HOUSE OF COMMONS

Scottish Affairs Committee

Oral evidence: Problem drug use in Scotland, HC 44

Wednesday 23 October 2019

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Watch the meeting

Members present: Pete Wishart (Chair); Deidre Brock; David Duguid; Hugh Gaffney; Ged Killen; John Lamont; Paul Masterton; Tommy Sheppard; Jamie Stone; Ross Thomson.

Questions 417-468

Witnesses

I: Kit Malthouse MP, Minister of State for Crime, Policing and the Fire Service, and Dan Greaves, Director, Policing and Fire Group.

Written evidence from witnesses:

– [Add names of witnesses and hyperlink to submissions]

Examination of witnesses

Witnesses: Kit Malthouse MP and Dan Greaves.

Q417 **Chair:** Welcome to the Committee, Minister. I will allow you to introduce your colleague and say a few words in a minute, but can I just say that trying to secure a Home Office Minister for this very important inquiry has been an immensely frustrating experience? The Home Office was first invited to attend and give evidence in April or beginning of May, and it is now almost Halloween. This is a really important inquiry, given the amount of drug deaths across the United Kingdom, and the fact that we couldn't secure a Home Office Minister to come and give us evidence has been exasperating. We have had to delay our report, but we really hope we will still be able to get it out before the end of the Session. I just hope the Home Office responds more speedily and effectively to calls to give evidence.

Kit Malthouse: Thanks for that. Obviously, we are here now. I am Kit Malthouse. I am the Minister for Crime, Policing and the Fire Service, and have picked up the drugs brief along with the crime brief. They normally go together. With me is Dan Greaves, who is our head of crime. He has also revealed to me that for three years he was head of drugs at the Home Office, so he has a particular level of expertise. Over the past three months, I have been reading myself into the various issues in the brief, and I have to confess that one of the most alarming has been drugs—and in particular drug deaths in the UK—but obviously with a particular focus on Scotland. I was keen to come at the earliest opportunity to talk to you about what we can do together to try and crack this problem.

Q418 **Chair:** Excellent. You have obviously seen the Health and Social Care Committee report that was released this morning. I want to ask a couple of questions about this issue. I hope you have been paying attention to some of the evidence the Committee has been acquiring. Most of it has been pretty damning about the criminal justice approach to drugs-related issues throughout the United Kingdom. What evidence do you have that a criminal justice approach to drugs problems is working?

Kit Malthouse: Obviously, there is a significant amount of evidence that the actions of the police, particularly to interdict supply of drugs, can have an impact. Recent results have included taking out of circulation large amounts of drug shipments that were destined for the entirety of the UK. Just last week, or the week before, we had a week of intensification on county lines, with 760-odd people arrested and a number of supply lines closed down across the country. There is a huge amount that can and should be done from an enforcement point of view. Certainly, I am in discussion with the police about what more can be done and how much more we can do, particularly around trying to restrict supply.

But it is possible to do two things at the same time. Although I would never step away from the fact that we should have a firm enforcement regime on drugs, we definitely can and should be doing as much as we possibly can on education and recovery and treatment. Across the world, whatever the various approaches taken towards drugs, there is one common theme in those areas that can show some level of success, which is heavy investment in treatment and diversion. This is where we think there is more potential for us as a country as a whole—the United Kingdom can do more—and certainly in particularly acute areas, such as Blackpool, Glasgow, London and my home town of Liverpool, where we have significant problems with long-term and severe drug use and, therefore, significantly above-average levels of drug-related deaths. I do think there is a lot more we can do on the public health strand of work.

Q419 **Chair:** We secured lots of evidence from health service professionals, drug agencies, the police, and even the body that advises the Government itself, that there are issues with the criminal justice approach to drugs-related issues, so I will ask you again: what evidence do you have that a criminal justice approach to people with drug problems—drug use—is working?

Kit Malthouse: As I said to you before, we can evidence work that the police have done on enforcement generally around drugs that will have reduced supply and therefore uptake and drug offending.

Q420 **Chair:** There is no point in giving me the same—the criminal justice approach obviously is going to disrupt supply. I am asking you: how does that assist people with problem drug use? How does a criminal justice approach assist dealing with their issues?

Kit Malthouse: It depends on the approach you take. A number of forces around the country have taken different approaches towards individual offending—consumption and possession—if that is what you mean. Durham constabulary have a particularly interesting scheme called Checkpoint, where they are working with offenders, effectively with the threat of a criminal justice sanction hanging over them—

Q421 **Chair:** Threat?

Kit Malthouse: To push them towards treatment and diversion. We are seeing good education programmes through the police in Avon and Somerset. There are a variety of different routes that we can go down, but there is a balance to be struck. Across the world, certainly in the developed world, if you look at jurisdictions that struggle with the so-called war on drugs, you'll see that there is a constant debate about where the balance should be between enforcement and education and diversion.

In our strategy, we have tried to reflect that balance, to go for tough enforcement where we think it is appropriate—there are some cases of individual repeat offending where enforcement and criminal justice have to be a tool available to the judiciary—while at the same time looking at education to reduce demand. Treatment and recovery are critical. As I say, that is a common theme across all jurisdictions that have shown

some success. Then, particularly given the crossroads nature of the United Kingdom in the world, action against drugs on a pan-continental and global scale is also critical.

Q422 **Chair:** Does the UK Government still believe that there is a place for the concept of a war on drugs?

Kit Malthouse: We certainly think there is a place for policing and enforcement, yes.

Chair: I don't think anybody is disputing that.

Kit Malthouse: A "war" is not the sort of terminology that I would use, but I definitely think that we need a concerted campaign on a number of fronts, and that includes all those tools, to drive down the debilitating effect of drugs on our communities. The trouble with these debates is that they often become polarised as people search for a silver bullet solution, but the truth is that the drugs market, drug consumption and the way in which drugs operate in society are very complex and change all the time. We are now seeing developments in different compounds that are coming through. We have seen developments in the way in which drugs are arriving in the UK through the mail, and we have seen a rise in dark web purchase of drugs, which needs to be addressed.

There are some alarming statistics. As part of the briefing, one of the stats that really jumped out at me was that 19% of 15-year-olds in Scotland report drug use at some point in their life. This is fundamentally an education thing. Nobody is suggesting that we should be arresting 15-year-olds for drug use, so there is a role for education there. I would quite like to move the debate away from one particular strand being the be-all and end-all. We should do a lot of things all at the same time, and I would like to get to a position where all four nations of the United Kingdom, who all have a problem to a greater or lesser degree, come together to work on a generic solution for everybody across all those strands.

Q423 **Chair:** We will come to the working together issue, because obviously an appeal is going out to try to secure that with the particular problems we have in Scotland. Have you read the Health and Social Care Committee report that was released this morning?

Kit Malthouse: I have only seen the headlines. I am afraid we have had a very unfortunate incident in Essex this morning, where 39 people have been found dead in the back of a container, so I have not had a chance to read it yet.

Q424 **Chair:** What they recommend is that responsibility for drugs-related issues is moved from your Department, the Home Office, to the Department of Health and Social Care and becomes a health issue. They say there should be a review of the decriminalisation of drug possession for individuals. Would that find favour with you? It is a cross-party Committee that has recommended this, after looking at the issue and taking evidence. I am not hearing anything from you to support the Government's view that this should remain within the Home Office, so

this is your opportunity to tell us why it should remain a criminal justice-related issue in the light of what our own Health and Social Care Committee is saying.

Kit Malthouse: As I said before, we can do several things at the same time. I definitely think there is an enormous role for Health Ministers to step in and for us all to work together on this. We have a variety of forums in which we can meet and discuss what more we should be doing together. The notion of governmental leaders would be a matter for the Prime Minister, but I definitely think that health needs to be as much in the lead as enforcement on drugs. Fundamentally, you are quite right that the Home Office comes at this issue from a crime and policing point of view. It is an historical issue, that it remains solely with the Home Office for a lead, but I will digest the report.

I have to confess that I am not supportive of the decriminalisation push. I think it misses the point. Where we have seen decriminalisation across the world, success is always put down to it. Portugal is the one that is held up, because they have had it the longest. In fact, however, what Portugal did was invest enormous amounts of money in treatment, recovery and education, and I think it is that to which they can attribute their success. What were horrendous numbers in that country are down to at or below the European average.

Q425 **Chair:** We visited Portugal and we listened very carefully to the Portuguese Government describe their drugs policy. The one thing that they wanted to impress on us was that it was pulling the big levers of change that allowed them to make progress in responding to their drugs issue, and prime among them was decriminalisation of drugs use. That is what they were telling us. I would suggest that you speak to them.

This is my last question on all this. I feel that I am not getting a defence of the criminal justice aspect of Government policy. What value is there in criminalising problem drug users? Possibly putting them in jail, giving them a criminal record, and depriving them of their social setting, their usual contacts and the things they are used to—what does that serve? What purpose does it serve to criminalise people who have an addiction disorder, a difficult problem?

Kit Malthouse: As I said before, it has to be a tool that is available, particularly for persistent drug users and for those who commit other offences. We have to be wary of being in a position where drug use or addiction somehow obviates the need for justice for victims of other related crimes. If I am a burglar who is burgling to buy things for my drug, I am still a burglar, and I should be punished through the courts for that burglary. The fact that I am doing it because I am addicted to drugs does not get me off the hook for the burglary. As I say, these are complex issues, which are generally driven on an individual basis.

Q426 **Chair:** These are people who are being incarcerated for drug use.

Kit Malthouse: As I say, we want to retain the tool for judges and police officers to use criminal justice disposals if they think them appropriate.

Q427 **Chair:** We will come back to all this. I thought we were going to hear a stout defence of the Government's approach. I do not know if Mr Greaves wants to say anything about the Government's criminal justice approach, why it works and the evidence that supports it. Perhaps you will help us with that.

Dan Greaves: May I take issue with characterisation of the 2017 drug strategy as a criminal justice approach? What is distinctive about the strategy is that it is a balanced approach, which balances reducing demand, restricting supply and promoting recovery. In fact, large parts of the strategy talk about intervening through the life course, in the early years through family-nurse partnerships and schools. You will be aware that we are introducing compulsory health education from 2020, which will raise awareness of risks related to drug misuse, and we have invested in specialist information for schools and the Frank portal.

On the recovery side of the strategy, we have maintained strong patterns of investment in evidence-based treatment: £1 of investment in treatment returns a benefit of over £2.50. This is solid and evidence-based. We are continuing to optimise the approach and to make sure that we improve the quality of and access to treatment. I think it is a balanced approach.

In so far as we are talking about supply, the Minister rightly drew attention to our proportionate use of criminal justice sanctions and to some of the leading work done in places such as the West Midlands, Durham and Thames Valley where, when they take someone into custody for a trigger offence, they actually look at the underlying drivers of their behaviour and seek to intervene with that person, to move them from a criminal justice pathway on to a health pathway to address the problems. Of course, if the person does not comply with that behaviour, there is a sanction. The chief constables are very clear: that sanction remains. There is good evidence, and both the Government and the National Police Chiefs' Council want to understand better the patterns of practice and the evidence.

I will make a couple of points about restricting supply and about the evidence. There is good evidence that when we see increases in overseas production, we see increases in availability in the United Kingdom. We also see some good evidence on increased availability and purity of drugs, and on that then changing the way in which markets work. Public Health England did an excellent piece of work on the so-called county lines problem. They saw the increases in crack and heroin purity, and they saw gangs using the opportunity of that good-quality product to expand their markets, using violence and exploitation. Actually, they saw a high-quality product being aggressively marketed more broadly across the country. Availability of supply did actually push demand, so I think there is some—

Q428 **Chair:** There is no issue, on this Committee, about tackling supply. That is not what we are here to do. I thank you for that, and we are grateful. You are doing something and disrupting the supply, and that is great—congratulations. However, we are here to discuss how we treat problem drug users. That is what this Committee report and inquiry is all about.

All I am asking you is what value is brought by problem drug users who find themselves in prison.

Kit Malthouse: There are examples from around the world where an imaginative criminal justice approach towards problem drug users has been useful. I point you to the HOPE programme in Hawaii, which I came across back when I was doing the policing job in City Hall in London. A particular judge got fed up, frankly, with the roundabout of drug users coming in and out of court and in and out of prison, and decided to institute a much more assertive, if you like, testing and conditional approach, where, fundamentally, drug users who had been in prison and were on probation would stay out of prison for, effectively, as long as they stayed clean.

The judge instituted a randomised testing programme, and the way it worked was that, effectively, drug users were all given a colour—blue, red, whatever—and they would all ring a telephone number, and an automated voice would tell them what the colour was that day. If it was their colour, they had to go in and be tested. He worked with a significant cohort of drug users. The threat was always there that, if they failed, they would end up in prison again. He had enormous success and, indeed, long-tail success, because people stayed off drugs for much longer than the period that they were on the programme.

It is possible, as I say, to use the criminal justice tool in an imaginative and productive way, if you have the willingness to do it. I do not know if the Committee has looked at the HOPE programme, but I would definitely recommend that you do so if you have time before you do your report. Hawaii is a society that had a particular problem with drugs, and the programme has been enormously successful there. I think it is being adopted elsewhere in the world as a disposal. It looks to me like it might be of use. I would quite like to see it piloted here.

Chair: I don't know how much further forward that takes us, but obviously we will have a look at it. Thank you for that.

Q429 **John Lamont:** Good morning, Minister. I think we are all grateful that you have taken the time to see us this morning, given the very difficult and tragic case in Essex. The Government have allowed a number of de facto decriminalisation schemes, which you touched on. Can you confirm that the Government support those type of schemes where they have been brought in?

Kit Malthouse: Obviously, they are operational decisions for the senior police officers who operate them. However, to be honest with you, we have an open mind about what works. In the end, my focus is to see a reduction in crime and in the harm in society that comes from drugs. If we can find ways in which a criminal justice sanction can be used to manage behaviour, so that it is less harmful and there is less crime, that seems to me to satisfactory, yes. The Checkpoint programme in Durham, which I obviously came across as part of the reading on this, seems to me a wholly laudable project. If it results in an overall reduction in crime and offending, it seems sensible to me.

Q430 **John Lamont:** Is it your understanding that this type of scheme could be introduced in Scotland without any change in the law?

Kit Malthouse: As far as I am aware, it could, yes. People always tell me that, in many ways, the Scottish legal system is more flexible than the English system, so it seems to me that an enterprising group of individuals who are focused on it, right through from a judge who is willing to go with it to police who are willing to use it, could put themselves together to produce just such a scheme, yes.

Q431 **John Lamont:** Have you any understanding as to why the Scottish Government, despite their stated policy on this, have not taken that course of action?

Kit Malthouse: I have not, I am afraid. I have not yet met my Scottish counterparts, but I am keen to do so. I bumped into Jeane Freeman at a memorial service in Edinburgh a month or so ago and said I was keen to meet, as was she. I would be more than happy to sit down and talk about what more we can do together.

One thing we are keen on is spreading best practice. In England and Wales, a recovery champion has just been appointed, and I know they are keen to work with Scottish counterparts and consider how such schemes are implemented and what works, and whether we can spread them. Having said that, beyond the criminal justice point, in particular areas such as Glasgow and Dundee there is a case for heavy investment in recovery and treatment. I know the case has been made to the Scottish Government that they should, and could, invest more in those areas. There are also some alarming local issues. I gather that a couple of needle exchanges in Glasgow have been closed down, and as a result we are seeing a blip in HIV infections, akin to what happened in the `80s, and that has a long-tail risk for results in the future.

Q432 **John Lamont:** Some argue that they want drugs to be legalised completely. Can you confirm the UK Government's position on that?

Kit Malthouse: We are currently opposed to that.

Q433 **John Lamont:** Good. As you have said, drug deaths across the UK are concerning. Scotland has a particular problem, yet drug classification is the same across the United Kingdom. To me that suggests some other issue that is not to do with how drugs are classified. Do you agree with that, and what other steps could be taken in Scotland to try to tackle this problem?

Kit Malthouse: Obviously this is alarming. There are areas in England and Wales that have particular problems, but Scotland's average drug use is four times the per capita rate for the rest of the United Kingdom. Scotland's drug use is more than double the rate in even the worst places in England. It is a major and very grim issue to deal with. The common theme in all countries that have successfully got on top of these issues has been heavy investment in treatment. I will be talking to colleagues in the Department of Health and Social Care in England and Wales about the prevalence of the prescription of naloxone, methadone, naltrexone and

other opioid inhibitors, and how much they are used. There is a case for the greater use of heroin-assisted treatment centres, which can make a big difference. Even the provision of defibrillators can help in an emergency situation, and there should obviously be some focus on the issue of needle exchanges and the uptick in HIV infections.

There must also be some thought about the future. We are seeing a growth in synthetic opioids or other opioids—fentanyl is now appearing, mixed in with heroin, which can have significant impacts on health. Fentanyl detection strips can be provided for people to ensure that they are getting the type of drug they expect, rather than something that will have a terrible effect on them. There are a variety of things we can do, but in the long term we are very much focused on education for young people. Given that 19% number, I would think that heavy investment in early intervention and education would be key.

Q434 **John Lamont:** Just to be clear, would those initiatives fall into policy areas that are already devolved to the Scottish Government? The Scottish Government could be taking those actions as of today.

Kit Malthouse: They could.

Q435 **Ross Thomson:** It is good that you could join us this morning, Minister. As you know, there have been calls for powers to be devolved to Scotland, and for the Scottish Government to take a different approach to decriminalisation or legalisation. If that were to be the case, and such measures were implemented in Scotland, what would be the challenges for the rest of the UK?

Kit Malthouse: There would be significant challenges for the rest of the UK, and for Scotland, not least because having a differential regime would shift patterns of behaviour and criminality. If possession and use was decriminalised in Scotland but not in England, that would mean an open market for gangs to run drugs into a less-regulated market in Scotland. We know there are established county lines from England into Scotland and no doubt those would increase. From a cross-border enforcement point of view, it would cause problems, in that drugs could be carried for personal use to and from Scotland, causing some confusion in people's minds. I think a differential regime would cause problems for the border, because we operate one UK border, so Border Force would have some change in emphasis, perhaps, in that Scotland would become a landing point for drugs importation into the UK.

Q436 **Ross Thomson:** On that cross-border issue, in the Aberdeen area, which I represent, we have real issues with county lines drugs traffic. A lot of gangs from Wolverhampton, for example, travel up to Aberdeen. There is still oil and gas, and there has been a market for illicit drugs. They have been using young people in some of the more deprived communities by roping them into the trade. Can you explain some of the work the UK Government have been doing to try to disrupt the county lines and what benefit that would be to communities in Aberdeen?

Q437 ***Kit Malthouse:*** Dan will be able to add more details. My predecessor set

up a county lines co-ordination centre, to pull together police action across the whole of the United Kingdom, sharing intelligence about county lines and the business models, to look at disruption. There have been two big operations. The first resulted in about 1,600 arrests; the other, a couple of weeks ago, resulted in another 700-odd arrests. There has been significant enforcement activity on top of the work by the National Crime Agency and Border Force to look at interdicting supply coming in through the border.

Having said that, the Prime Minister has made it clear that county lines is a phenomenon that he wants to see consigned to history, so I am under strict instructions to, using his words, "roll it up". We are talking to the police about what more we can do to interfere with the business model. One of the issues with county lines—you are quite right, one of the most disturbing phenomena—is the enticement of young people into it. They get them hooked on drugs. They use blackmail and violence to force them into becoming mules, transporting and dealing in particular towns. Although we can go and arrest large numbers of these people, to the kingpins who are running the show, these individuals are disposable; they are not that bothered about them, because, thus far, they can be relatively easily replaced.

The kingpins are bothered about the drugs and the money, so, at the moment, we are talking to police about what more we can do to disrupt the business model. If we can target the drugs and money and disrupt their ability to communicate—because much of the business is done by mobile phone and we have the power to disrupt those lines, the county line—we might have a bigger impact on making it very difficult to do business. There are some hotspots in England—London, the West Midlands and Liverpool—where we know there are county lines feeding into Scotland. We will be starting our work there. The Treasury has given us £20 million to invest in some of this work. We hope that we can prove the disruption concept and then roll it out across the country in the next few months.

Q438 **Ross Thomson:** On that issue of disruption, I know some good work has been done by the police on smashing pill-press operations, which have been pumping out millions of fake, very dangerously powerful prescription tablets each month. In my constituency, NHS Grampian has posted year on year spikes in hospital admissions to do with the likes of fake Xanax. Do you think the threat of homebrew drug operations is being handled effectively? Do you think Police Scotland needs to be better armed to combat this silent killer?

Kit Malthouse: This development is quite disturbing. The drugs market constantly evolves. We have now got to a situation where it is not that hard to run a homebrew laboratory with relatively simple chemicals to create something that can have a very significant impact on people. In many ways, that is much easier than growing stuff on the other side of the world, refining it, packing it into a container and shipping it. You could see this development coming along. In both England and Scotland, this is an area of work where we are going to have to develop our expertise if we want to get ahead of this problem, particularly in areas like synthetic

cannabinoids, which can have a terrible effect. I was in Derby just a couple of weeks ago and saw an individual in the town centre—a dealer and a user himself—who had taken synthetic cannabis and was effectively a catatonic wreck in the centre of town. These can have an enormous effect, yet they are manufactured in-territory. We will be looking at what more we can do to combat that, and I would urge Police Scotland to do the same.

Q439 **Jamie Stone:** Good morning. I am new to this Committee, as of today.

Kit Malthouse: Welcome.

Jamie Stone: I have a question arising from the answer you just gave. You mentioned Border Force. My constituency, Caithness, Sutherland and Easter Ross, has, by definition, a huge coastline—east coast, north coast and west coast—as do the other vast highland constituencies. Do you really think that Border Force has the necessary resources and personnel to police them? My constituency has masses of hidden coves in very remote spots where a drug smuggler would like to land. Can you meet that challenge?

Kit Malthouse: Like all parts of Government, you could always do with more, but, at the same time, Border Force does a fantastic job. I have been to see its operation. I am not directly responsible for Border Force—that is Brandon Lewis—but it does a fantastic job. Nevertheless, we have to adapt to changes in supply, and it is certainly the case that one of the key areas of concentration for Border Force is small-boat exchange out in the middle of the sea, where somebody goes out, ostensibly on a day cruise, and meets somebody else out in the middle of the sea, they offload and onload, and then they sail back as if they have not been anywhere. Border Force has been successful in catching quite a lot of these people. There is some technology that can be used in this—inland waterway radar coverage so we know what boat movements are is something that needs to be secured—but, as I say, we could always do with more. Dan, do you want to add anything?

Dan Greaves: I would say the importance of intelligence. You are absolutely right that the UK, by its nature, is an island with vast stretches of coastline, and policing all of that all the time is very challenging. It is really important to use intelligence right the way up the supply chain and through transit routes, and the NCA works very closely in partnership with Border Force to supply the intelligence that guides their operations. Of course, they then work in partnership with territorial forces where you can trace drug supply from in-country back up the supply chain. There have been some really important results, which will have had a direct impact in Scotland. In March 2019, an NCA investigation led to the imprisonment of two UK nationals for the import of 1.4 tonnes of cocaine into the UK on a yacht. That had a street value of £112 million. Again, in August, almost 400 kg of heroin with a street value of £40 million was seized coming into Felixstowe. Those were drugs that would have been found, most likely, on streets right the way across the UK.

Kit Malthouse: The critical thing in all this, though, is the connection between Police Scotland, the NCA and Border Force. Obviously, policing is a devolved matter, but these are national organisations. Those links are good and strong. Certainly, if Police Scotland wanted to do more on supply—not least because, obviously, anything that comes into Scotland could end up in England, and vice versa—we would be very supportive of that.

Dan Greaves: Just to build on that point, in September 2018 an organised crime partnership was formed between Police Scotland and the National Crime Agency to provide a step change in the patterns of collaboration between the two, sharing access to intelligence officers' niche capabilities, and that has had some very positive results. I think you have had evidence to this inquiry about the positive relationship between the NCA and Police Scotland.

Q440 **David Duguid:** My concerns are similar to those raised by Mr Stone. I do not have the same coastline as him, but I have a not insignificant coastline. Some of the coves he mentioned are actually called smugglers' coves; this is a centuries-old problem. Along with what Mr Thomson was saying about county lines, a particular issue in my constituency is what the police call cuckooing. Basically, these drug dealers just take over the accommodation of somebody vulnerable and, as you say, once their purpose is served, they are treated as disposable. It is really quite distressing to hear about. If there was a further distinction between the decriminalisation or legalisation of drugs—not just in Scotland, but in any constituent nation of the United Kingdom—would it run the risk of making the efforts that you are describing at a UK-wide level more difficult?

Kit Malthouse: I think if there were decriminalisation in one part of the United Kingdom and not in the rest, it would make life extremely difficult from an enforcement point of view. It would also skew the operation of the drug market very significantly.

Q441 **David Duguid:** In all those issues, whether smuggling, county lines or cuckooing, what effect do you think that distinction between devolved nations would have?

Kit Malthouse: You would intuitively reckon that, if one part of a country became more liberal on drugs, it is likely to be more of a target for those people who want to ply that trade. One of the things to bear in mind is that there is quite a lot of misunderstanding about decriminalisation. We talk about decriminalisation in Portugal, but it is still illegal. They just have a different disposal technique; it is a civil one, although there is still a criminal sanction behind it. In Portugal, you effectively get sent to a local assessment team or group—they call them "dissuasion teams". If you don't comply, a criminal sanction is available to deal with you. This is the issue. Dan was saying outside that one of the ironies is that when Portugal decided on this approach, they came to the UK to learn.

Dan Greaves: The point you make, Minister, is that there a range of different levers that were pulled by our Portuguese partners at the same

time. One of the most powerful levers was volume investment in high-quality, evidence-based treatment. When you talk to international partners, the UK system is recognised as a leader in the provision of treatment. Those are UK-wide guidelines underpinning that. We developed the "Orange Book" in partnership with medical partners in Scotland, England, Wales and Northern Ireland.

Q442 **Tommy Sheppard:** Good morning, Minister; welcome to the Committee. I have to confess that I was pleased when I learned of your appointment to this role, because sometimes having a new Minister in the Department can liberate it from previous policy constraints. I am hoping that might be the case here. I want to spend a few minutes talking with you about drug consumption rooms. Some 1,187 people died in Scotland last year from drug use. Typically, most of those died alone from cardiac or respiratory failure after an accidental overdose. The case for having a supervised consumption facility is that you can prevent that from happening there and then. It is not to say that this is a silver bullet—I very much agree with you that much more needs to be done on treatment, recovery and social intervention to eradicate the problems that drive people into drug use in the first place. But at the very sharp end, where people are at the point of death, putting them in a health facility context, where interventions can be made, will keep them alive long enough for those interventions to be made. That is essentially the case that is being made, and it is a compelling case being made by pretty much everybody who has any view on the situation in Glasgow and in Scotland.

As I understand it, the Home Office's previous position was that the evidence is accepted and not challenged, but the message was that to do this would give the wrong impression—it would "signal the wrong message," which is what has been said in the past. I put it to you that being worried about what people might think about the message is not a good enough reason to allow people to continue to die, if we can save their lives. Will you consider, with fresh eyes, the case that has been made for a drug consumption facility in Glasgow?

Kit Malthouse: As I hope you know, I always keep an open mind to these issues. It is worth saying that there are some significant legal hurdles for the use of drug consumption rooms, as well as some philosophical problems. I think you heard evidence from the Lord Advocate that there is a legal problem with them in Scotland. There is certainly a problem with them in the whole of the United Kingdom, because the operation of a consumption room involves the acceptance of a significant number of crimes being committed on the way. Also, even if you could obviate those crimes in some way through legislation, you still leave people in the rooms exposed to civil action if things go wrong—and other crimes, such as manslaughter and what have you, if things go wrong, that you cannot do away with by legislation. So there are some significant problems. There are some countries, such as Greece, where they tried to establish one and it failed on legal grounds, as I understand it. There is that issue.

There is then the philosophical issue about, as I say, condoning the commission of those crimes. Fundamentally, those drugs are dealt illicitly and illegally, acquired illegally and consumed illegally. Paraphernalia is provided illegally. The premises would be provided illegally, unless obviously the law changes. There are some significant problems on this, but I do recognise that Scotland in particular has a problem that we need to get together and sort out.

My suggestion is that I would quite like to hold a proper drains-up summit in Glasgow where we invite all four nations and, in particular, areas of England and Wales, such as Swansea, Liverpool and Blackpool, that have particular problems, to come and talk about how we are going to collectively address some of those issues. We have some triggers that will allow us to consider that. The Carol Black review should be delivered shortly. We obviously have your report. There is the Health and Social Care Committee report that is feeding in, as well as advice from the ACMD and some international evidence that we can look at. I think it would be a good idea for us to sit down and talk about these issues and understand what the obstacles may be and where we need to go.

As I say, even if there was an acceptance of drug consumption rooms, it would take some time to sort out the legislation. My urgent suggestion to Scotland is that there are other things that could be done much more quickly to suppress these numbers, which, I understand, will possibly be worse next year. There are urgent things that can be done around treatment, and a quick investment in treatment, that will have a much faster and possibly a much bigger impact.

If you look at the DCR evidence, even the best performing DCRs—it is awful to talk in these terms—you are looking at two to 12 individuals. That is not insignificant, but given the scale of the problem in Scotland, still relatively small. That does not mean that it is not something that could be considered, but we do need to look at treatment first. If you look at Portugal, which has had enormous success, they have introduced their DCR only in the last 12 months. They have had—when did they do it? 2001—18 years of hammering treatment and education to get the numbers down. That is the common theme across areas that have been successful.

Q443 **Tommy Sheppard:** Let me come back on that. Obviously, the reason we are talking to you is because we recognise that a change in the law is required. The evidence that we have received, however, is that it does not need to be primary legislation; a statutory instrument could be made to try to jump those legal hurdles.

Essentially, there are two ways of doing it. The '71 Act—the legal framework—remains in place, but an exemption is made for certain circumstances. You can either make an exemption, as they do in Portugal, for an amount, and you can effectively decriminalise the possession of a small amount for personal use, or you can do what they do in Canada, which is to make an exemption for the facility. That means that health staff get some sort of indemnity and protection from the threat or the fear

of breaking the law.

That also means that those with the problem, whose problem is currently criminalised and who are currently criminalised, can approach the facility and feel safe and secure within it—that they are not going to be arrested, for want of a better word. Where those facilities work—we have been to them in Canada, for example—there is an understanding and a relationship with the police force. There is effectively a cordon sanitaire around the facility, and once you pass it, the health intervention can be made. That is something that you or your boss could do, figuratively, at the stroke of a pen.

Kit Malthouse: I am not sure about the legal position. I am quite happy to write to the Committee with the Government's legal advice on DCRs and what we think are the legal hurdles. As I say, if we all sit down at some point before Christmas, once we have got these reports to digest, and talk about what we can do holistically—about the whole problem, not just drug consumption rooms—then we can see where we get to after that.

Q444 **Tommy Sheppard:** I welcome your talking about discretion in Glasgow. I am sure that we want to be kept abreast of that, and I am sure that the people there will welcome that. One final question: if you are concerned, from a UK Government perspective, about granting exemptions or bringing in secondary legislation to amend the current operation of the law UK-wide, would you consider devolving the responsibility and the framework for this to the Scottish Government, in order to give them the capacity to make such changes?

Kit Malthouse: I do not think, as the Lord Advocate said in his evidence, that that would make any difference at all. Whether it is operated by the UK Government or the Scottish Government, the restrictions still apply. As I said before, in evidence to Mr Duguid and Mr Thomson, variable legislation on drugs across the United Kingdom would cause significant problems. It needs to be a UK-wide approach, in my view. We have to recognise that geography matters, so a UK-wide approach is best. However, as I say, I am happy to write to you with the legal position as we see it.

These are issues that we could usefully debate in a summit, because I recognise that there are issues around the whole of the United Kingdom and in particular hotspots, and see what matrix of solutions we can come up with to try to sort them out. As I say, you also need to bear in mind the timeframe required for any change and the urgency of this issue. Really, the areas affected need to think now about investing in treatment and the provision of the various things that I have talked about, to try to head off those issues now.

Q445 **Chair:** We have done quite a bit of work on this, and we have approached the lawyers in the Scrutiny Unit to see exactly what would be involved. They actually presented us with the means for how, through a statutory instrument, this could be changed. If we were to present that to you for

you to have a look at, would you be prepared to consider it seriously?

If we were going to do that, we would have to hear from you, Minister, that you believe that drug consumption rooms have a role to play, and that they would be useful in addressing some of the drug-related difficulties and problems we have had. I think we need to hear a commitment from the UK Government that they understand and appreciate the value of those. Would you be prepared to give that today? Also, based on the evidence that you received this morning from the Health Committee on this, and from your own advisory council, would you be prepared to accept that the evidence that these facilities work is solid, and would you be prepared to support them if we can get the change in the law?

Kit Malthouse: I have obviously looked at the evidence from across the world. I have to say that most of the evidence seems to focus on two rooms in particular, and some of it is relatively elderly. The challenge—

Q446 **Chair:** Which two rooms?

Kit Malthouse: It mostly focuses on Switzerland and Vancouver, I think; 85% of the research is on those two rooms. Nevertheless, do not get me wrong. As I said to you before, I have an open mind. However, the question, from my point of view, is where we get more bang for our buck. I saw somewhere that the estimated cost of operating one of these rooms—I think it was the Vancouver, BC one—is $1.5 million. The question in my mind is whether, if I invested that $1.5 million in treatment, I would save more than 12 people. These are the awful challenges that the Government have to—

Q447 **Chair:** Do you not accept the international evidence about the effectiveness of drug consumption rooms at all? We have visited several. We visited them in Canada and in Germany, and we have seen the difference they made. In Frankfurt, for example, this has been the main driver of reducing drug-related deaths. Do you not accept any of the international evidence?

Kit Malthouse: As I say, I have an open mind, and I am happy to discuss it further. As I said right at the start of my evidence, my worry is that we become fixated on one particular solution, as a sort of political flag that we can wave to say, "Look, we are doing something". In truth, as I have said consistently, the common theme in all countries that have had success is investment in heroin-assisted treatment, with all those drugs—naloxone, methadone and all the rest of it—resulting in less violence and better recovery.

Q448 **Chair:** Do you accept that drug facility rooms could offer that treatment?

Kit Malthouse: If and when Scotland and those parts of England and Wales that have a problem can honestly say that they are investing all they can in treatment and are still not seeing the difference seen in other countries, such as Portugal, then we might have to think about some of these issues. Honestly, I don't know if you are doing this in the report but it might be worth doing a comparison between the cost of one and

efficacy, and the cost of the other and efficacy. My understanding is that the Scottish Government decided to invest less money in treatment for a number of years and have seen the result of that. Suddenly, instead of treatment being the solution—although I think recently there has been more investment, finally—and instead of saying, "Actually, we know treatment works. We should invest more in that", we have this debate about a so-called silver bullet, which is used as a point of conflict. My view is that we should be working together on these issues. I intend to hold a summit in Glasgow, in the heart of the problem in Scotland, so that we sit down to talk about what more we can do together.

Q449 **Chair:** That involves working together, accepting the evidence and seeing what works. There is compelling evidence that drug consumption rooms work. I am getting the sense that you are not prepared to accept that, which is fair enough, that is your personal view and you can take that forward—

Kit Malthouse: No, I said I have an open mind. But, Chair, I think there is more compelling evidence about treatment. While I am happy to have a discussion about drug consumption rooms, I would be thrilled to see enormous investment going into treatment given the scale of the problem in Scotland. That can be done more immediately and much more effectively today.

Chair: We have a number of supplementaries, starting with Hugh Gaffney.

Q450 **Hugh Gaffney:** Minister, you have just mentioned again your talks in Scotland, but 1,187 people have already died in Scotland. We don't need any more talks. You talked about education, Dan, but I think the education on drugs is in school, and I left school 30 years ago. If we had a drugs facility, that is the best education that we can show anybody, because they learn from it. I came into this open-minded—I don't like drugs and I have never done drugs, but I came in open-minded—and my mind was opened up when I saw these drugs facilities. We looked through them and walked through them. Kids are dying—they start it young—and no one gets by 50 on drugs. We have had 1,187 people die from drugs in Scotland last year. When are we going to start doing something? The police forces, as you mentioned yourself, with cuts to police numbers and other financial pressures, are re-evaluating their priorities. Why will the Government not listen to the police when they say that arresting drug users will not solve the problem and simply diverts resources away from the pressing issues? What will we do when the extra 20,000 police officers come on board? When will we get something done in Scotland?

Kit Malthouse: I agree with you, but obviously policing is a devolved matter in Scotland, as are health and education. The point that I am making is that we would be more than happy to sit down with the Scottish Government and to share best practice on what works. Fundamentally, however, these are investment decisions for the Scottish Government. It is for the Ministers involved in public health and in crime and policing to decide on the pattern of investment that they put into prevention and

treatment. We can do our bit on the border and on serious and organised crime, to work together to restrict supply, and I will keep an open mind on some of the other issues, but in the end, we have to be honest with each other, and this is about Governments making investment decisions when resources are finite. It is a matter for the Scottish Government whether they invest heavily in treatment or in other things. Therefore, they have to take the decision about where the priority lies. Is it the 1,100 drug deaths or is it something else?

Q451 **Ged Killen:** Good morning, Minister. You have said repeatedly that we need to talk about the issues and to get together to talk. The drug recovery community in Scotland, which is campaigning on this issue, has a hashtag, #youkeeptalkingwekeepdying. There isn't the time to keep talking about this. There has been a lot of talking, and now people are looking for action. I completely accept what you said about treatment services—I think that is a huge part of it—but you have this advisory council, and it has been recommended that decriminalisation is looked at, that there is a pilot of drug consumption rooms and, by the Health Committee, that you take an evidence-based policy approach. Don't you owe it to the families who have been affected by those deaths in Scotland to commit at least to an evidence-based policy approach and to look at a pilot of the drug consumption rooms in Scotland?

Kit Malthouse: As I have said, I have an open mind on these issues, but I repeat: what we owe to those families is to do the most efficient and effective thing we can, as quickly as we can, and that is treatment. That is the quickest to roll out, and the thing that will address the issues today, tonight and in the next two or three weeks. Even if DCRs managed to make it over the line, over the significant legal hurdles, it would be some time before they were established. They would be nowhere near as effective, as we have seen in jurisdictions across the world, as a comprehensive and well-resourced recovery and treatment programme. That, critically, has to be where the issue lies. You can ask those organisations, if they had to pick, which they would pick, and I am sure that they would pick heavy investment in treatment.

Q452 **Ged Killen:** But you have said repeatedly that there isn't a silver bullet. If you accept that there is no silver bullet, I am not sure why you are directing all your remarks towards one particular outcome. The people who have been campaigning on this issue will be very distressed listening to you trying to put numbers on this and talking about the philosophical issue with condoning these crimes. What about the philosophical issue with condoning over 1,000 deaths a year?

Kit Malthouse: I agree with you, and I am absolutely not condoning them. What I am saying is that there are things that can, and should, be done immediately. There is no constraint on any of these things happening. It is perfectly possible for the Scottish Government to make a decision to invest more money in treatment and diversion than it does now, and it can do that tomorrow. It does not have to wait.

Some of the other things, particularly DCRs, are more complicated and more difficult, and will take more time, because naturally we operate in a framework of laws that needs to be clarified, but there are lots of things that don't and can't, and that could be used. It is perfectly possible, for example, for Police Scotland to drive down the A1 to Durham and learn about the Checkpoint programme and say, "Right—we can get cracking with this now. We don't need any extra power to do it. We can do it."

It is perfectly possible for Jeane Freeman and Joe FitzPatrick to say, "D'you know what? We're going to bump treatment by 20%. That's what we're going to do, because we've got worse figures coming next year, and we know that the provision of naloxone, methadone and all the rest of it will make an impact." There are lots of things that can be done immediately, and it is that sense of urgency that needs to be grasped. My concern, as I said before, is that we are fixating on this one thing, and that is giving us a distraction from the immediate things that can be done.

Q453 **Paul Masterton:** I want to draw out this point slightly more. We took evidence from the Glasgow drugs forum and others who said that they were becoming increasingly concerned that issues around the Misuse of Drugs Act were being used as an excuse for delay, in terms of taking more immediate action now. There is real importance here about an integrated approach. I want to check that you understand that that does not just mean between the Home Office and the Department for Health; it means between the UK Government and the devolved Administrations. Clearly Scotland has a particularly bad problem, but drugs misuse does not stop at the border, or at any of the borders within the United Kingdom. Can I just check that the summit, which is very welcome, is intended to be not just a talking shop but a serious way we can have some sort of agreed, pan-UK approach to try to tackle some of these issues?

Kit Malthouse: Absolutely. I am not interested in a talking shop. Certainly, my history would indicate that that is not the way that I like to do things. The idea would be that we get together and work out a plan, and commitments are made by the various bodies that are involved—Governments at all level: local, national and regional—and the police forces and other institutions involved. Three or four people are dying a day from this issue in Scotland. In some parts of England and Wales it is half that, but it is still a not insignificant number, which needs to be addressed.

Q454 **Paul Masterton:** We had a session in Edinburgh where we took evidence from individuals with lived problem drugs misuse. I remember we were chatting to one chap from Muirhouse, which is a housing estate in Edinburgh. You might know that it was one of the inspirations for "Trainspotting". It is also the housing estate where my mum grew up. Basically, nothing has changed there since my mum was born in—well, I won't tell you when my mum was born.

He made a very clear point about the link between the lack of good public services, the lack of other options for young people, and the very high levels of poverty and family breakdown within some of the areas that have

particular drug problems. Does the UK Government accept the link between poverty and problem drug use, and does that factor in, in terms of your thinking about how we are going to tackle these numbers?

Kit Malthouse: Yes. The mapping of deprivation and problem drug use is very closely correlated. My home town of Liverpool is one of the areas of England that has a particular problem, and it also has a deprivation problem. There are strong parallels there.

Q455 **Jamie Stone:** Minister, you made the point a few mins ago that the Scottish Government could do more within its existing powers. I understand that, before my time, other witnesses have said this. Can I explore a bit further what you said about Border Force co-ordinating with Police Scotland? I am told in my huge constituency that we are not exactly knee-deep in cops. If you think about north-west Sutherland, you have got an awful lot of land and, by definition, not a lot of policemen. It strikes me that that might undermine what you are saying about Border Force tackling smuggling. What might you have said to Police Scotland about its policing levels? If you cannot answer that, perhaps Mr Greaves can say what your predecessors may have said to Police Scotland. It is a concern, and it would be most unfortunate if Police Scotland's possible lack of numbers was to undermine the best efforts of Border Force.

Kit Malthouse: Obviously policing is devolved, so I do not have any locus with Police Scotland or the investment decisions or allocations that it makes.

Q456 **Jamie Stone:** But you can say something to them.

Kit Malthouse: Dan can elaborate, but there is a strong relationship between the NCA, Border Force and Police Scotland to ensure that the border is managed with a view to risk as much as possible. Certainly, there is sharing of intelligence. One of the particular phenomena we have seen recently is the advent of the dark web, where people can access drugs, firearms and all sorts of stuff. But a lot of intelligence can be gathered from it, too. The NCA has a team that works in that particular area, and that intelligence is shared through to Border Force and then Police Scotland. Dan, do you want to talk a bit more about the connections between the two?

Dan Greaves: Obviously there is a single UK-wide framework for enforcing the law which binds together Border Force, NCA and territorial policing both sides of the border. An organised crime partnership has been developed since September 2018 to strengthen that. That involves the sharing and pooling of intelligence and intelligence officers, the use of niche capabilities and the sharing of intelligence. Actually, that happens not just at the border but upstream. Of course, heroin from Afghanistan and cocaine from South America come from a source country through transit countries, so the National Crime Agency's network of international liaison officers work very closely with overseas jurisdictions to develop evidence packages and work in partnership with Border Force and

territorial policing to exploit those. It is a very strong and vibrant partnership that has delivered some impressive results.

Kit Malthouse: I can give you an example at an interesting level of development. Every piece of Crown mail that comes into the UK goes through a big warehouse just outside London. Border Force scans it. Quite a lot of illicit stuff comes up and then police forces are notified. Police Scotland pick up 100% of those notifications and work very closely with Border Force on that area of work.

Dan Greaves: That is a pan-UK challenge, because many of the groups we are tackling operate in various parts of the UK. So going after the high-harm groups across the UK will give benefits in Scotland.

Chair: Thank you. I am conscious of the time, because I know that people have to leave at about half-past 11.

Q457 **David Duguid:** What are the UK Government doing to reduce the stigma around problem drug use and improve the quality of public debate on drug-related issues?

Kit Malthouse: I do not think we are necessarily doing anything to reduce the stigma as such, but we are trying to invest heavily in education in schools, to outline to young people the disaster that can befall them if they get involved in drug use at an early age. From next year, I think, the curriculum will include education for young people on the problems and health implications of drug use.

On the wider debate, I hope that at some point before Christmas we can have a substantive summit that will use some of the work that has been put together—the report of this Committee, and the Dame Carol Black review that has been commissioned—to look at drug developments in the UK and at what can be done to inform a UK action plan.

Q458 **David Duguid:** Let me explain where I was coming from on stigma. There is definitely a space for education to tell people, especially young people, about the horrors of drugs and the reasons not to get into them. You have spoken a lot about the value of treatment, which I totally agree with—treatment and recovery, not just to get people clean necessarily, but to address the root causes of why people are on drugs in the first place. I was just wondering whether you recognise that there might be a gap between that education—for a lot of people, it has not worked, because they obviously get into drugs despite the education—and needing the treatment. What do you think could be done differently to encourage more people to come forward before things get out of hand?

Kit Malthouse: That is a good challenge.

Dan Greaves: Can I have a go at that? One of the most important things we can do in encouraging people to access treatment is to provide high-quality, accessible treatment in settings that are attractive and welcoming. There are also plenty of opportunities to use teachable moments. If someone develops a drug problem, they may be in denial for some period.

They may be functioning normally. However, when they come into contact with their general practitioner, they may report other health problems—it is about opening up a conversation by using that teachable moment. For some drug users, once they have exhausted resources, they may resort to criminality. They may find themselves in a custody suite. How do you use that teachable moment to divert someone into high-quality treatment? There are a range of different ways—tertiary prevention, to use the jargon—and unexploited opportunities to do more. I know that the National Police Chiefs' Council and Public Health England are looking very carefully at this, and it is just the sort of issue that we have had some technical exchange on through a drugs summit.

Kit Malthouse: Yes, I think so, but then there are users and there are users. Every commissioner of the metropolis over the last few years has upbraided middle-class cocaine users for driving violence in the drugs industry, and has implied that there should be an element of shame and stigma. Lawyers and stockbrokers living in Morningside and taking coke recreationally are helping to drive an industry that is causing misery in South Lanarkshire. One of the areas of Scotland that has a higher proportion of usage than you would expect is Dumfries and Galloway. Who is taking it in Dumfries and Galloway? Not, I hope, the Secretary of State for Scotland.

David Duguid: I should hope not.

Kit Malthouse: There is an element of social pressure in particular classes that may well have an element of social use. The City of London police took out a drug-dealing gang a couple of weeks ago and acquired their phone with an address book of telephone numbers of their customers. Given the geography, it is not hard to imagine who many of their customers were and what you might do with them.

Q459 **Deidre Brock:** It was reported that you declined to meet the Scottish Government at the drug deaths summit that they planned—not even to discuss with them the possibility of opening a drug consumption room. What lay behind that decision on your part?

Kit Malthouse: It was early days for me and I was just reading into the programme. I did not decline; I just could not confirm a date at the time. As I say, I would now propose to hold an all-UK summit in Glasgow before Christmas, so that we can thrash out some of these issues—not least because we will hopefully have the Dame Carol Black review, which will give us some indication of areas of priority work and direction. We also now have the report of the Health Committee. We have some bodies of work that we can look at and digest, to come up with an all-UK policy.

Q460 **Deidre Brock:** Given that the Scottish Government had already planned such a summit, why are you now coming in and offering to do the same? To be honest with you, it sounds like political game playing, and I really think that game playing with people's lives like this is really inappropriate.

Kit Malthouse: You do not have to come if you don't want to. My view is that while the problem is particularly acute in Scotland, there are parts of England where we need to address the issue, too. Making sure that we have the right bodies of evidence and the right direction from the Black review seems to be a sensible time to do something as an entire country—as a United Kingdom—and that is what we hope to do.

Q461 **Deidre Brock:** I am certainly delighted to see you following the Scottish Government's lead. If the exemption of alcohol and drug dependence from the definition of disability under the Equality Act 2010 was removed, what would that mean for how drug-related services were delivered? Would that place more duties on public bodies, do you think?

Kit Malthouse: It would certainly place more volume on public bodies. It would possibly interfere with the generally accepted definition of disability, which is that it requires some impairment—either a mental or a physical impairment is what is indicative of your disability. We are generally, necessarily, indifferent to the cause of that impairment, but there are people who are drug addicts who operate at a very high level and who do not exhibit any impairment of any sort. I do not think that anybody would maintain that they were disabled in some way just because of their addiction. It is the impairment that I think we should be more focused on. If you have been a long-term drug user and you have particular health issues that impair your operation, you are by definition disabled.

Q462 **Deidre Brock:** So would the UK Government be supportive of removing that exemption?

Kit Malthouse: No. As I said to you before, people are classified as disabled if they have some kind of mental or physical impairment, irrespective of the cause of that impairment. The cause is not the disability; it is the impairment. That does not require any change to the legislation.

Q463 **Chair:** Can I ask about the evidence base that informs your Department? We spoke to people who were either on the Advisory Council on the Misuse of Drugs or were former members, and they were telling us that the Home Office constantly ignores the evidence presented to it. Is that likely to change in the future?

Kit Malthouse: Obviously, it is an advisory council. It gives us advice. It is an old dictum that advisers advise and Ministers decide. We operate exactly the same framework with advisory bodies and ministerial decisions that the Scottish Government does. I note that the Scottish Government recently ignored the advice of the Scottish Medicines Consortium on Orkambi.

Chair: On what?

Kit Malthouse: On Orkambi, which is a medicine for, not motor neurone disease, but muscular dystrophy, I think. The Scottish Government's advisory panel said it was too expensive and it did not have the money,

but the Scottish Government went ahead and bought it anyway. That is fine—that is their decision—but that is the way the system operates.

Q464 **Chair:** I am not sure what that has to do with drugs, but thank you for that. Are you familiar with the term "drug policy rachet"?

Kit Malthouse: No. What is the drug policy rachet?

Dan Greaves: I have heard it said previously that the Government takes advice and accepts just where it tightens and does not accept when propositions are made to loosen. I have to say that it is not one that I necessarily understand or accept. If you think, for example, about the provision of heat-proof foil to facilitate the smoking of heroin, which is less harmful than intravenous injection, the Advisory Council on the Misuse of Drugs recommended, on a controlled basis and with due monitoring, that the Government change the law to enable the provision of heat-proof foil. The Government at the time listened to that and implemented it, has monitored it and has seen some benefits, both in terms of harm reduction and, equally, referrals to treatment.

The same is true of the use of evidence. The Psychoactive Substances Act is really instructive here. We had a problem back in 2015 where a whole panoply of different drugs, which mimicked the effect of controlled drugs but were designed to evade to controls, were popping up. We were controlling them quickly through the very flexible Misuse of Drugs Act and generic controls, but as soon as we were controlling them—

Chair: Thank you.

Dan Greaves: The point I am making is that we did not just knee-jerk. We spent almost a year working very closely with international Administrations and scientific advisers.

Q465 **Chair:** We don't have much time, Mr Greaves, but I am really grateful for that. Minister, we took evidence from Professor Alex Stevens, who said that there is a tendency—obviously, this has been disputed by Mr Greaves—whereby if there is a suggestion from the advisory council about harder policy on drugs-related issues, it is accepted and implemented, but if it is a lowering of it, it tends not to be. Mr Greaves is not saying that. Is it a characterisation that you see within your Department that you are prepared to accept the harder policies but not the liberalisation ones? We have seen evidence of that constantly throughout the history.

Kit Malthouse: Not in my experience. In fact, I think I have just signed an SI on advice from the ACMD to take a series of synthetic cannabinoid compounds out of the legislation, for the purposes of medical research.

Q466 **Chair:** This will be the last question on this issue. If you don't take evidence from your own advisory council, where are you securing the evidence that informs the way your Department approaches drugs-related issues? We heard the former Home Secretary say, for example, that he didn't like it within his community and it was a perception that

was sending messages. If the advisory council is not good enough in terms of its advice to you, who or what is informing the Department's approach to these issues?

Kit Malthouse: I don't accept your premise. We frequently accept the advice of the ACMD, but it's advice; Ministers have to take a wider societal view of the impact. For example, on medicinal cannabis, the advice of the ACMD was accepted, and we now have a better regime for that than we did before, certainly for those particular children who have unpleasant and very debilitating epilepsy or other conditions. So we do take advice, but the point about these bodies is that they are advisory. If you wanted us just to go along with everything they said, you might as well get rid of us. What's the point of having democratic control?

Q467 **Chair:** That's fair enough. We understand that that is the function of these advisory councils, but we are just trying to find out who you take the evidence from and what informs it. We want a sense of where it comes from.

Kit Malthouse: Obviously, bodies like that provide their advice, then we have a civil service that digests that advice and gives advice to Ministers, with a series of options, and Ministers decide. That is how most democracies function. It's certainly how it functions in the UK Government, and I know it's how it functions in the Scottish Government.

Q468 **Chair:** Thank you for your attendance. Given that this is a criminal justice-related issue, so much of it has been about policing and enforcement and disrupting supply. A good part of the session today was about that. We lost a lot of time in terms of being able to talk about problem drug use and the impact this is having on drug users. Do you think that, given that this is a criminal justice Department responsibility, that inevitably is going to be the way these things are perceived? I know you were responding to questions, but it just seems to be—

Kit Malthouse: I realise that right from the start of the session, Mr Chairman, you tried to portray this as a binary discussion.

Chair: I never tried to do anything of the sort.

Kit Malthouse: I think what we have learned today is that health, crime and drugs are inextricably intertwined and that it is our job to address all three of those strands at the same time. I am hopeful that we can all gather in Glasgow and come up with some solutions.

Chair: I think we are all looking forward to that. That is a positive note on which to end. We will all get together and ensure that we try to address this issue. We will leave it at that for today, but thank you very much for your attendance.

Kit Malthouse: Thank you. It was my pleasure.