

## Debate Pack

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# General debate - Misuse of Drugs Act 1971

1	Background	3
2	Calls for a change in the law on the misuse of drugs	11
3	Drug misuse statistics	13
4	Drug treatment services	16
5	News items, research and press releases	23
6	Parliamentary material	26

## Summary

This briefing is prepared ahead of a General debate on the Misuse of Drugs Act 1971. The subject of the debate was nominated by the Backbench Business Committee, and it will be led by Jeff Smith and Crispin Blunt.

This year marks the fiftieth anniversary of the Misuse of Drugs Act 1971, the main piece of legislation through which illicit drugs are controlled across the UK.

There have been calls in recent years for a review and reform of the law in this area. Supporters of this change state that the law is not working, and a new approach is needed. They highlight high levels of drug deaths and harms in the UK and call for a more health-based focus of drugs policy, with greater investment in harm reduction policies and treatment.

The Government has said that it supports an evidence-based approach to drugs policy and recognises that urgent action is needed to tackle current issues around drug misuse. However, it has said that it has no plans to review the Misuse of Drugs Act 1971.

# 1

## Background

The [Misuse of Drugs Act 1971](#) (MDA) regulates the production, supply and possession of “controlled drugs”. It provides the legislative basis for the UK’s response to illicit drugs.

The MDA is complimented by the [Misuse of Drugs Regulations 2001](#) (MDR) which allows for the lawful possession of controlled drugs for medicinal or therapeutic uses.

A separate piece of legislation, the [Psychoactive Substances Act 2016](#), regulates the production and supply of psychoactive substances not otherwise controlled under the MDA (such as Nitrous Oxide) . It also prohibits the possession of psychoactive substances in prison.

The Home Office is the lead department on the misuse of drugs in the UK Government. However, it works in partnership with the Department of Health and Social Care and others in this area.

## 1.1

### The MDA

#### What are controlled drugs?

Controlled drugs are listed in [Schedule 2](#) of the MDA. Controlled drugs are categorised into three classes (Class A, B and C) dependent on how harmful they are.

The [Advisory Council on the Misuse of Drugs \(ACMD\)](#) (an independent expert advisory body), recommends how drugs should be classified under the MDA and provides advice to UK governments on drug related issues.

#### Offences

It is an offence to import, produce, supply or possess a controlled drug. Sentencing guidelines are used to issue the appropriate sentence to convicted offenders. The Sentencing Council’s [overview of drug offences](#) explains how the process works. The maximum sentences available are shown in the table below.

Maximum offences for drug-related offences		
Class	Possession	Supply, production and importation

A	7 years' custody, an unlimited fine or both	Life sentence, an unlimited fine or both
B	5 years' custody, an unlimited fine or both	14 years' custody, an unlimited fine or both
C	2 years' custody, an unlimited fine or both	14 years' custody, an unlimited fine or both

Source: Sentencing Council, [Drug offences](#), last accessed 14 June 2021

## 1.2

## Drug strategy

The [UK Government's Drug Strategy](#) was published in 2017. The strategy drew attention to the rising number of drug misuse deaths and 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.

The Strategy document set out its 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
4. leading and driving action on a global scale.

Saying that there is “much further to go”, the 2017 strategy also set out how it would take forward the approach adopted in its predecessor, the 2010 drug strategy, with what it termed “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.

[A May 2021 PQ response](#) from the Minister of State for the Home Office, Kit Malthouse set out action taken by the Government since the introduction of the Drug Strategy:

We know there is more to do to tackle drugs and the harms they cause, which is why the Home Office commissioned a major independent review, led by Dame Carol Black, to examine these issues. Part one of the Review was published in February 2020 and provided a detailed analysis of drug supply and demand. In July last year, DHSC announced the second part of the review led by Dame Carol to look at prevention, treatment and recovery which will be published later this year.

A number of initiatives which have been implemented under the 2017 Drug Strategy have been subject to assessment or evaluation, including:

- The UK Government appointed Dr Ed Day as the Government’s Recovery Champion to provide national leadership around key aspects of the drug recovery agenda and advise the Government on where improvements can be made. His first annual report was published in January 2021, which includes an assessment of the current system. It can be found here; [UK government Drug Recovery Champion annual report - GOV.UK \(www.gov.uk\)\(opens in a new tab\)](#)
- In 2019, Public Health England and the Home Office published a report on a deep dive to understand the rise in crack cocaine use in six areas of England. [PHE publish investigative report on increasing crack use - GOV.UK \(www.gov.uk\)\(opens in a new tab\)](#)
- The Advisory Council on the Misuse of Drugs continues to carry out in-depth reviews on issues relating to drugs and drug harms. Its website includes reviews on the ageing cohort of drug users, on custody to community transitions and on homelessness and drug use for example.
- Other projects within the 2017 Drug Strategy, such as the Holme House ‘drug recovery prison’ pilot and the Jobcentre Plus Individual

Placement and Support (IPS) trial to support those with substance use dependence back into employment, are subject to ongoing evaluation.

The Government continues to go further than the Drug Strategy 2017. In January, the Government announced a £148 million new investment to cut crime and protect people from the scourge of illegal drugs including;

- £80 million for drug treatment services right across England – representing the largest increase in drug treatment funding for 15 years.
- £28 million for Project ADDER – a new intensive approach to tackling drug misuse, which combines targeted and tougher policing with diversionary schemes and enhanced treatment and recovery services.
- £40 million to tackle drugs supply and county lines and surge our activity against these ruthless gangs This will allow us to expand and build upon the successful results of our £25 million county lines programme which since November 2019 has seen more than 3,400 people arrested, more than 550 lines closed, drugs with a street value of £9 million and £1.5 million cash seized, and more than 770 vulnerable people safeguarded.

Together the funding represents a comprehensive drive by the Government to build back safer from the pandemic by helping people break free from the scourge of drug use and cutting drug-fuelled crime and violence.

The Scottish Government published, [Rights, respect and recovery: alcohol and drug treatment strategy](#), in November 2018. In December 2020, the Scottish Government published an updated action plan on the alcohol and drug strategy, [Rights Respect and Recovery - alcohol and drug treatment strategy: action plan 2019 to 2021](#). This sets out ministerial priorities and commitments on substance misuse.

The Welsh [Government's Substance Misuse delivery plan 2019-2022](#) sets out the Welsh Government's key policy and operational priorities in this area.

The Northern Ireland Executive's substance misuse strategy is set out in the 2018 document, [New Strategic Direction for Alcohol and Drugs](#).

## 1.3

## Enforcement

Three enforcement agencies work together to tackle drug crime: the Border Force, the National Crime Agency (NCA) and the police. Dame Carol Black's

review discusses [each agency's approach](#) and discusses the challenges they are facing.

## Powers

The MDA gives law enforcement powers to stop and search people when they have reasonable grounds to suspect they are in possession of a controlled drug. The MDA also gives the courts the power to issue law enforcement with warrants to search premises for controlled drugs (or evidence connected to drug offences).

## Criticism of police stop and search activity

In its February 2021 [spotlight report on the disproportionate use of stop and search and the use of force](#), Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) found that drug searches contribute to "ethnic disproportionality" in stop and search rates "despite evidence that there is no correlation between ethnicity and rates of drug use". HMICFRS says the high prevalence of drug possession searches indicates that "enforcement efforts are not being effectively focused on force priorities". The Library's briefing [police powers: stop and search](#) discusses the Inspectorate's findings in more detail.

## Government policy

The Government is investing in increased enforcement. In January 2021 the Home Secretary announced [£148 million to cut drug related crime](#). The Government says its funding package takes "system-wide approach to the problem of illegal drugs" by providing funding for law enforcement and drug treatment and recovery services. Funding for law enforcement includes:

- A further £40 million of funding to combat county lines drug dealing. Taking total investment in county lines policing operations to £65 million since November 2019.
- £28 million for project ADDER (Addiction, Diversion, Disruption, Enforcement, Recovery). Project ADDER will run for three financial years in Blackpool, Hastings, Middlesbrough, Norwich and Swansea Bay. It will see the police work with other local partners (local authorities and health services) to disrupt drug offending and help people recover from addiction.
- £80 million in drug treatment services across England (see below)

## 1.4

## Dame Carol Black's review of drugs

In February 2019, the then Home Secretary, Sajid Javid, appointed Dame Carol Black to undertake a two-part review of drugs which would look at:

- the ways in which drugs are fuelling serious violence; and
- treatment, recovery and prevention

More information about the review is provided on [Home Office review webpage](#).

## Part One

Part one of the review aimed to provide an overview of the evidence on drug use in the UK, its supply, and the effects. It looked at the demographics of drug use, and the illicit drugs market.

The report of part one of the review was published in February 2020. A [Home Office news story](#) provided a summary of the findings in the report:

In her review, Dame Carol provides detailed analysis on the challenges around drug supply and demand, and notes that drug deaths are at an all-time high, the market has become much more violent, and drugs are costing society billions of pounds every year.

Among Dame Carol's findings are that:

- the illicit drugs market is a big business, worth an estimated £9.4 billion a year
- around three million people took drugs in England and Wales last year, with around 300,000 in England taking the most harmful drugs – opiates and/or crack cocaine
- drug deaths have reached an all-time high and the market has become much more violent - the total costs of drugs to society are estimated to be over £19 billion, which is more than twice the value of the market itself
- most illegal drugs consumed in the UK are produced abroad - the supply of drugs has been shaped mostly by international forces, the activities of organised crime groups and advances in technology
- the heroin and crack cocaine retail market has been overtaken by the county lines model, which is driving increased violence in the drugs market and the exploitation of young people and vulnerable drug users<sup>1</sup>

[In a Written Statement](#), the Home Secretary, Priti Patel, set out the Government response to the issues raised in the report. She said that the

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<sup>1</sup> Gov.uk, [Cross-government approach promised to tackle drug misuse following independent review](#), February 2020

review highlighted a “whole system problem” and that it was critical that partners across and external to Government worked together to tackle the issues. She set out the following Government action:

Activity is already in place to tackle the findings in the Review. The Home Office is stepping up activity to address the challenges highlighted around drug supply and county lines. We will bring the full force of the Government’s response to bear on drugs supply, with work to disrupt supply from source countries; build resilience and enhance interception at the border; improve our ability to disrupt the groups that control UK wholesale and distribution of illegal drugs; pursue associated money flows; and use interventions to divert users into treatment where appropriate.

This activity includes further investment to significantly increase the law enforcement response to county lines. Our investment is having a direct impact against high harm county lines which is why we have now committed an additional £5m, on top of the £20m that we announced in October 2019. This means we will be investing £20m in 2020/21 to further increase activity against these ruthless gangs. We are also working with colleagues across Government and with key partners to develop a wider, whole system response to tackle the county lines business model and associated violence and exploitation.<sup>2</sup>

[Part two of the review](#) is ongoing. This will look at the provision of treatment services, and how to prevent the misuse of drugs among adults and young people. More information is provided in section 4 of this briefing.

## 1.5

### Medical use of cannabis

In 2018, the law changed in the UK to allow the prescribing of cannabis-based medicines in certain circumstances.

However, since the change in the law, there have been concerns expressed by patient groups and charities that there have been few prescriptions for these products and calls for more action in this area. More information on this issue is provided in the May 2020 Library briefing paper, [Medical use of cannabis](#).

[An April PQ response](#) from the Under-Secretary of State for Health and Social Care, Jo Churchill, sets out more information on the change in the law, and specifically on the prescribing of unlicensed cannabis products:

In November 2018, the law changed to allow doctors on the General Medical Council’s Specialist Register to prescribe cannabis-based product for medicinal use (CBPMs). Since then, two CBPMs - Sativex and

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<sup>2</sup> HCWS128 (Action following the Independent Review of Drugs) 27 February 2020

Epidyolex have been made available for prescribing on the National Health Service, where clinically appropriate. This follows clear demonstrated evidence of their safety and clinical and cost effectiveness.

There remain concerns over the clinical and cost effectiveness of unlicensed cannabis-based products for medicinal use. To help further the evidence base, significant progress has been made to support two randomised controlled trials into early onset and genetic generalised epilepsy and to establish a national patient registry. We are also considering what further action the Government might take to widen access to unlicensed cannabis-based products.<sup>3</sup>

Jeff Smith MP was drawn seventh in the Private Members Bill ballot for the 2021-22 session and has introduced the Medical Cannabis (Access) Bill. The Bill has not yet been published but it will “make provision about access to cannabis for medical reasons; and for connected purposes.” Mr Smith provided the following information on the Bill to the House Magazine:

“My bill is aimed at breaking through the barriers stopping patients being able to be access medical cannabis. It's a campaign that I've been involved in for some time, and although medical cannabis is legal, lots of patients aren't able to get NHS prescriptions.

“I've got constituents who are affected by this, as have many other MPs. One of my constituents, for example, is paying a fortune for a private prescription for his grandson, and it shouldn't be like that.

“It is a complicated issue, but I'm looking forward to working with ministers and officials on how we might solve the problem.”<sup>4</sup>

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<sup>3</sup> WPQ 181076 [Cannabis: Medical Treatments] 19 April 2021

<sup>4</sup> Georgina Bailey, [From Careers Guidance to Medical Cannabis: A Guide to MPs' 2021 Private Members' Bills](#), The House, 16 June 2021

## 2

# Calls for a change in the law on the misuse of drugs

There have been numerous calls for a change in the law on drugs policy in recent years.

The Commons Health and Social Care Committee undertook an Inquiry on UK drugs policy, and published [its report](#) in October 2019. This made a number of recommendations including calling for:

a radical change in approach to UK drugs policy, moving from the current criminal justice approach to a health approach, with responsibility for drugs policy moving from the Home Office to the Department of Health and Social Care.<sup>5</sup>

The Committee also expressed support for “a consultation on decriminalisation of drug possession for personal use, by changing it from a criminal offence to a civil matter”

The Government published [its response to the report in January 2021](#). It said that whilst it supported an evidence based approach to drugs policy and increasing investment in treatment, it said that it:

has no intention of decriminalising drugs. Drugs are illegal because scientific and medical analysis has shown they are harmful to human health. We are aware of decriminalisation approaches being taken overseas, but it is overly simplistic to say that decriminalisation works. Historical patterns of drug use, cultural attitudes, and the policy and operational responses to drug misuse in a country will all affect levels of use and harm.<sup>6</sup>

A number of drugs policy and treatment charities are campaigning for a change in the law on the 50<sup>th</sup> anniversary of the Misuse of Drugs Act 1971. More than 60 MPs and Peers, alongside ex-police officers, scientists and bereaved families have signed a statement organised by the Transform Drug Policy Foundation to the Government calling for an urgent review of the MDA.<sup>7</sup> It states that the legislation is not fit for purpose, and that there is a need for “reform and new legislation to ensure that future drug policy protects human rights, promotes public health and ensures social justice.”<sup>8</sup> The Government has said that it has no current plans to review the MDA.<sup>9</sup> The July 2020

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<sup>5</sup> Parliament.uk, [Radical change needed in approach to UK drugs policy](#), October 2019

<sup>6</sup> House of Commons Health and Social Care Committee, [Drugs policy: Government Response to the Committee's First Report of Session 2019](#), 26 January 2021

<sup>7</sup> Transform Drug policy foundation, [Parliamentary Supporters](#), [accessed 16 June 2021]

<sup>8</sup> Transform Drug policy foundation, [Parliamentary Supporters](#), [accessed 16 June 2021]

<sup>9</sup> [HC Deb 22 March 2021, c605](#)

Government response to the Commons Scottish Affairs Select Committee report, Problem drug use in Scotland said that:

The overall legislative framework on illicit drugs continues to strike a balance between controlling harmful substances and enabling appropriate access to those drugs for legitimate medicinal, research and in exceptional cases for industrial purposes.<sup>10</sup>

Those who support some decriminalisation in this area point to international approaches to drug policy, such as in Portugal where the response to the offence of drugs possession has changed, and Dissuasion Commissions support low level offenders to access treatment and rehabilitation. A Scottish Government research paper, International approaches to drug law reform provides a discussion on the approach to drug policy and enforcement in Portugal and other international examples.

Misuse of drugs legislation is reserved and applies across the UK. The Scottish Government have expressed concerns about the restrictions that apply on the Scottish response to drugs misuse through the MDA. The Scottish Drugs Minister, Angela Constance has said that the Scottish Government supports a public health approach to drug harms but the system is “constrained by the current UK law.”<sup>11</sup> One example where the MDA has restricted policy in Scotland, is in the introduction of drug consumption rooms. The Scottish Government support the use of these facilities, but these are not permitted under the MDA. The [Scottish Drug Deaths Taskforce](#) is undertaking a review to consider the impacts on policy making of the MDA and solutions to this. The UK Government has said it has no intentions of devolving the MDA to Scotland.<sup>12</sup>

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<sup>10</sup> Scottish Affairs Committee, [Problem drug use in Scotland: Government response to the Committee's First Report of Session 2019](#), 22 July 2020

<sup>11</sup> Scottish Legal News, [Drug reform paper hints at enlightened approach in Scotland's future](#), March 2021

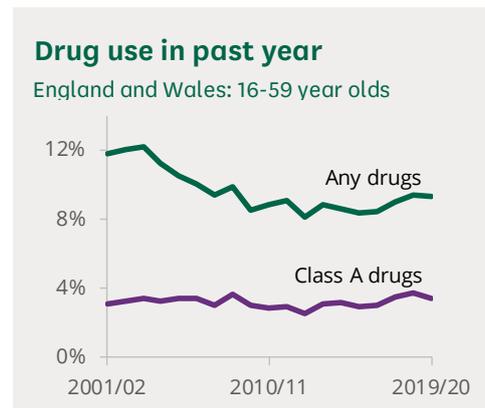
<sup>12</sup> [WPO 7283](#) [Misuse of Drugs Act 1971: Scotland] 7 June 2021

## 3 Drug misuse statistics

### 3.1 Illegal drug use

The [2019/20 Crime Survey for England and Wales](#) estimated that 9.4% of 16-59 year olds had taken illegal drugs over the past year, equating to around 3.2 million people. While the numbers of people taking drugs has fallen significantly since the turn of the century, the downward trend ended in 2013/14. Since then, the proportion tends to have increased and the 2019/20 estimate of 9.4% was significantly higher than that observed a decade earlier in 2009/10 (8.4%).

The proportion of people reporting taking Class A drugs over the past year has remained relatively stable at around 3% to 4%.



The [2019/20 Crime Survey for England and Wales](#) also highlights some of the demographic and socioeconomic factors associated with drug use among adults aged 16-59<sup>13</sup>. For instance:

- Men were almost twice as likely to have taken illegal drugs in the past year: 11.9% of men, compared with 6.9% of women.
- Around 1 in 5 (21%) of 16-24 year olds reported using illegal drugs in the last year, proportions fell among older age groups.
- Those who were single (17.7%) were more likely to have used a drug in the last year compared with those who were married or in a civil partnership (3.2%).
- Higher levels of drug use in the past year were reported by people living in the South West (12.0%) and London (10.9%). The North East had the lowest levels of reported drug use in the past year (5.3%)
- Use of any drug was higher among those living in urban areas (9.6%) compared with those living in rural areas (8%)

<sup>13</sup> These findings only report on the differences between the estimates and are not necessarily independently related to higher drug use. For example, in some cases the relationship may be driven by age as younger people are more likely to be single, live in urban areas etc.

## 3.2 Drug misuse 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>14</sup>

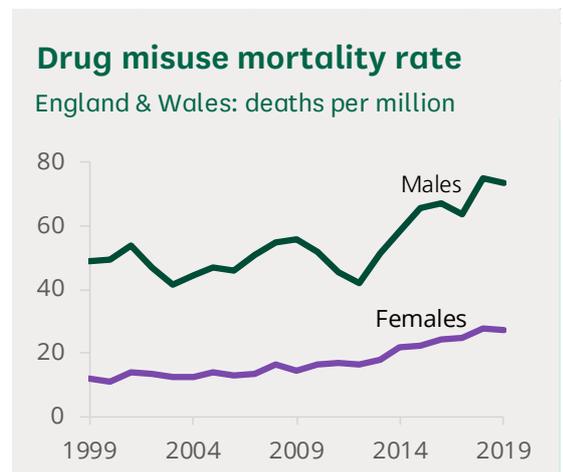
The Office for National Statistics (ONS) collects and annually publishes data on [drug-related and drug misuse deaths](#). There were 2,883 drug misuse deaths involving illegal drugs registered in England and Wales in 2019.

In 2012, the total of 1,636 drug misuse deaths was the lowest number recorded since 2004. Numbers then tended to rise year on year with the 2018 number of 2,917 being the highest figure since records began in 1993. The 2019 figure is a reduction on 2018, but further years of data will be needed to determine whether this is the start of a declining trend.

The number of male deaths relating to drug misuse in 2019 was 2,083, representing 70% of all male drug poisonings, which was higher than the proportion of female drug misuse deaths in terms of all drug poisonings (56%, 800 deaths).

Rates of drug misuse deaths in England and Wales have generally been on an upward trend since 2012. ONS have previously been attributed this to rises in [heroin](#) and [cocaine](#) deaths.

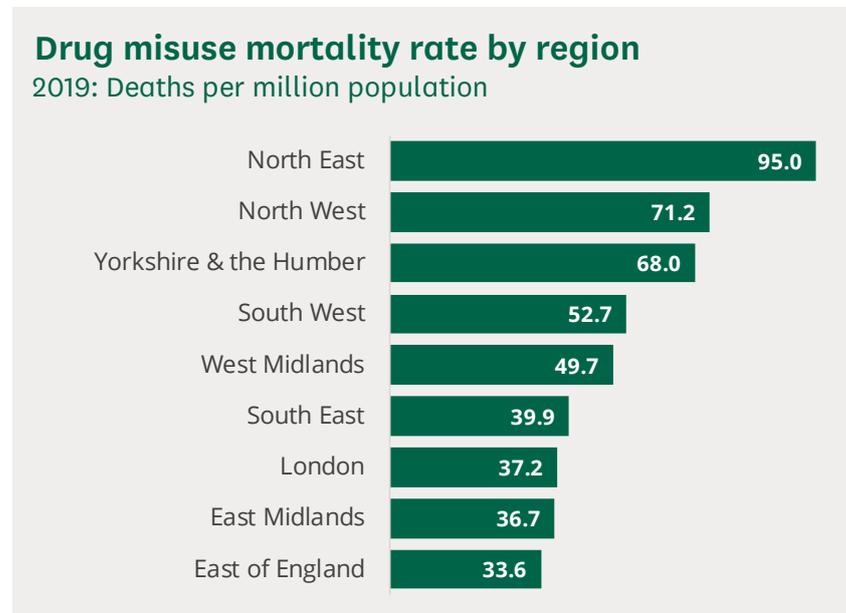
The male drug misuse mortality rate rose to its highest recorded level in 2018, at 74.7 deaths per million population. The male rate decreased in 2019 to 73.3 deaths per million, but the reduction was not a statistically significant change.<sup>15</sup> The female rate of drug misuse has steadily been increasing for several years reached its highest recorded level in 2019 of 27.7 deaths per million.



<sup>14</sup> ONS, [Deaths related to drug poisoning in England and Wales QMI](#), 4 September 2014.

<sup>15</sup> 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 2019 rates are not substantial enough to conclude that a statistically significant change has occurred. The difference between years could simply be due to random fluctuation.

Mortality from drug misuse shows substantial regional variation. In 2019, 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, the East Midlands and the East of England. This pattern was somewhat different 20 years ago when the North East had the lowest level of drug misuse.



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

In 2017, Public Health England noted that there had 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.<sup>16</sup>*

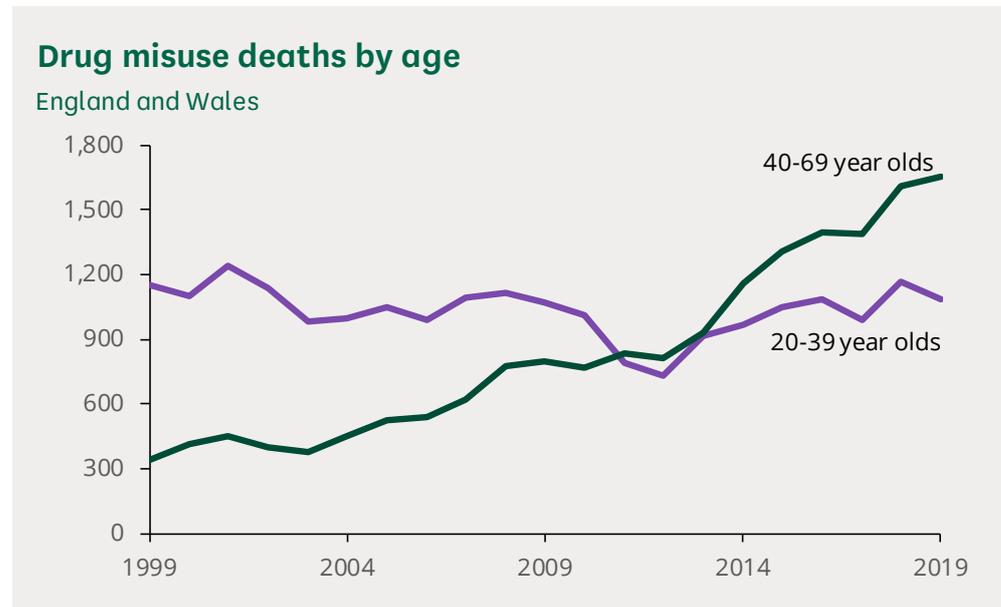
The Advisory Council on the Misuse of Drugs (ACMD) is an advisory non-departmental public body which provides independent advice and recommendations regarding drug misuse to the Government. Their 2016 report [Reducing Opioid-Related Deaths in the UK](#) compares drug misuse and opioid-related deaths 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>17</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. ONS data

<sup>16</sup> Public Health England, [Health matters: preventing drug misuse deaths](#), 1 March 2017 [Accessed 28 March 2017].

<sup>17</sup> ACMD, [Reducing Opioid-related Deaths in the UK](#), 12 December 2016.

published in 2019 shows a large increase in the number of deaths among 40-70 year olds between 2012 and 2019 relative to other age groups.



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

## 4 Drug treatment services

There were 270,705 people in contact with drug and alcohol services between 1 April 2019 and 31 March 2020 according to Public Health England (PHE) figures.<sup>18</sup> Over half (52%) received treatment for problems with opiates. A further 20% had problems with other drugs and over a quarter (28%) had problems with alcohol only.<sup>19</sup>

More than two-thirds of people in treatment were male (69% male to 31% female).<sup>20</sup>

The National Drug Treatment Monitoring System (NDTMS) collects information on the provision of alcohol and drug treatment in England. NDTMS is a national reporting requirement and is used locally to help plan services, ensure need is being met and improve outcomes. Approximately 1,000 treatment services report information each month to NDTMS. These services provide opiate substitution treatment and psychosocial interventions in the community, in inpatient and residential settings, and in prison. NDTMS was established in 2004.

<sup>18</sup> Public Health England, [Adult substance misuse treatment statistics 2019 to 2020: report](#), 26 November 2020

<sup>19</sup> [Ibid.](#)

<sup>20</sup> [Ibid.](#)

PHE figures on treatment outcomes in 2019/20 indicate that almost half the people who left treatment (47%) successfully completed their treatment and were discharged as ‘treatment completed’. Opiate users had the lowest rate of being discharged as treatment completed (24%).

The PHE report ‘[Adult substance misuse treatment statistics 2019 to 2020](#)’ says:

People leaving treatment free of dependence has continued to fall, making up 47% of all treatment exits in 2019 to 2020 compared to a high point of 53% in 2013 to 2014. The fall in successful completion rates has been more marked for people with opiate problems, now at 24%, down from a high of 37% in 2011 to 2012.<sup>21</sup>

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In a 2017 briefing, the Care Quality Commission (CQC) highlighted that [the substance misuse sector has changed considerably](#) over the previous 20 years; community-based provision has expanded significantly whilst many NHS hospital-based specialist inpatient addictions units have closed and independent providers now manage more residential detoxification provision.<sup>23</sup>

In 2015 the Department of Health commissioned PHE to “review the evidence on what can be expected of the drug treatment and recovery system and provide advice to inform future policy”.

The [PHE review](#) was published in January 2017 and concluded:

Good progress has been made in reducing drug-related harm and promoting recovery through the widespread implementation of evidence-based drug treatment, and national and local government should build on these benefits.

It is vital that drug treatment systems continue to address a broad range of outcomes, including harm reduction, reduced drug use and social integration and recovery. The assessment of drug treatment outcomes should be expanded to better reflect the breadth of the benefits of drug misuse interventions.

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<sup>21</sup> [Ibid.](#)

<sup>22</sup> [Ibid.](#)

<sup>23</sup> CQC, [Substance misuse services: The quality and safety of residential detoxification](#), November 2017

Social factors, including housing, employment and deprivation, are associated with substance misuse and these social factors moderate drug treatment outcomes. It is therefore important to provide longer-term employment support, including in-work support to help people maintain employment, along with housing support that is aligned with drug treatment.

Finally, outcome expectations need to be cognisant of the fact that the proportion of older heroin users in treatment with poor health has been increasing in recent years and is likely to continue to rise. It may be challenging to help people with complex needs and a long treatment history to achieve recovery, but it is vital to help them access appropriate healthcare services as a vital step in the process.<sup>24</sup>

The UK Department of Health and the devolved administrations produced joint clinical guidelines, [Drug Misuse and Dependence: UK Guidelines on clinical management](#), as it was agreed that it would be sensible to issue a single set of guidelines for the whole of the UK. These provide a framework of best practice from which different parts of the UK can develop their own locally appropriate variations in guidance. This guidance was first published in 2007 and updated in 2017.

### Commissioning of drug treatment services

Drug treatment oversight and commissioning moved to public health structures in England in 2013. Local commissioning moved into local authorities. National oversight of drug misuse treatment moved from the National Treatment Agency for Substance Misuse (NTA) into Public Health England (PHE).

The public health grant is allocated to local authorities to meet their public health responsibilities and no amount is specifically allocated for substance misuse services. It is up to each local authority how much of the grant they allocate to these services.<sup>25</sup> The [public health grant conditions](#) make it clear that:

A local authority must, in using the grant: have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.<sup>26</sup>

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<sup>24</sup> Public Health England, [An evidence review of the outcomes that can be expected of drug misuse treatment in England](#), January 2017, p11

<sup>25</sup> PQ 91605, [Addictions: Health services](#), Answered on 1 October 2020

<sup>26</sup> Public Health England, [Adult substance misuse treatment statistics 2019 to 2020: report](#), 26 November 2020

Before 2013, there was specific funding allocated for substance misuse treatment, which was called the pooled treatment budget (PTB). In 2012/13 the national PTB for substance misuse treatment was £466.7 million.<sup>27</sup>

NHS England assumed responsibility for commissioning healthcare services across the prison estate in England in April 2013. This includes the provision of specialist substance misuse treatment services.

### Treatment in prison

A 2017-18 prison drug survey found that 42% of men and 28% of women entering prison had a “drug problem”, and of those, 75% of men and just under 60% of women received help for it.

The ‘[Review of drugs evidence pack](#)’ published alongside Dame Carol Black’s phase one report highlights that nearly 75% of people in drug treatment in prison are in for less than six months, with many in for less than a month:

This limited exposure will not allow enough time for treatment to be effective, with the majority that need it not continuing treatment in the community post-release.

[...] Short sentences mean that prison treatment is not long enough to be effective and patterns of drug use and offending are likely to continue post-release with poor continuity of care into community treatment for those that need it.<sup>28</sup>

In response to a [Parliamentary Question](#) in February 2021 regarding reoffending levels and engagement with community-based substance misuse treatment services, Lucy Frazer outlined plans to increase funding for drug treatment:

[...] In 2017, a joint [MoJ and PHE study](#) found that, over a two-year period following the start of treatment, only 34% of all offenders misusing alcohol, opiates and/or non-opiates who dropped out of treatment did not reoffend, whereas 53% of substance misusing offenders who successfully completed treatment did not reoffend.

That is why the government has awarded an additional £80 million to the Department of Health and Social Care (DHSC) to fund drug treatment in 2021/22, as part of a £148 million overall funding package for reducing crime. This is the biggest increase in drug treatment funding for 15 years. The £80 million will be used to enhance drug treatment and the numbers of treatment places available, reduce reoffending and tackle the rise in drug-related deaths. Importantly, most of this funding will support delivery of additional services to reduce drug-related crime including

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<sup>27</sup> PQ 91605, [Addictions: Health services](#), Answered on 1 October 2020

<sup>28</sup> Gov.uk, [Review of drugs – evidence relating to drug use, supply and effects, including current trends and future risks](#), February 2020, p110

treatment places for delivering Community Sentence Treatment Requirements (CSTRs), continuity of care for prison leavers and interventions to reduce drug related deaths. The funding will also include extending the NHS England RECONNECT service, a care after custody service for prison leavers with vulnerabilities, who would otherwise struggle to engage with community health services.

Officials across MoJ and HMPPS will continue to work with DHSC and health partners, including on the development of the additional £80m allocation, to ensure substance misuse services meet the needs of the offender cohort, address significant health inequalities in this patient cohort and reduce crime across communities.<sup>29</sup>

### Comorbidities & exclusion from services

Research has found that mental health problems are experienced by 70% of people in community drug treatment.<sup>30</sup> However, there is a persistent and widespread issue of people with co-occurring conditions often being excluded from services.

The '[Review of drugs evidence pack](#)' states:

It is not uncommon for mental health services to exclude people because of co-occurring alcohol/drug use, a particular problem for those diagnosed with serious mental illness, who may also be excluded from alcohol and drug services due to the severity of their mental illness.<sup>31</sup>

### Review of drugs

On 8 February 2019 Professor Dame Carol Black was [appointed to lead a 2-part review](#) looking into “the ways in which drugs are fuelling serious violence and at treatment, recovery and prevention”.<sup>32</sup> The '[Review of drugs: Phase One report](#)' was published in February 2020.

The [Phase One report](#) set out the following findings related to drug treatment:

- Expenditure on drug treatment has fallen since 2013/14 along with similar falls in the numbers in drug treatment during this time, against a backdrop of increases in the prevalence of problematic drug use.

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<sup>29</sup> PQ 151649, [Offenders: Rehabilitation](#), Answered on 17 February 2021

<sup>30</sup> Gov.uk, [Review of drugs – evidence relating to drug use, supply and effects, including current trends and future risks](#), February 2020, p90

<sup>31</sup> Gov.uk, [Review of drugs – evidence relating to drug use, supply and effects, including current trends and future risks](#), February 2020, p90

<sup>32</sup> Home Office and Department of Health and Social Care, [Independent review of drugs by Professor Dame Carol Black](#), last updated 5 March 2020

- Some areas are starting to ‘ration’ treatment, setting higher thresholds for those who can access it and/or just offering a minimum service due to workers having such large caseloads
- The number of residential rehabilitation services have reduced significantly, removing a core treatment component for those that need it to support their recovery.
- Recovery is much wider than just substance use treatment with many drug users having multiple complex needs in terms of health (both physical and mental), employment, homelessness and offending.
- Referrals from the criminal justice system have fallen significantly over the last six years and only about a third of people requiring drug treatment following prison treatment go on to receive it.
- Many key indicators (deaths, unmet need, recovery rates) are going in the wrong direction and there is significant variation in both local spend in relation to need and the achievement of recovery and other outcomes.
- There is significant local variation, but outcomes tend to be worse in the north of the country and particularly in the North East, often these areas have higher rates of opiate and crack use and higher rates of drug related mortality.

Professor Dame Carol Black is currently leading [phase two of her independent review into the misuse of drugs](#), which is looking specifically at treatment and recovery services for drug users, as well how to prevent drug misuse. The review will make policy recommendations to government, including:

- funding
- how services are commissioned
- how local bodies are held accountable<sup>33</sup>

The Home Secretary, Priti Patel, made a [statement](#) on 27 February 2020 which provides further information on the scope of phase two of the review:

[...] Alongside this, my honourable friend the Secretary of State for Health and Social Care will commission a further review of prevention, treatment and recovery. Dame Carol will lead this further review with input from experts in the field. It will build on Dame Carol’s work to ensure vulnerable people with substance misuse problems get the support they need to recover and turn their lives around. It will look at

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<sup>33</sup> Public Health England, [Adult substance misuse treatment statistics 2019 to 2020: report](#), 26 November 2020

treatment in the community and in prison, and how treatment services work with wider services that enable a person with a drug dependency to achieve and sustain recovery, including mental health, housing, employment, and the criminal justice system. The Department of Health Social and Care will work closely with the Ministry of Housing, Communities and Local Government, Department for Work and Pensions, and the Ministry of Justice to ensure the review is wide-ranging.<sup>34</sup>

A [consultation for phase two ran from 2 July to 6 August 2020](#) and the Government has not yet published its response.

The [ACMD carried out an inquiry](#) into commissioning of treatment services in 2017, “prompted by concerns about the impacts on treatment of changes in health, social care and the criminal justice system in England, evidence of reductions in funding, and the impact of trends in commissioning on drug misuse (and alcohol) treatment outcomes”.

The ACMD concluded there was evidence of reduced resources for drug misuse treatment services (including young people’s substance misuse services) and made a series of [recommendations](#).

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<sup>34</sup> HCWS128, [Action following the Independent Review of Drugs](#), Statement made on 27 February 2020

## 5

# News items, research and press releases

Release press release

[On The 50th Anniversary Of The Misuse Of Drugs Act, Cross-Party MPs Demand Reform Of UK Drug Laws](#)

24 May 2021

BBC News Online

[Boy, 9, writes plea to PM for epileptic brother's cannabis treatment](#)

16 April 2021

Guardian

[MPs call for drug safety testing amid fears of rise in UK festival deaths](#)

7 June 2021

BBC News Online

[Misuse of Drugs Act turns 50 with reform calls](#)

27 May 2021

Times [Subscription]

[After 50 years of failure, it's time for reform of our drug laws](#)

Dr Dan Poulter, MP

25 May 2021

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[MPs know our drugs policies don't work – only reforming them can reverse 50 years of deadly failures](#)

24 May 2021

FT

[UK medical cannabis sector renews call for reform to kickstart growth](#)

25 April 2021

Telegraph

[Sadiq Khan to launch review into decriminalising cannabis in London](#)

5 April 2021

Home Office, 10 Downing Street and Department of Health & Social Care press release

[£148 million to cut drugs crime](#)

20 January 2021

Department of Health & Social Care press release

[Government launches second phase of independent review into drug misuse](#)

2 July 2020

Home Office, Department of Health and Social Care, Office of the Secretary of State for Scotland, and Office of the Secretary of State for Wales press release

[Cross-government approach promised to tackle drug misuse following independent review](#)

27 February 2020

Commons Health & Social Care Committee press release

[Radical change needed in approach to UK drugs policy](#)

23 October 2019

## 6

# Parliamentary material

## Debate

### [Misuse of Drugs Act 1971 \(Amendment\) Order 2021](#)

Lords motion to consider. Agreed to on question.

HL Deb 17 May 2021 | Vol 812 cc29-1155GC

## PQs

### [Misuse of Drugs Act 1971: Scotland](#)

**Asked by: MacAskill, Kenny**

To ask the Secretary of State for the Home Department, what recent representations he has received from the Scottish Government on requesting devolution of the powers under the Misuse of Drugs Act 1971 (a) in whole and (b) in part.

**Answering member: Kit Malthouse | Department: Home Office**

The Crime and Policing Minister met Angela Constance MSP, the Minister for Drug Policy in the Scottish Government, earlier this year to discuss the best way to tackle drug misuse across the UK, including opportunities to work collaboratively on this shared agenda. No recent representations have been made by the Scottish Government to devolve powers under the Misuse of Drugs Act 1971. While the legal framework on the misuse of drugs is reserved to the UK, the Scottish Government has its own approach to tackling drug misuse in areas where responsibility is devolved, including healthcare, criminal justice, housing, and education. The Government has no plans to devolve the powers under the Misuse of Drugs Act 1971.

Tackling drug misuse is a priority for this government and it clear that action is needed across all four nations to reduce the harms caused. We are committed to working across the UK and continuing to have regular contact with the Scottish Government on this issue.

HC Deb 07 June 2021 | PQ 7283

[Drugs: Misuse](#)

**Asked by: MacAskill, Kenny**

To ask the Secretary of State for the Home Department, what recent representations her Department has received from the (a) Lord Advocate and (b) Crown Office in Scotland on drug consumption rooms.

**Answering member: Kit Malthouse | Department: Home Office**

Parliament received representations from the Lord Advocate on a range of drug policy issues, including drug consumption rooms, as part of the Scottish Affairs Select Committee's Inquiry into Problem Drug Use in Scotland in 2019. The Government published its response in 2020 and can be found here: [Problem drug use in Scotland: Government response to the Committee's First Report of Session 2019 - Scottish Affairs Committee - House of Commons \(parliament.uk\)](#). The Home Office has not received any direct representations from the Lord Advocate or the Crown Office on the issue of drug consumption rooms.

Tackling drug misuse is a priority for this government and it clear that action is needed across all four nations to reduce the harms caused. We are committed to working across the UK and have regular contact with the Scottish Government at ministerial and official level on this issue. While the legal framework on the misuse of drugs is reserved to the UK, the Scottish Government has its own approach to tackling drug and alcohol misuse in areas where responsibility is devolved, including healthcare, criminal justice, housing, and education.

**HC Deb 02 June 2021 | PQ 7944**

[Drugs: Misuse](#)

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, with reference to the Government's response to the Health and Social Care Committee's First Report of Session 2019, on [Drugs policy, HC 1178](#) [see also [Government Response](#)], what assessment she has made of the implications for her policies of the Committee's recommendation that policy responsibility for drugs should move from the Home Office to the Department of Health and Social Care.

**Answering member: Kit Malthouse | Department: Home Office**

The Government has not commissioned or published any recent analysis of the harms of psilocybin. Psilocybin, as an "ester of psilocin", is controlled as a Class A drug under the Misuse of Drugs Act 1971 and is placed in Schedule 1 of the Misuse of Drugs Regulations 2001. Psilocin is also subject to the United

Nations Convention on Psychotropic Substances of 1971, to which the United Kingdom is signatory.

We have no plans to move responsibility for drugs from the Home Office to the Department of Health and Social Care. Both departments have an important role to play in tackling the current issues around drug misuse.

This Government takes a balanced approach which brings together policing, 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.

We have recently announced a £148million package aimed at dismantling the organised criminal gangs who encourage this terrible trade, helping those in drug treatment and recovery to stop drug-related crime, and dealing with the significant health-related harms drugs pose.

We know there is more to do which is why the Government commissioned a major independent review, led by Dame Carol Black, to inform the Government's thinking on what more can be done to tackle the harm that drugs cause. Part One of Dame Carol Black's review of drugs was published on 27 February 2020 at the Government's UK Drugs Summit in Glasgow. It provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. It is available at: [www.gov.uk/government/publications/review-of-drugs-phase-one-report](https://www.gov.uk/government/publications/review-of-drugs-phase-one-report).

Part Two of Dame Carol Black's Review of Drugs was announced at the Drugs Summit and is focusing on prevention, treatment services and recovery. The final report will be made available to Ministers later this year. The Review findings will feed into wider Government work to tackle the serious harms caused by substance misuse.

HC Deb 20 May 2021 | PQ 2170

### **Misuse of Drugs Act**

**Asked by: Dorans, Allan**

What plans she has to review the Misuse of Drugs Act 1971.

**Answering member: The Minister for Crime and Policing (Kit Malthouse)  
|Department: Home Department**

Before I answer the question, may I reassure the hon. Member for Croydon Central (Sarah Jones) that I did follow the rules? I urge her, and indeed all Members, to get themselves regularly tested on a random basis, whether they have any symptoms or not.

The Government currently have no plans to review the 1971 Act. Obviously, we keep drugs controls under review, in consultation with the Advisory Council on the Misuse of Drugs, but drugs legislation is only part of our wider approach to preventing drug misuse, which includes: focusing on education in schools; promoting treatment and recovery; and preventing the supply of illicit drugs.

**HC Deb 22 March 2021 | Vol 691 c605**

### [Misuse of Drugs Act](#)

**Asked by: Allan Dorans**

As a former Metropolitan police officer, may I pay tribute to the memory of PC Keith Palmer?

The largest review ever undertaken of 349 research studies from across the globe, carried out by the Centre for Criminology at the University of South Wales in 2017, found that safe or supervised injection rooms significantly reduced drug-related harms and dramatically cut mortality rates. Will the Minister pay heed to this overwhelming evidence and support at least one pilot facility—preferably more—for safe drug consumption rooms in Scotland?

**Answering member: Kit Malthouse | Department: Home Department**

I can understand the hon. Gentleman's concern, given that Scotland currently has a drug death rate three and a half times that of the whole of the UK, and it is a matter that should be of concern to all of us. I have had extensive discussions with my Scottish colleagues, not least the new Scottish Minister for Drugs Policy, about how we could work together to try to tackle this problem. Although at the moment we do not envisage changing the rules to look at safe consumption rooms, there is a huge amount we can do together. I urge the hon. Gentleman and his colleagues north of the border to look at our groundbreaking ADDER—Addiction, Diversion, Disruption, Enforcement and Recovery—projects, which are bringing together the police and the most critical partner for drug recovery, the health service, in five areas across England and Wales to focus on this problem and try to shift the numbers.

**HC Deb 22 March 2021 | Vol 691 c606**

### [Business of the House](#)

**Asked by: Alison Thewliss**

Peter Krykant, who is in long-term recovery from his own substance misuse issues and has worked to support others, has this week launched a van in Glasgow where people can inject drugs under supervision, putting himself at risk of arrest for trying to save lives. The Home Office continues to maintain a frankly untenable position in the face of growing overwhelming world

evidence that drug consumption rooms reduce harm and save lives. May we have a debate in Government time on the flawed and outdated Misuse of Drugs Acts? Will the Leader of the House ask the Home Secretary to bring forward a statutory instrument to allow DCRs to go ahead legally in Glasgow?

**Answering Member: Leader of the House of Commons (Rt Hon Jacob Rees-Mogg MP)**

The Home Office has made its position on this very clear. It is not willing to give the exemption that the hon. Lady is asking for. It does not believe that it would be in the best interests of society at large.

**HC Deb 03 September 2020 | Vol 679 c322**

### [Cannabis: Medical Treatments](#)

**Asked by: Blunt, Crispin**

To ask the Secretary of State for the Home Department, with reference to paragraphs 4 and 5 on page 3 of her Department's Factsheet on Cannabis, CBD and other cannabinoids, what assessment she has made of the limit of detection that is the appropriate level of sensitivity to accurately determine through laboratory analysis that there are no controlled cannabinoids present in a CBD product and that the product contains CBD in its pure form.

To ask the Secretary of State for the Home Department, with reference to limb A of the definition of an exempted product on page five of her Department's Drug Licensing Factsheet - Cannabis, CBD and other cannabinoids, what her Department's definition is of the term administration.

**Answering member: Kit Malthouse | Department: Home Office**

The Department has made no assessment of limits of detection in relation to testing for the presence of controlled cannabinoids in CBD products. The Home Office approach is one of caution, that is, that a CBD product is likely to be controlled under the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 ('the 2001 Regulations') if it contains any controlled cannabinoids.

The term 'administration' in the exempt product definition is not defined by the 2001 Regulations. The Human Medicines Regulations 2012 provides the following as part of its definition:

““administer” means administer to a human being—

(a) orally, by injection, or by introduction into the body in any other way; or

(b) by external application (whether or not by direct application to the body)”

The interpretation of legislation is ultimately a matter for the courts to decide.

HC Deb 02 June 2020 | PQ 48249; PQ 48250

## Early Day Motions

### 50 years of the Misuse of Drugs Act

That this House acknowledges that the Misuse of Drugs Act 1971 is not fit for purpose; notes that for 50 years, it has failed to reduce drug consumption and that drug deaths are now at a record high; further notes that instead it has increased harm, damaged public health and exacerbated social inequalities; believes that an evidence-based approach which provides pathways for people with drug difficulties into treatment, rather than the criminal justice system, should be prioritised; urges the earliest examination of international evidence from health-led personal drug consumption regime such as Portugal, where outcomes are startlingly better against every reasonable criteria; and calls upon the Government, as a matter of urgency, to repeal and replace the Act with legislation to ensure that future drug policy protects human rights, promotes public health and ensures social justice.

17 May 2021 | Early day motion 56 (session 2021-22)

### Peter Krykant and drug consumption van facility

That this House is concerned to learn that Peter Krykant, who recently set-up a drug consumption van in Glasgow city centre, has been charged and cautioned by Police Scotland; understands that Mr Krykant set up the facility in an attempt to help and support people with addictions; firmly believes that the work he is doing helps to reduce harm and save lives; is grateful for the action taken by a volunteer of the service to save the life of an individual recently by administering Naloxone; is aware that individuals are being driven to these types of interventions as a result of Home Office opposition to the establishment of a Supervised Drug Consumption Facility (SDCF); urges Ministers to view this critical issue not as a criminal justice one, but through the lens of public health and in the context of increasing numbers of drug-related deaths across the UK, in order to properly support people with addictions; and demands that the Government amend the Misuse of Drugs Act 1971 immediately to allow for SDCFs to operate legally.

02 November 2020 | Early day motion 1079 (session 2019-21)

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