

BRIEFING PAPER FOR UPCOMING DEBATE ON 'DRUG TREATMENT SERVICES'

WESTMINSTER HALL – 16.30 – 17.30 – TUESDAY 16th JULY 2019

[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.

FUNDING CRISIS AFFECTING QUALITY OF SERVICES:

1. Local authorities became responsible for funding and commissioning drug services under the Health and Social Care Act 2012, while facing an estimated 37.3% reduction in central government funding between 2010/11 and 2015/16¹. In 2017, the Advisory Council on the Misuse of Drugs warned that local authority funding would prioritise services which are mandated over those that are non-mandated, such as drug services, especially as “service users are stigmatised or seen as undeserving”.²
2. Net expenditure on adult drug and alcohol services has decreased by 19 per cent in real terms between 2014/15 and 2018/19.³ Further cuts are predicted from 2020 if the ring-fenced Public Health Grant for local authorities expires and funding moves to business rates retention⁴.
3. The funding cuts to the sector are letting service users down. Under-resourced services are unable to provide high quality services, are relying on volunteers at the expense of clinical staff, and front-line staff are dealing with ever-increasing caseloads.⁵ In some parts of the country, it has been deemed unsafe to deliver drug services due to the budget being too low. For example, Bristol City Council failed to re-commission its drug and alcohol services in 2017 “because the money it was offering was too low to receive any bids”.
4. People who use drugs are a diverse group with diverse treatment needs⁶, yet drug services are mainly provided in a ‘one-size-fits all’ approach. Specialist services – including for women, people of colour, young people, and LGBT+ clients – were among the first things to be cut under reduced funding. A recent report found that “only around half of all local authority areas in England (n=74, 49.0%) and five unitary authorities in Wales (22.7% of all authorities in Wales) are home to localised support specifically for women”, most of which is single sex groups in generic drug services⁷.

Recommendation 1: Central government should re-invest in and protect drug treatment and harm reduction budgets. Consideration should be given to reverting back to central funding (as previously under the National Treatment Agency), placing commissioning within NHS structures, or mandating these services within local authority budgets⁸ (as with sexual health).

MISALLOCATION OF PUBLIC SPENDING:

5. Drug treatment⁹ and harm reduction¹⁰ services are cost-effective and offer “good value for money”¹¹ – Public Health England estimates that for every £1 invested in drug treatment there is a £4 social return.¹² However, the same cannot be said for drug law enforcement. The Home Office’s own evaluation of the previous Drug Strategy 2010 could not demonstrate value for money in drug law “enforcement or enforcement-related activities”¹³.
6. There is also insufficient evidence that the current law enforcement led approach to drugs is working¹⁴. A 2014 Home Office report, which compared the legal framework of 14 countries, concluded that there was not “any obvious relationship between the toughness of a country’s enforcement against drug possession, and levels of drug use in that country”.¹⁵ The evaluation of its previous Drug Strategy, the Home Office also found that drug law enforcement efforts have ‘little impact on the availability of drugs’ and described drug markets as ‘resilient’ to seizures.¹⁶
7. Drug law enforcement is almost entirely focused on low-level possession offences and is a key driver of ethnic disparities within policing and the wider criminal justice system. A recent report by Release, StopWatch and LSE 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 people were stopped and searched for drugs at 9 times the rate of white people, and were prosecuted and convicted of cannabis possession at 12 times the rate of white people.¹⁷
8. Nevertheless, an estimated £1.6 billion was spent on drug law enforcement in 2014/15, compared to only £541 million on drug treatment and harm reduction services over the same period.¹⁸ Since then, central government has continued to prioritise spending on drug law enforcement, and has overseen massive funding cuts to drug services.

Recommendation 2: Resources should be diverted away from drug law enforcement – which is overwhelmingly focused on low-level possession offences and is driving ethnic disparities – and towards drug treatment and harm reduction budgets.

LACK OF ACCESS TO LIFE-SAVING SERVICES:

9. The UK has one of the highest rates of drug-related deaths in Europe – with a rate of 74 deaths per million in 2016 (compared to the EU average of 22.6 per million) and where “9 out of 10 overdose deaths (89 %) involved some form of opioid”, such as heroin.¹⁹ Over a third (34 per cent) of the overdose deaths registered in Europe occurred in the UK in 2015.²⁰
10. Instead of focusing on preventing drug-related deaths, the 2017 Drug Strategy has continued to pursue a “recovery agenda”, which aims to get “every individual to live a life free from drugs”²¹. Abstinence is not a realistic or safe treatment goal for everybody. Treatment success can also be about using drugs less often or in a safer way, receiving substitute medication, getting off the streets, engaging in education or employment or being able to see your children again.

11. Meanwhile, the quality and accessibility of life-saving harm reduction interventions – namely opioid substitution therapy (including Heroin Assisted Treatment), take home naloxone, and drug checking – varies considerably across the UK²² and a drug consumption room has still not been established.
12. Under its localism agenda, central government should support commissioners and drug services to respond to local issues with autonomy. For example, by supporting a Drug Consumption Room in Glasgow, to address the high levels of public injecting, overdose deaths and the localised HIV outbreak among people who inject drugs.²³ While Victoria Atkins MP has confirmed that it is for chief constables in local areas to decide whether to roll out drug checking facilities at festivals under local protocols and agreements²⁴, the same approach has not been taken for Drug Consumption Rooms. This begs the question – does the government think young people going to festivals are more deserving of life-saving care than street homeless people injecting in public spaces?

Recommendation 3: Central government should declare a public health emergency to tackle the crisis of drug-related deaths and urgently scale up harm reduction services across the UK.

For more information, please contact:

Zoe Carre (Policy Researcher): 020 7324 2997 | zoe@release.org.uk

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- ¹ National Audit Office (2014) [The impact of funding reductions on local authorities](#), Local government report by the Comptroller and Auditor General.
- ² Advisory Council on the Misuse of Drugs (2017) [Commissioning impact on drug treatment](#).
- ³ The Health Foundation (2018) [Briefing: Taking our health for granted](#).
- ⁴ National Aids Trust (2019) [Drug-related deaths in England: local authorities and how they are responding](#).
- ⁵ Advisory Council on the Misuse of Drugs (2017) [Commissioning impact on drug treatment](#); Recovery Partnership & Adfam (2017) [State of the Sector 2017: Beyond the Tipping Point](#).
- ⁶ Medley, B. (2018) [Expecting better: Improving Health and Rights for Women Who Use Drugs](#), Open Society Foundations; UNODC (2016) [Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services](#); The Global Network of Sex Work Projects & The International Network of People who Use Drugs (2015) [Experiences, perspectives, needs and rights: ensuring a joint approach](#), Briefing Paper: Sex Workers Who Use Drugs; Pinkham, S., et al. (2012) [Developing Effective Harm Reduction Services for Women who Inject Drugs](#).
- Sangster, D., et al. (2002) [Delivering drugs services to Black and minority communities](#), Home Office Drugs Strategy Directorate; London Friend (2014) [Out of your mind: Improving provision of drug & alcohol treatment for lesbian, gay, bisexual & trans people](#).
- ⁷ Holly, J. (2017) [Mapping the Maze: Services for women experiencing multiple disadvantage in England and Wales](#), Agenda & Against Violence and Abuse (AVA).
- ⁸ Advisory Council on the Misuse of Drugs (2017) [Commissioning impact on drug treatment](#).
- ⁹ Public Health England (2018) [Guidance – Alcohol and drug prevention, treatment and recovery: why invest?](#)
- ¹⁰ Wilson D.P. et al. (2015) 'The cost-effectiveness of harm reduction', *International Journal of Drug Policy*, 26, DOI: [10.1016/j.drugpo.2014.11.007](#).
- ¹¹ Home Office (2017) [An evaluation of the Government's Drug Strategy 2010](#).
- ¹² Public Health England (2018) [Alcohol and drug prevention, treatment and recovery: why invest?](#) London: PHE.
- ¹³ Home Office (2017) [An evaluation of the Government's Drug Strategy 2010](#).
- ¹⁴ Stevens, A. (2019) 'Is policy 'liberalization' associated with higher odds of adolescent cannabis use? A re-analysis of data from 38 countries', *International Journal of Drug Policy*, 66, 94-99; Eastwood, N., et al. (2016) [A Quiet Revolution: Drug decriminalisation across the globe](#), Release.
- ¹⁵ Home Office (2014) [Drugs: International Comparators](#), p. 47.
- ¹⁶ HM Government (2017) [An Evaluation of the Government's Drug Strategy 2010](#), p. 76.
- ¹⁷ 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).
- ¹⁸ Ibid, p.159.
- ¹⁹ http://www.emcdda.europa.eu/system/files/publications/11364/20191724_TDAT19001ENN_PDF.pdf
- ²⁰ EMCDDA (2018) [European Drug Report 2018](#), page 76.
- ²¹ HM Government (2017) [2017 Drug Strategy](#).
- ²² Release (2019) [Release's Written Submission to the Health and Social Care Committee: Drugs Policy Inquiry](#).
- ²³ NHS Greater Glasgow and Clyde (2018) [Taking Away the Chaos: The health needs of people who inject drugs in public places in Glasgow city centre](#).
- ²⁴ [HC Deb 03 September 2018 c163156](#).