prevention, treatment and recovery: why invest?

12 February 2018

Local commissioners, providers and healthcare professionals can use the 'Why invest?' slides to help make the case for investing in drug and alcohol treatment and interventions.

Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity.

Providing well funded drug and alcohol services is good value for money because it cuts crime, improves health, and can support individuals and families on the road to recovery.

Local authorities and clinical commissioning groups are responsible for planning and funding alcohol and drug treatment and prevention

services. Information about local specialist services in each area is available on the [FRANK website](#).

[The 'Why invest?' slides with notes and references can be downloaded from box.com](#). They can be used individually or as a complete set of 32 slides.

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

4. Parliamentary material

Debates

Westminster Hall debate: Organised Crime: Young People's Safety

HC Deb 05 September 2018 | Volume 646 c110WH-

<https://hansard.parliament.uk/Commons/2018-09-05/debates/18090555000001/OrganisedCrimeYoungPeople%E2%80%9999SSafety#contribution-FFF49D12-6B8E-4CF7-8592-1D0D2D6736BB>

Adjournment Debate: Music Festivals: Drug Safety Testing

HC Deb 06 July 2018 | Volume 644 c677

<https://hansard.parliament.uk/Commons/2018-07-06/debates/E0DEEB30-1E43-44C7-AFF6-108381E254F4/MusicFestivalsDrugSafetyTesting>

Westminster Hall debate: Psychoactive Substances

HC Deb 23 May 2018 | Volume 641 c423WH-

<https://hansard.parliament.uk/Commons/2018-05-23/debates/415780BA-5D54-4109-9EAC-3AAD2C5ED490/PsychoactiveSubstances>

10-Minute Rule Bill - Supervised Drug Consumption Facilities

HC Deb 14 March 2018 | Volume 637 c903-

<https://hansard.parliament.uk/Commons/2018-03-14/debates/3EBAA525-3592-4E4C-8E12-2C1039C5125B/SupervisedDrugConsumptionFacilities#contribution-82F694FA-8D2F-4786-A0CF-DC86C78A74AE>

PQs

[Drugs: Misuse](#)

Asked by: Ashworth, Jonathan

To ask the Secretary of State for Health and Social Care, what estimate he has made of the annual cost to the NHS of drug addiction; and if his Department will publish an estimate of those annual costs in each financial year since 2010-11.

Answering member: Steve Brine | Department: Department of Health and Social Care

The costs of drug addiction are difficult to estimate due to the range of impacts. The latest estimates by the Home Office, in the 2017 Drug Strategy, suggest that in the United Kingdom society bears an estimated £10.7 billion of drug-related costs in terms of crime, healthcare and law enforcement. There are no plans to publish estimates of the annual costs to the National Health Service of drug addiction.

HC Deb 10 September 2018 | PQ 170319[Drugs: Misuse](#)**Asked by: Harris, Carolyn**

To ask the Secretary of State for the Home Department, what assessment he has made of the potential effect on drug-related fatalities of drug safety testing at (a) festivals, (b) nightclubs and (c) other large gatherings of young people.

Answering member: Victoria Atkins | Department: Home Office

Drugs are illegal where there is scientific and medical evidence that they are harmful to health and society. The possession of any amount of a controlled drug is a criminal offence and the supply of a controlled drug is an even more serious offence. No illegal drug-taking can be assumed to be safe and there is no safe way to take them.

The Government's approach remains clear: we must prevent illicit drug use in our communities and help those dependent on drugs to recover, while ensuring our drug laws are enforced. In relation to drug testing at festivals, chief constables are responsible for operational decisions in their local area and we are not standing in their way. We are exploring with the National Police Chiefs' Council whether their advice on this issue needs to be clarified.

HC Deb 03 September 2018 | PQ 163156[Drugs: Misuse](#)**Asked by: Smith, Jeff**

To ask the Secretary of State for the Home Department, what assessment he has made of the effectiveness of drug consumption rooms on tackling (a) HIV infection rates and (b) drug-related deaths.

Answering member: Victoria Atkins | Department: Home Office

The Government has no plans to introduce drug consumption rooms (DCRs). We are not prepared to sanction or condone activity that promotes the illicit drugs trade and the harms that trade causes to individuals and communities.

The Government's report, *Drugs: International Comparators* (2014), notes that DCRs have emerged in some countries as a response to

public health risks associated with open drug scenes, most often to address acute problems specific to a local area. There is some evidence for their effectiveness in reducing health risks for drug users in those particular contexts, however the UK does not experience public drug taking on the same scale.

DCRs are controversial and there remain legal and ethical issues for agencies involved. Furthermore, there is no legal framework for the provision of DCRs in the UK.

HC Deb 03 September 2018 | PQ 152219

[Drug-related Harm](#)

Asked by: Ronnie Cowan

Given the recent statistics showing that drug-related deaths in Portugal are three per million, compared with the UK figure of 64 deaths per million, does the Minister agree that the UK Government should follow Portugal's example and make drug policy reform a matter primarily for Health and Social Care, rather than the Home Office?

Answered by: Steve Brine | Department: Health and Social Care

The truth is that we work together. In July 2017, the Government published a comprehensive new drugs strategy, setting out what we think is a balanced approach that brings together the police, health, and community and global partners to tackle the illicit drugs trade, and to protect the most vulnerable in our societies who are struggling with drug dependency and help them to recover and turn their lives around. I know the hon. Gentleman takes a very different view, but that is our approach.

HC Deb 24 July 2018 | Vol 645 c849

[Drugs](#)

Asked by: Sobel, Alex

To ask the Secretary of State for the Home Department, if he will make an assessment of the potential merits of commissioning a comprehensive independent review of the Government's approach to drugs policy.

Answering member: Victoria Atkins | Department: Home Office

The evaluation of the 2010 Drug Strategy was undertaken to fulfil the National Audit Office's recommendations that the Government should develop an evaluation framework to assess the effectiveness and value of money of activities aimed at tackling the misuse of drugs under the 2010 Drug Strategy. Building on the findings from the 2010 Drug Strategy Evaluation, we published the 2017 Drug Strategy which takes a smarter, coordinated approach to tackling the complexity and pervasiveness of substance misuse at a national, local and individual level.

We are monitoring the progress of the Strategy, building on existing datasets to reflect our increased ambition to reduce drug misuse and improve rates of recovery, and are reviewing the impact of the strategy through the Home Secretary chaired Drug Strategy Board.

HC Deb 02 July 2018 | PQ 158348

[Drugs](#)

Asked by: Cowan, Ronnie

To ask the Secretary of State for Health and Social Care, what recent discussions he has had with the Home Secretary on lead ministerial responsibility for drugs policy.

Answering member: Steve Brine | Department: Department of Health and Social Care

The complexity and pervasiveness of drug misuse and the harms it causes mean that no one department can tackle it alone. The Home Office remains the lead department for policy on legislation on the misuse of drugs and implementation of the 2017 Drug Strategy, working closely with the Department of Health and Social Care, which is responsible for the recovery strand of the Strategy, Ministry of Justice and other interested Government Departments and agencies. There are no plans to change this. Ministers and officials from both the Home Office and the Department of Health and Social Care regularly hold discussions to develop a collaborative approach to reduce illicit and harmful drug use.

HC Deb 20 June 2018 | PQ 152802

[Drugs: Misuse](#)

Asked by: Smith, Jeff

To ask the Secretary of State for the Home Department, whether he plans to use data arising from the legalisation of cannabis in Canada to inform his Department's policy on illicit drugs.

Answering member: Mr Nick Hurd | Department: Home Office

We consider approaches to drug policy from other countries as part of our work in delivering the 2017 Drugs Strategy.

The World Health Organisation's Expert Committee on Drug Dependence has committed to reviewing the scheduling of cannabis under the United Nation's 1961 Convention. This is due to consider the therapeutic use, as well as the dependence and the potential to abuse constituent parts of cannabis. We will await the outcome of this report before considering the next steps.

HC Deb 18 June 2018 | PQ 152220

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.

HC Deb 10 October 2017 | PQ 10383

[Topical Questions](#)

Asked by: Mary Glindon

In the light of the latest statistics from the Office for National Statistics showing a record number of drug-related deaths registered in England and Wales, will the Minister meet members of the drugs, alcohol and justice parliamentary group to discuss this issue and see how it can be addressed?

Answering member: Steve Brine | Department: Health

I am very happy to meet the group, and the hon. Lady should contact my office. The Home Office is the lead Department for cross-governmental drugs policy, and we obviously released the new cross-Government drugs strategy earlier this year. However, this cannot all be about drugs services and picking up the pieces after things have gone wrong; it can also be about prevention. We should, as somebody once said at this Dispatch Box, understand a little more and condemn a little less.

HC Deb 10 October 2017 | Vol 629 c162

[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.

To ask the Secretary of State for the Home Department, if her Department will review the UK's drugs policy and take steps to evaluate the effectiveness of the Misuse of Drugs Act 1971.

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.

HC Deb 12 September 2017 | PQ 7219; HC Deb c7217

5. Useful links and further reading

Home Office *Drug Strategy 2017*

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

Drug misuse and dependency: government responses to ACMD reports
last update 13 April 2018

<https://www.gov.uk/government/publications/drug-misuse-and-dependency-government-responses-to-acmd-reports>

Public Health England *Alcohol and drug prevention, treatment and recovery: why invest?* 12 February 2018

<https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

Public Health England

Alcohol and drug misuse prevention and treatment guidance

Information and other resources to support commissioners, service providers and others providing alcohol and drug interventions updated 23 August 2018

<https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance>

British Medical Association *Reducing harm associated with illicit drug use* updated 12 March 2018

<https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/illicit-drug-use>

Scottish Government *Drugs*

<https://www.gov.scot/Topics/Health/Services/Drugs>

The Association of Directors of Public Health *Policy Position: Drugs*
November 2017

<http://www.adph.org.uk/wp-content/uploads/2017/11/ADPH-Policy-Position-Drugs.pdf>

Drugs, Alcohol & Justice Cross-Party Parliamentary *Group Charter for Change* updated September 2017

<https://blenheimcdp.org.uk/wp-content/uploads/2014/08/Campaign-for-change.pdf>

ONS Statistical Bulletin *Deaths related to drug poisoning in England and Wales: 2017 registrations* 6 August 2018

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2017registrations>

An evaluation of the Government's Drug Strategy 2010 July 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628100/Drug_Strategy_Evaluation.PDF

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