

BRIEFING PAPER FOR UPCOMING PARLIAMENTARY DEBATE ON 'DRUGS POLICY'

WESTMINSTER HALL – 14.30 – 16.00 – TUESDAY 23RD OCTOBER 2018

[Release](#) is the UK's centre of expertise on drugs and drugs law. We have been providing free and confidential specialist advice to the public, and campaigning for the reform of drug policy, since 1967.

A criminal justice approach to drugs does not deter drug use but creates a number of harms

1. The United Nations Office on Drugs and Crime estimates that 9 in 10 people who use drugs do not suffer from drug use disorders.¹ Those who do may have complex needs and face significant obstacles to accessing support. Criminalising drug possession perpetuates stigma and marginalisation of people who use drugs, making it more difficult for them to access vital healthcare services and to seek support.²
2. In 2017 alone nearly 38,000 people were criminalised for possession of drugs across England and Wales. Almost 3,000 of those criminalised for possession were under the age of 18 and 43 per cent of those given criminal records were under the age of 24.³ Drug law enforcement limits young people's life chances, including employment and educational opportunities⁴.
3. Drug law enforcement is almost entirely focused on low-level possession offences and is a key driver of ethnic disparities within stop and search policing and the wider criminal justice system. A recent report by Release, StopWatch and LSE's International Drug Policy Unit found that:
 - 60% of all stop and searches in England and Wales are for drugs. A third of all searches are for cannabis possession only.
 - Despite using drugs at a lower rate than white people, black and Asian people are stopped at a rate 9 and 3 times higher (respectively) than white people.
 - Black people are more likely to be arrested as a result of stop and search than white people, but less likely to be given an out of court disposal. This means black people are more likely to be prosecuted. In the past 6 years, arrests from drug searches have halved for white people but have remained the same for black people.
 - Despite using cannabis at a lower rate than white people, black and Asian people were convicted of cannabis possession at 12 and 2 times (respectively) the rate of white people.
 - More black people were prosecuted and convicted of cannabis possession than the supply of Class A and B drugs combined in 2017. For white people the balance was reversed.⁵
4. The UK government spent an estimated £1.6 billion in 2014/15 alone on drug law enforcement⁶ while drug treatment budgets were cut by 14% between 2015/16 and 2016/17. These cuts are a "false economy"⁷ – Public Health England estimates that for every £1 invested in drug treatment there is a £4 social return.⁸
5. The recent decision to allow medicinal cannabis prescriptions by specialist doctors is a step in the right direction, but it does not go far enough.⁹ Many who use cannabis for medicinal purposes do not meet the high threshold for prescription and will continue to be prosecuted for possession, production or cultivation for personal use. It is a travesty that the law is being used to persecute sick people, who are simply trying to alleviate their pain or symptoms.

The UK Government has acknowledged the failures of its own drug policy

6. In 2014 the Home Office reviewed the evidence on drug policy approaches in other countries and concluded that there is no relationship between tougher/punitive sanctions on drug possession and the level of drug use in a country.¹⁰ Despite this tens of thousands of people are criminalised every year; we have estimated that in the last 15 years over 1million people have ended up with criminal records for possession only offences.¹¹
7. Last year the Home Office evaluated its Drug Strategy 2010 and found that “illicit drug markets are resilient and can quickly adapt to even significant drug and asset seizures” and that drug seizures had “little impact on availability”. The evaluation also acknowledged the following “potential unintended consequences” of drug law enforcement:
 - increased drug market violence;
 - “fragmenting and diversifying the market” thus incentivising innovation;
 - “displacement to other drugs with associated harms” and “users purchasing more drugs”;
 - “health harms from varying purity of drugs” and “overdose risks when purity levels subsequently rise”; and
 - “negative impact of involvement with the criminal justice system” including “unemployment”, and “parental imprisonment” being a “risk factor for child offending, mental health problems, drug abuse and unemployment”.¹²

Drug policy can be improved within the current legislative framework

8. Police forces should implement diversion schemes to divert people who use drugs away from the criminal justice system, improve outcomes and reduce costs. ‘Checkpoint’, a scheme introduced by Durham police force diverts people for low level offences after arrest on the condition that they undertake a four month programme to address their offending behaviour.¹³ Initial findings from the pilot period found those who were diverted to Checkpoint had lower reoffending rates and improved outcomes in relation to: substance misuse; alcohol misuse; accommodation; relationships; finances and mental health.¹⁴ Whilst Durham’s diversion scheme occurs after arrest, Avon and Somerset Police force have implemented an on-the-street diversion programme in Bristol for those caught in possession of drugs for their own personal use. Findings from ‘Drug Education Programme’ (‘DEP’) are similar to that of Durham Police, with attendees of the DEP less likely to re-offend when compared to those who had gone through the criminal justice system during the baseline period¹⁵.
9. Local authorities need to re-invest in and protect drug treatment budgets. The Advisory Council on the Misuse of Drugs has rightly recommended: “mandating drug and alcohol misuse services within local authority budgets and/or placing the commissioning of drug and alcohol treatment within NHS commissioning structures” to protect current levels of investment in drug treatment.¹⁶
10. Central government should support the introduction of a Drug Consumption Room (DCR). Calls to introduce a Drug Consumption Room (DCR) in Glasgow¹⁷ have been supported by the Scottish government¹⁸, the Advisory Council on the Misuse of Drugs¹⁹ and Police and Crime Commissioners²⁰. A DCR 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.²¹

11. Existing harm reduction interventions need to be scaled-up to prevent more drug-related deaths and improve health outcomes for people who use drugs. Further premature mortality could be averted if naloxone – a medication which reverses the effects of opioid overdose – was more widely available.²² Yet, the amount given out in England is extremely limited, with only 12 take-home naloxone kits given out for every 100 people using opiates and significant barriers to accessing the life-saving medication.²³

More meaningful improvements to drug policy can be achieved by ending criminal sanctions for possession offences through legislative reform

12. Decriminalisation is the ending of criminal sanctions for drug possession for personal use. Research undertaken by Release looked at 25 countries across the world that no longer criminalised use or possession of drugs; none experienced increases in drug consumption linked to policy. Some countries – such as Australia (which has decriminalised cannabis possession in three states and have diversion schemes for all controlled substances in every State), Portugal, and the Czech Republic – reported improved physical and mental health outcomes when compared to individuals who were criminalised. Decriminalisation has also been associated with reduced rates of recidivism, reduced burden on police resources and savings to the public purse related to social costs.²⁴
13. By decriminalising the possession of controlled drugs for personal use, resources could be diverted from the criminal justice system into health and other services for people who use drugs, thus ensuring a greater return on investment for communities and criminal justice agencies.²⁵
14. With drug related deaths at an all-time high across the UK²⁶, and accounting for one in three of such deaths in the whole of Europe²⁷, the UK could learn from Portugal. Portugal decriminalised the use and personal possession of all drugs in 2001, whilst also investing in harm reduction and treatment programmes. The number of annual drug overdose deaths has reduced from 318 in 2000 to 40 in 2015.²⁸ Portugal's rate of drug related deaths is 4 per million²⁹ compared to the UK's which is 66 per million³⁰. A 2015 study found an 18% reduction in the social costs of drug use in the first ten years of decriminalisation in Portugal.³¹

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- ³ Ministry of Justice (2018) [Criminal Justice System Statistics Quarterly: December 2017](#), National Statistics.
- ⁴ Department for Education (2018) [Permanent and fixed-period exclusions in England: 2016 to 2017](#), National Statistics; Release & National Union of Students (2018) [Taking the Hit: student drug use and how institutions respond](#), London: Release & NUS.
- ⁵ Shiner M., Carre Z., Delsol R. and Eastwood N. (2018) [The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales](#), London: Release, StopWatch and the International Drug Policy Unit (LSE).
- ⁶ HM Government (2017) [An evaluation of the Government's Drug Strategy 2010](#), London: Home Office.
- ⁷ Drummond C. (25 May 2017) 'Cuts to addiction services are a false economy', *The BMJ Opinion*.
- ⁸ Public Health England (2018) [Alcohol and drug prevention, treatment and recovery: why invest?](#) London: PHE.
- ⁹ Home Office and the Rt Hon Sajid Javid MP (11 October 2018) ['Government announces that medicinal cannabis is legal'](#), *News Story*.
- ¹⁰ Home Office (2014) [Drugs: International Comparators](#), London: Home Office.
- ¹¹ Eastwood N., Shiner M. and Bear D. (2013) [The Numbers in Black and White: Ethnic Disparities in the Policing and Prosecution of Drug Offences in England and Wales](#), London: Release & LSE Consulting.
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- ¹³ Durham Constabulary (2018) ['Critical Pathways – Checkpoint'](#).
- ¹⁴ Durham Constabulary & Durham Police and Crime Commissioner (2017) 'Checkpoint: An Innovative Programme to Navigate People Away from the Cycle of Reoffending: Implementation Phase Findings', Durham PCC (provided via email by Durham PCC on 16 March 2018)
- ¹⁵ Luckwell J. (2017) 'Drug Education Programme Pilot: Evaluation Report', Avon and Somerset Constabulary, 17 March 2017, 4- 5 (provided by Avon and Somerset police by email 15 March 2018)
- ¹⁶ Advisory Council on the Misuse of Drugs (2017) [Commissioning impact on drug treatment](#), London: ACMD.
- ¹⁷ NHS Greater Glasgow and Clyde (2018) ["Taking away the chaos": The health need of people who inject drugs in public places in Glasgow city centre](#), Glasgow.
- ¹⁸ The Scottish Parliament (19 April 2018) [Meeting of the Parliament: Session 5](#).
- ¹⁹ Advisory Council on the Misuse of Drugs (2016) [Reducing Opioid-Related Deaths in the UK](#), London: ACMD.
- ²⁰ Jamieson D. (2018) [Reducing Crime and Preventing Harm: West Midlands Drug Policy Recommendations](#), Birmingham: West Midlands Police and Crime Commissioner.
- ²¹ Crown Prosecution Service (2018) [Legal Guidance: Drug Offences](#).
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- ²³ Carre, Z. (2017) [Take-home Naloxone in England](#), London: Release.
- ²⁴ Eastwood N., Fox E. and Rosmarin A. (2016) [A Quiet Revolution: Drug Decriminalisation Across the Globe](#), London: Release.
- ²⁵ *Ibid.*
- ²⁶ Office for National Statistics (2018) [Deaths related to drug poisoning in England and Wales: 2017 registrations](#); Northern Ireland Statistics and Research Agency (2017) [Drug Related and Drug Misuse Deaths 2006-2016](#); National Records of Scotland (2018) [Drug-related deaths in Scotland in 2017](#).
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