Briefing Paper for the upcoming Westminster Debate 'Tackling drug crime in local communities'

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Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release is a NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

The new 10-year drug strategy brings much needed money to rebuild drug treatment services but lacks real reform. Despite repeated calls from experts to adopt a new approach, the plan does not mention drug consumption rooms [overdose prevention centres] or heroin-assisted treatment, and the only reference to decriminalisation of drug possession is an unfounded statement that it would lead to increased drug use.[1] The strategy also fails to address the *harms* of current drug policy and drug law enforcement, including that police stop and search is racially disparate. Drug laws are imposed most harshly against ethnic minority communities,[2] despite prevalence rates among these groups being no higher than among the White population.[3] A 2021 report by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) - who examine police efficacy - confirmed that "drug searches influence the disproportionality rate more than other types of search" and called for "an evidence-based national debate on the use of stop and search in the policing of controlled drugs".[4] We have seen a 24% increase in police stop and search under the main police powers during the coronavirus pandemic (in 2020/21), with 69% of all searches under the main police powers in this year being searches for drugs.[5]

Below is a discussion on how to effectively tackle 'drug crime' in local communities using evidence-based initiatives, focusing on reducing: (1) drug crime (possession and supply offences); and (2) drug-*related* crime.

Decriminalise drug possession offences to remove drug possession crime and close a gateway to offending/reoffending

- In recognising drug use as a *health* issue, it is clear that increasing access to treatment, harm reduction, and social services will lead to **better** outcomes than criminal justice sanctions.[6]
- Even for those who receive non-custodial sentences, including formal cautions, "gaining or adding to a **criminal record** can cause serious damage to life chances".[7]
- Bretteville-Jensen and colleagues[8] outline that criminal records, especially when containing *drug-related offences*, present obstacles to: obtaining employment, seeking rented accommodation, educational attainment, international travel, and maintaining interpersonal relationships.
- The vast majority of people who use drugs do so 'recreationally', that is, without experiencing problematic use (9 in 10).[9] The criminalisation of low-level drug offences is *itself* considered a **gateway** into further drug use, and further offending: "[For] people introduced to the criminal justice system for minor drug possession offences…the sanctions applied restrict their employment opportunities, alienate them and reduce their ability to achieve their potential. Consequently, many sink deeper into crime, turn to drugs – or both".[10]
- An Australian study[11] comparing the outcomes of people who were criminalised for possession of cannabis against those who were subject to civil sanctions, found those who were criminalised reported negative outcomes in relation to their accommodation, employment and family relationships. Importantly, this study also found that those who had been criminalised were at greater risk of **[re]offending** - 32% of respondents reported further contact with the criminal justice system compared to 0% of respondents who received civil penalties.
- Criminalisation is also globally recognised as being an obstacle to drug **treatment access**.[12]
- The **decriminalisation** of (all) drug possession is backed by all 31 United Nations (UN) Agencies[13] and acknowledged by the World Health Organization as a 'critical enabler' of service access.[14] Previous committees have also advocated for a move *away* from criminalisation, including the UK Parliament's Health and Social Care Committee[15] and Scottish Affairs Committee.[16]
- Release has explored decriminalisation in over 30 jurisdictions,[17] and has found that drug decriminalisation, when done well, can improve health outcomes, reduce drug-related deaths, and **reduce offending** and **recidivism**, and reduce the burden on police resources and public spending related to social costs[18] - essentially, the *targets* of the new 10 year Drug Strategy. This is in addition to evidence that policy liberalisation is **not** associated with large increases in drug consumption in countries that have reformed their laws.[19,20,21]

- Release advocate for a no punishment model of decriminalisation *de jure* (in law) - which is the approach taken by Spain, the Netherlands, and Uruguay.[22] It is also the approach we currently have in the UK in relation to the psychoactive substances which fall under the Psychoactive Substances Act, 2016,[23] as opposed to those falling under the Misuse of Drugs Act, 1971.[24]
- In the **absence** of legislative change, there are alternatives to criminalisation for drug possession/low-level supply offences, including police diversion schemes. **Diversion** schemes already operate in a number of police force areas,[25] and there is emerging evidence of diversion programme-success[26] and growing support for such schemes.[27]

Establish Overdose Prevention Centres (OPCs) to prevent drug-related deaths and provide new pathways to treatment

- Central government should **support** the introduction of Overdose Prevention Centres (OPCs) in local communities (also known as safe consumption spaces, supervised injecting rooms, drug consumption rooms).
- **OPCs** - hygienic, safe spaces space where people can use their own drugs under the supervision of trained staff, and where overdoses can be reversed with naloxone (a medication that reverses the effect of an opiate overdose) - are vital for engaging people who are not in contact with local treatment services. A large percentage of those who are dying drug-related deaths have not been in contact with treatment services for the last five years.[28] This is in addition to the shockingly high rate of drug related deaths amongst the homeless population, which have more than doubled since 2013.[29] OPCs are one way to overcome this problem.
- It is estimated that there are nearly 200 OPCs in operation across the world in fourteen countries, including: Canada, Germany, Switzerland, France, Portugal, Ukraine, Norway, the Netherlands, Australia, Belgium, Spain, Denmark, Iceland and the US.[30] There is a wealth of evidence for the effectiveness of OPCs to engage with people who inject or smoke drugs.[31] OPCs not only reduce risk of overdose and blood-borne virus (BBV) infections among people who use drugs, they also reduce public injecting and drug-related litter. These facilities can also provide pathways to treatment and healthcare services.[32]
- Calls to introduce a Drug Consumption Room in Glasgow[33] have been supported by the Scottish government,[34] the Advisory Council on the Misuse of Drugs[35] and Police and Crime Commissioners.[36] A Drug Consumption Room [OPC] could operate if there was agreement from local Police and Crime Commissioners and Chief Constables not to arrest and bring prosecutions for possession, in recognition of the public health outcomes. A similar situation exists for needle exchange programmes where national Crown Prosecution Service guidance states that it is not in the public interest to bring prosecutions for possession of controlled substances where a person has been accessing sterile injecting equipment provided by a drug treatment service. This guidance explicitly recognises that staff and clientele of such facilities will 'necessarily commit offences under the Act'.[37]

Focus on social and economic policies rather than tackling 'county lines'

- Drug laws and drug law enforcement are used as mechanisms to punish drug use, with the threat of punishment considered a tool of *deterrence*. The Black Review estimates the **spend** on UK drug law enforcement to exceed £1.41 billion per annum,[38] yet, the Home Office's own 2014 analysis of drug policies in fourteen countries found that "there is no apparent correlation between the 'toughness of a country's approach and the prevalence of adult drug use".[39]
- Another 2017 Home Office evaluation acknowledged the **resilience** of the illicit drug market and the limited impact of drug law enforcement, including significant drug seizures, on the availability of drugs. It also identified "unintended consequences" associated with drug interdiction, including: increased violence in the market place resulting from enforcement activities; criminalisation negatively impacting on employment prospects; and parental imprisonment, which can have dire consequences for children, increasing the risks of child offending, experience of mental health problems, and problematic drug use.[40]
- A lynchpin of the new 10-year drug strategy, '**county lines**', is being framed as an altogether new phenomenon that facilitates the supply of mostly heroin and crack cocaine into non-metropolitan areas, even though heroin and crack markets in these areas already existed.[41]
- Those that have studied county lines have shown that the entry of drugs into rural areas, sometimes via the involvement of **young people**, is no new feature of an unregulated drug market. It is also the case that some young people choose to engage in the market because of limited life choices and opportunities.[42] Therefore, focusing on social and economic policies rather than drug law enforcement would reduce involvement.
- It is also important that school-led schemes be rolled out which seek to replace **school exclusion** given the evidence of exclusion *inequity*[43] and the link between school exclusion and young people's risk of exploitation and involvement in criminal activity.[44]

Recognise the inflated scale of drug-related crime

- Government and police increasingly make **links** between drugs and 'volume' crime: thefts from shops and cars, assaults, burglaries, robberies, and minor frauds.
- Prof. Alex Stevens has described the socio-political construction of 'drug-related crime' in the UK as the 'voodoo criminology of drug-related crime': the assumption that the perceived overlap between known offenders and drug users is also present among the much larger groups of unknown offenders and drug users. This assumption has led to **inflated** claims of scale, precision and causality in political discussions of the drug–crime link.[45]

Expand Heroin-Assisted Treatment (HAT) clinics and medical safe supply

- For the minority of people who use drugs and experience *problematic* use,[46] and who *may* engage in drug-related crime - which has been over-zealously linked to acquisitive offending (discussed above) - greater effort should be made to fund and utilise evidence-based initiatives like heroin-assisted treatment (HAT) and improve access to medical safe supply - including rapid access to opioid substitution treatment (OST) and prescription of take-home diamorphine - to support this population and facilitate **desistance**.
- In relation to those in treatment, and indeed in attracting new people into drug services, there is limited choice in medications for those who suffer from opioid dependency. The usual medications that are prescribed are methadone and buprenorphine, which work for some, but a wider range of OST should be supported. There has been a **decline** in specialist prescribing of injectable preparations, such as diamorphine and Physeptone, which are well researched and known to be effective with people who inject drugs. The RIOTT trial[47] demonstrated that whist injectable prescribing was associated with higher medication costs, it created a saving to society which is considerably higher than that of oral methadone. This is particularly important for those people for whom traditional OST medications have not worked - we would therefore recommend investment in diamorphine prescribing (and other injectable medications) and support for heroin-assisted treatment (HAT).
- A **pilot HAT** programme was set up in Middlesbrough in October, 2019. Research by Teesside University[48] observed positive changes within the HAT pilot population during year one of its operation, including: increased engagement with psychosocial interventions; reductions in consumption of street heroin; reduction of risky injecting practices; improvements in physical and psychological health; improvements in secure housing; and **reductions** in the volume and cost of criminal behaviour.
- This pilot HAT group was characterised by long term, **entrenched** offending behaviour. The majority of participants had committed their first offence over 20 years ago, with an average 'offending career' of 19 years. In all of the years leading up to the HAT pilot, the group accounted for over 1,092 offences, with a total MOJ cost of £4,343,700.00.[i]
- The Teesside evaluation found that when comparing the year prior to HAT with the first year of the HAT pilot, total offences by pilot participants were **reduced** by 60%. This is associated with **savings** to the MOJ of at least £97,800, which does not include savings from sentencing onwards (i.e. through prisons and probation).

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[i] *This figure does not include prison costs*

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