Scottish Affairs Committee

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From the Chair, Pete Wishart MP

Kit Malthouse MP, Minister for Crime and Policing

25 November 2020

Dear Kit,

The Scottish Affairs Committee held a virtual roundtable event on Thursday 24 September 2020 to discuss problem drug use in Scotland and, more specifically, to hear stakeholder reactions to the Government's response to the previous Committee's report. Experts from the academic sector, police sector, judiciary, and public health sector took part in discussions. This letter has been shaped by those conversations.

Problem drug use in the context of Covid-19

Due to the Covid-19 pandemic, the social and economic context in Scotland, and globally, has changed dramatically since the previous Scottish Affairs Committee published its report on Problem Drug Use in Scotland just over a year ago. However, we heard in our conversations with stakeholders that problem drug use in Scotland is an ongoing crisis, and the needs of people who use drugs are as great now as they ever were. We would like reassurance from the Government that this hugely pressing issue, which affects so many lives in Scotland, will not be deprioritised in the context of the Covid-19 pandemic.

Tackling stigma

In each of the discussions held as part of the roundtable, the harm caused by the stigma surrounding problem drug use was a recurrent theme. The role stigma plays in perpetuating problem drug use was also a strong theme throughout the previous Committee's inquiry. In response to the previous Committee's report, the Government accepted the recommendation to "do everything it can to reduce the stigma surrounding problem drug use". However, the Government's response was criticised by some participants of our roundtable for not being strong enough on tackling stigma. In particular, participants criticised the suggestion made by the Government that "there is a balance to be struck between the potential positive elements of stigma dissuading individuals from taking illicit drugs in the first place", which seemingly contradicts the Government's statement that "in order to aid recovery, we believe in reducing stigma wherever possible".

My Committee would therefore be grateful to see the evidence on which the Government bases its assertion that "there is a balance to be struck between the potential positive elements of stigma dissuading individuals from taking illicit drugs in the first place". We also request a more detailed breakdown of the actions being taken by Government to reduce stigma "wherever possible" and, in particular, how the Government is "proactively challenging stigmatising language and misrepresentation, in order to improve the quality of public and political understanding of drug-related issues".

Follow-up from the UK Government Drugs Summit

The Government's response to the previous Committee's report described the UK Drug Summit, held in Glasgow in February 2020, as "an important step forward in drawing together the evidence and data on drug misuse across the UK, and in facilitating constructive discussions among those with a range of perspectives and views". It is not clear to us, however, how the stakeholder perspectives and evidence presented at the Summit is now being used by the UK Government to inform its approach to problem drug use. The Government's response refers to a "number of specific pieces of policy and operational activity [that] are also being undertaken linked to the Summit" but does not provide details about these activities beyond reference to Dame Carol Black's independent review. The response also indicates plans for a follow-up Ministerial Meeting between the UK and devolved administrations to discuss what further actions can be taken, but does not provide details about the meeting, such as an agenda or expected outcomes.

My Committee would be grateful for a breakdown outlining the "specific pieces of policy and operational activity" which are now being undertaken as a result of the Summit. We also request more information about the Ministerial meeting which followed the UK Government's Drug Summit, including the meeting minutes and a list of outcomes.

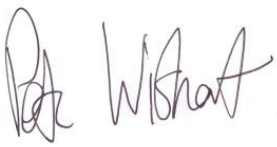
Drug consumption facilities

One of the discussions at our roundtable event focused on the issue of drug consumption facilities, another major theme in the previous Committee's inquiry. In that discussion, some participants told us that there remains a strong case for a pilot drug consumption facility in Glasgow. The Government's response to the previous Committee's report insisted that the Government takes an evidence-based approach to drugs policy. I would be grateful if you could provide details of how the UK Government is monitoring and engaging with existing and emerging research on drug consumption facilities, as well as a commitment that the Government is keeping its stance on the matter open to review.

A major development since our report was published is the challenge presented by an 'unofficial' drug consumption facility which has emerged on the streets of Glasgow. This facility featured quite heavily in our discussions with many contributors openly supporting the service it provides. This has produced a number of issues around policing arrangements and presents a clear challenge to the provisions in the Misuse of Drugs Act. We await to see how this facility is either dealt with or accommodated.

I look forward to your response.

Yours sincerely,



Pete Wishart MP
Chair, Scottish Affairs Committee

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Pete Wishart MP
Chair of the Scottish Affairs Select Committee
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11 December 2020

Dear Pete,

Thank you for your letter of 25 November regarding problem drug use. I am aware that the issues relating to problematic drug use are present in all parts of the UK, but that Scotland is particularly affected. I believe that by working together as one United Kingdom, rather than separately, we can tackle these issues more successfully.

The Government's focus on tackling drug misuse has not lessened despite the challenges presented by the coronavirus pandemic. Indeed, we are acutely aware that drug users are a high need group, particularly in the context of the pandemic. People who misuse or are dependent on drugs may be at increased risk of becoming infected, and infecting others, with COVID-19. They may also be more vulnerable due to poor health outcomes because of underlying physical and mental health conditions, compounded by potential mental health issues associated with lockdown.

The efforts of the drug and alcohol treatment workforce are an essential and highly valued element of our national response to COVID-19. We are working closely with the drug and alcohol treatment sector in England to ensure they have access to the support they need, including free PPE, and the Infection Control Supplies Fund. The Government is committed to supporting people experiencing homelessness and rough sleeping and will provide additional funding over 2020/21 to 2021/22 to drug and alcohol treatment in targeted local authorities, including those currently in emergency accommodation following the COVID-19 response.

It is important that drug and alcohol services across the UK remain open and operating as they protect vulnerable people who are at greater risk from COVID-19 and help reduce the burden on other healthcare services. The drug and alcohol treatment sector have had to make substantial operational changes, predominantly necessitated by social distancing requirements. Whilst we expect services to resume to the optimum as soon as the broader pandemic response allows, there are some aspects of the response in relation to services that could continue to benefit service users beyond the pandemic. For example, peer-led services have been able to rapidly move to providing online and phone support, with some increasing service provision to seven days a week. There is anecdotal evidence that this has increased engagement from certain groups, notably women.

On the issues you raise regarding tackling stigma, I acknowledge the challenges we all face in reducing stigma associated with problematic drug misuse when it has the potential to be a barrier to seeking treatment and recovery. I fully recognise that more needs to be done to reduce stigmatising attitudes that may prevent recovery, including around language. That is why last year Dr Ed Day was appointed as the UK Government's Recovery Champion. Dr Day is a clinician and academic with a wealth of experience and leader in the field of addiction, who has been working alongside my officials to inform policy making. His First Annual Report is due to be published shortly and will outline a range of issues relating to recovery orientated systems of care, alongside a work programme that tackles many of the issues you raise around stigma.

As you know, the UK Drugs Ministerial Meeting took place on 17 September, which covered a broad range of topics that included reducing drug related deaths, expert led presentations, Project ADDER (Addiction Disruption, Diversion, Enforcement and Recovery) and Operation Venetic, as well as health treatment and recovery. I am of course happy to share with you the minutes and outcomes of the meeting, attached to this letter, which include references to related policy and operational activity. You may be aware that at the Drugs Ministerial, Jo Churchill, the Minister for Prevention, Public Health and Primary Care, made a public commitment to consider amending legislation to allow for naloxone to be distributed by services other than drug and alcohol treatment services. There was strong agreement that the current regulations on naloxone need to be reviewed, as they are overly restrictive. Officials in the Department of Health and Social Care, Public Health England and the Medicines and Healthcare Regulatory Agency are working together to progress this. As I have said before, we must work together on shared interests when it comes to tackling the problems associated with problem drug use.

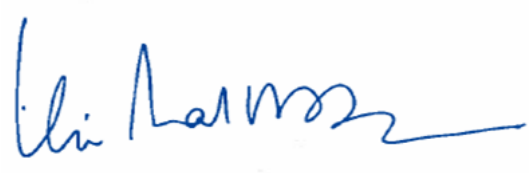
I have always been open to discussing a wide range of measures when it comes to tackling the problems associated with illicit drug use, including Drug Consumption Rooms (DCRs). However, the current position on DCRs is that they are illegal in the United Kingdom. A range of crimes would be committed in the course of running such a facility, by service users and staff, such as possession of a controlled drug, being involved in the supply of a controlled drug, knowingly permitting the supply of a controlled drug on a premises or encouraging or assisting these and other offences. In addition to these issues of criminal liability there are difficulties around civil liability, were things to go wrong, with those operating DCRs potentially being sued for damages in negligence or other civil causes of action.

At present there has been no new evidence presented to me which would change the Government's position in relation to DCRs. Whilst the Government has an open mind, we are not yet persuaded by the case for DCRs when there are a range of other more immediate measures available to administrations and health systems across the UK.

Given the legal issues raised above with DCRs, operating them would only be permissible should there be changes to primary legislation to create an appropriate legal and regulatory regime for their operation. Such changes would not remove all of the challenges for law enforcement nor for those running such a facility and would therefore require considerable thought. As I am sure you appreciate, without further evidence, this is not something the government intends to pursue.

In the short term, I believe all nations of the UK should prioritise investing in evidence-based treatment and aim to improve its quality and availability. I am keen to continue to work in partnership with my Scottish counterparts on tackling drug misuse including as part of the ADDER project, which presents a real opportunity to take joint action to address this issue in the hardest hit areas and I would encourage the Scottish Government to join our ADDER project and Partnership Network and invest in establishing similar pilots within Scotland.

I thank the Committee for its continuing interest in this important issue.



Kit Malthouse MP
The Minister for Crime and Policing

UK Drugs Ministerial, 17 September 2020

Note of discussion

Ministers
Kit Malthouse MP, Minister for Crime and Policing, HO **[KM]**
Jo Churchill MP, Minister for Prevention, Public Health and Primary care, DHSC **[JC]**
Julie Morgan MS, Deputy Minister for Health and Social Services **[JM]**
Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing **[JF]**
Ash Denham MSP, Minister for Community Safety **[AD]**

Experts
Professor Catriona Matheson, Chair of the Scottish Drug Deaths Taskforce **[CM]**
Professor Dame Carol Black **[CB]**
Professor Owen Bowden-Jones, Chair of the Advisory Council on the Misuse of Drugs **[OBJ]**
Dr Ed Day, Senior Clinical Lecturer in Addiction Psychiatry, Kings College London **[ED]**
Matt Horne, Deputy Director of Investigations, National Crime Agency **[MH]**
Caroline Hart, Head of the Drug Supply and County Lines Unit, Home Office **[CH]**
ACC Gary Ritchie, Strategic lead for the Partnerships, Prevention and Community Wellbeing **[GR]**

1. Introduction

- KM welcomed attendees. He focused on the importance of maintaining our honest and open dialogue and on the need to work together across all four nations, developing a common understanding of the priorities on which we could work collaboratively.

2. Project ADDER

- CH provided an overview of Project ADDER, which will test an intensive whole system approach to tackling drug misuse in locations with high drug-related deaths, alongside national activity to disrupt the middle market supply of drugs. The programme will involve co-ordinated law enforcement activity, alongside expanded diversionary activity and treatment/recovery provision in the chosen project areas.
- ADDER will focus on a small number of geographies with the aim of reducing drug-related deaths, offending and prevalence, and build an evidence base of what works to roll the approach out further.
- KM invited collaboration on Project ADDER and encouraged attendees to consider areas in Scotland, Wales and NI that would benefit from being involved in the Project ADDER network to share learning and innovation. There was also scope to explore how we can build on existing work to disrupt the supply of drugs into the project areas. **KM welcomed further comments from Devolved Administrations on Project ADDER after the meeting.**
- Attendees agreed on the importance of effectively joining up services. There was general agreement that a health approach needed to be included alongside enforcement, including recognition that where supply is disrupted there will be a short window of opportunity when more people might be brought into treatment.

- **HO and DA officials will discuss next steps for Project ADDER**.

3. <u>Operation Venetic</u>

- DD Matt Horne (NCA) presented on operation Venetic, the largest operation in UK against organised crime groups, working with international partners.
- The operation seized £55 million and 28m tablets intended for the UK market. **MH to provide internal briefing to JC on the source of the chemicals to make the tablets found in the recent operation to close down a pill press factory.**
- The operation proved there is an extremely sophisticated logistics system feeding drugs into the UK on a significant scale.
- This work would continue, working with partners in the EU and making use of a wide range of tools beyond the EU.

4. <u>Drug Deaths</u>

- JF introduced CM, chair of the Scottish Drug Deaths Taskforce.
- CM explained how the Taskforce are taking a public health approach, focused on access to treatment and overcoming stigma which prevents some people from seeking treatment. ED noted that the Scottish peer-led advocacy movement was one that other nations could learn from.
- The group discussed increased naloxone availability, potential regulation of pill press machinery and views on drug consumption rooms.
- On pill presses, HO officials had prepared a paper setting out considerations in relation to regulatory and non-regulatory options. It was agreed that the criminal gangs who use such presses were a threat. Attendees discussed whether serious organised crime groups would be affected by legislation on pill presses, or whether it would be more effective to focus on the source of the chemicals used in drug production. GR confirmed for Ministers that legislation on pill presses would give the police an additional investigative avenue. Further work would be undertaken by the HO to explore these options.
- On drug consumption rooms, KM noted that as he has previously said, his mind was open and he would be willing to consider any new evidence. OBJ noted previous ACMD advice favouring a DCR pilot. JM noted that the Welsh Government were also supportive of this proposal. **JF to share the evidence base supporting a drug consumption room in Scotland.**
- On Naloxone distribution, the group were supportive of measures taken to increase availability, and of a wider UK rollout. JC noted that the Naloxone has been available in ambulances since the early 90s. OBJ informed the group that the ACMD will be reporting shortly on barriers to implementation of Naloxone and commented that the evidence base was already there to support Naloxone distribution. **DHSC officials were considering the SG proposal to amend legislation to allow for naloxone to be distributed by non-drug treatment services.**
- The discussion also covered the importance of reducing the stigma of drug dependency in order to reduce barriers to seeking help, and the effectiveness of peer-led recovery groups. Dr Ed Day described his work to support peer recovery and that he would be keen to work with partners across the UK on this agenda.

- Attendees also recognised the importance of supporting families and treating the person and family with respect.

5. <u>Health and Treatment</u>

- JC welcomed Professor Dame Carol Black to talk about her initial findings in part two of the Independent Review of Drugs, focusing on prevention, treatment and recovery. CB will call on the government to provide greater investment in treatment and recovery.
- CB explained that sustainable success depends on all services working together, including the prison service, employment and housing. We also need to respond to new patterns of drug use including of powder cocaine.
- The group discussed how best to tackle powder cocaine misuse, including psychosocial interventions. DC highlighted that more evidence is needed on what works to change behaviour. **Attendees encouraged the ACMD to consider what would dissuade cocaine use as part of their work on drivers of powder cocaine use among young people.** The group discussed the issue of how to treat non-opioid addictions. On opioids there was acknowledgement of risks of prescribed opioid medicine dependency in the UK.
- The importance of meeting the physical and mental health needs of people accessing drug treatment services was noted.
- It was important to hear and to share positive stories of recovery. **We should all actively seek to listen to recovery stories, to share them and to promote recovery in a positive light.**

6. <u>Covid-19</u>

- JC welcomed Professor Owen Bowden-Jones to present how the issue of illicit drug use became more complex with the pandemic for both services and users. This included the need to support the most vulnerable populations and to intervene to bring people into treatment and support where needed.
- The group discussed the Housing First approach. The pandemic allowed for a naturalistic housing first trial, and anecdotal evidence has been positive. The group also discussed the anecdotal evidence that in some areas the weekly rather than daily pick up of prescriptions reduced stigma and people engaged more. All agreed that lessons should be learned from this.
- The pandemic had impacted the fight against drug misuse in a range of ways, including moving services online. This could exclude some patients who need help but who have limited access to online services.
- The group discussed the navigator model, which ensures people are on hand to support vulnerable drug users to navigate complex health systems. **HO officials to consider whether a service navigator model could be deployed in one or more ADDER areas.**

7. <u>Close</u>

- JC thanked all Ministers and experts for their attendance and noted the positive outcomes of working together.

- JC and KM were keen to take forward the action from the meeting and for all partners to continue to work together in the drive to tackle drug misuse.

Summary of Actions

1. **KM welcomed further comments from Devolved Administrations on Project ADDER after the meeting.**
2. **HO and DA officials will discuss next steps for Project ADDER**.
3. **MH to provide internal briefing to JC on the source of the chemicals to make the tablets found in the recent operation to close down a pill press factory.**
4. **JF to share a link to research and arguments for drug consumption rooms in Scotland.**
5. **DHSC officials were considering the SG proposal to amend legislation to allow for naloxone to be distributed by non-drug treatment services**
6. **Attendees encouraged the ACMD to consider what would dissuade cocaine use as part of their work on drivers of powder cocaine use among young people.**
7. **We should all actively seek to listen to recovery stories, to share them and to promote recovery in a positive light.**
8. **HO officials to consider whether a service navigator model could be deployed in one or more ADDER areas.**