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<p><b>THE MOST EGREGIOUS HARMS OF DRUG POLICY</b></p>	<p><b>There has been a 44% increase in drug-related deaths during the past five years in England and Wales. Heroin and/or morphine deaths have risen by 109% during the same period</b> (Source: <a href="#">ONS</a>)</p> <p>In 2016, there were 3,744 drug-related deaths - <b>the highest figure ever recorded</b>. This includes 2,593 drug misuse deaths – surpassing the annual number of traffic fatalities (Source: <a href="#">ONS</a>).</p> <p><b>The criminalisation of thousands of people for minor drug offences creates and worsens social harms.</b> Almost 45,000 people were criminalised for the possession of drugs in 2016, of which a quarter were under the age of 20 (Source: <a href="#">MOJ – CJS Outcomes by Offence</a>).</p> <p>A 2007 Australian study found that individuals given criminal penalties (rather than a fine) for cannabis possession, were more likely to suffer negative employment, relationship, and accommodation consequences as a result of their cannabis charge, and were more likely to come into further contact with the criminal justice system (Source: <a href="#">National Library of Australia</a>).</p> <p><b>Drugs policing is discriminatory, and disproportionately targets Black people.</b> Black people are stopped and searched for drugs at a rate 9 times higher than that of White people (Source: <a href="#">Home Office</a>). This is despite Black people reporting lower rates of last year drug use than White people (Source: <a href="#">Crime Survey for England and Wales</a>).</p> <p><b>Drugs policing also disproportionately targets young people.</b> In 2016/17 in England and Wales, 18-24-year-olds were stopped and searched for drugs at a rate 9 times higher than over-25-year-olds (Source: <a href="#">Police.uk</a>).</p>
<p><b>DRIVING THE HARMS OF DRUGS AND DRUG POLICY</b></p>	<p>There is a <b>link between trauma exposure (including childhood physical/sexual abuse, PTSD) and substance misuse</b>. Current drug policies are criminalising people who have already suffered greatly, thereby exacerbating their trauma.</p> <p>“A US survey found teens who had experienced physical or sexual abuse/assault were 3 times more likely to report past or current substance [misuse] than those without a history of trauma” (Source: <a href="#">National Institutes of Health</a>).</p> <p>A 2010 US study confirmed "a strong relationship between adverse childhood experience and subsequent substance use and poor mental</p>

	<p>health outcomes, particularly PTSD” (Source: <a href="#">National Institutes of Health</a>).</p> <p>The criminalisation of people with problematic drug use, particularly those who use drugs in an attempt to self-medicate, amounts to the criminalisation of trauma itself for many people. <b>This approach is cruel and arguably immoral, as well as an inefficient use of time and resources in the criminal justice system.</b></p> <p><b>Successful alternatives to the current approach are being blocked by the government’s abstinence-focused agenda.</b> This agenda is unrealistic; no country in the world is, or ever has been, drug-free. This agenda is the foundation upon which people are criminalised for possession, harm reduction services are blocked, and people engaged in opioid substitution treatment are forced to reduce their medication.</p> <p>There has been a <b>16% cut to drug and alcohol treatment services</b> in England in the past 4 years (Source: <a href="#">Independent</a>). These devastating cuts prevent already marginalised people from accessing life-saving care, thereby driving rates of problematic use and drug-related deaths.</p>
<p><b>ALTERNATIVES TO THE CURRENT APPROACH</b></p>	<p>The resources allocated to the enforcement of punitive drug possession laws should be invested into compassionate evidence-based alternatives to the current approach.</p> <p><b>Ending the criminalisation of drug possession and use, and investing in public health responses, can:</b></p> <ul style="list-style-type: none"> <li>• <b>Improve public health</b></li> <li>• <b>Reduce the harms of drug use</b></li> <li>• <b>Reduce the stigmatisation and marginalisation of vulnerable populations</b></li> <li>• <b>Reduce the spread of infectious diseases</b></li> <li>• <b>Reduce homelessness and improve access to basic services</b></li> </ul> <p>Decriminalisation is supported by the <a href="#">World Health Organisation</a>, and <a href="#">all UN organisations</a> - including the <a href="#">UN Office on Drugs and Crime</a>.</p> <p>Portugal decriminalised the use and personal possession of all drugs in 2001. The number of annual drug overdose deaths has reduced from 318 in 2000 to 40 in 2015 (Source: <a href="#">EMCDDA/EMCDDA</a>). A 2015 study found an 18% reduction in the social costs of drug use in the first ten years of decriminalisation in Portugal (Source: <a href="#">IJDJ</a>).</p> <p>Drug treatment services focused on harm reduction can reduce overdoses and deaths quickly and inexpensively:</p> <ul style="list-style-type: none"> <li>• <b>Safer drug consumption rooms (DCRs)</b> - which are already saving lives in 8 European countries, Canada, and Australia -</li> </ul>

	<p>have been endorsed by the <a href="#">British Medical Association</a>. These facilities reduce the spread of infectious diseases and the risks of public drug use. No one has ever died of an overdose in a DCR, anywhere in the world.</p> <ul style="list-style-type: none"> <li>• <b>Heroin assisted treatment</b> is also being successfully implemented in several European countries, and is endorsed by the <a href="#">British Medical Association</a>. In 2016, <a href="#">the Advisory Council on the Misuse of Drugs</a> stated that “central government funding should be provided to support heroin-assisted treatment for patients for whom other forms of [opioid substitution treatment] have not been effective”, but the government has failed to act on this request.</li> </ul> <p>Specialist <b>drug checking services</b> can allow people at nightclubs and festivals to find out what’s in their batch. Data from recent UK trials showed that one in five people found that they did not have the drug they expected. Around 80% of this group then chose to use a smaller quantity, avoid mixing it with other substances, or dispose of their batch altogether (Source: <a href="#">Australian Journal of Pharmacy</a>).</p>
<p><b>THE GOVERNMENT KNOWS THAT IT IS FAILING</b></p>	<p>In 2014, following a fact-finding mission in 11 countries, the Home Office (under Theresa May) noted that there was “[no] <b>obvious relationship between the toughness of a country’s enforcement against drug possession, and levels of drug use in that country</b>” (Source: <a href="#">Home Office</a>).</p> <p>The Government spends around £1.6 billion per year on drug law enforcement. In an <a href="#">evaluation of its drug strategy</a>, published this year, the government admitted that:</p> <ul style="list-style-type: none"> <li>• <b>Enforcement expenditure has “little impact on availability”</b></li> <li>• “Illicit drug markets are resilient and can adapt to even significant drug and asset seizures”</li> <li>• Contact with the criminal justice system for drug offences can “bring with it <b>potential unintended consequences including unemployment and harm to families</b>”</li> <li>• “Incarceration may also negatively impact on the indirect and unemployment harms that ... drug-related enforcement activities [seek] to improve”</li> </ul> <p><b>Not only is our drug policy failing to reduce harms, it is directly contributing to worsening harms – and the government knows it.</b></p>

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