



House of Commons
Health and Social Care
Committee

**Drugs policy:
Government Response
to the Committees First
Report of Session 2019**

**Third Special Report of Session
2019–21**

*Ordered by the House of Commons
to be printed 26 January 2021*

Health and Social Care Committee

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Third Special Report of Session 2019–21

The Health and Social Care Committee published its First Report of Session 2019, [Drugs policy](#) (HC 143), on 23 October 2019. The Government response was received on 20 January 2021 and is appended to this report.

Appendix 1: Government Response to the First Report of Session 2019

Introduction

This paper sets out the Government's response to the conclusions and recommendations made in the House of Commons Health and Social Care Select Committee's report on drugs (First Report of Session 2019, published 23 October 2019).

We welcome the Committee's report and have taken time to consider the recommendations made.

Overview

Substance misuse, particularly of illegal drugs, can lead to significant health harms, avoidable death, and results in costs that fall on multiple different sectors, including health and social care, justice and law enforcement.

All illicit drugs are harmful, and there is no safe way to take them. The number of drug-related deaths in the UK is at an all-time high, and there is also a worrying uptick in the numbers of people using both heroin and crack cocaine. Heroin and crack use are particularly harmful to individuals and communities, and recovery from heroin dependence can be difficult.

A number of these issues are helpfully identified in this report. We acknowledge the scale of the challenge and have set out in this document our plans to address them.

Coronavirus (covid-19)

Covid-19 has placed significant demands on drug and alcohol treatment services. People who misuse or are dependent on drugs and alcohol may be at higher risk of becoming infected, and infecting others, and may be more vulnerable to the impact of infection with covid-19 because of underlying conditions, and the effects of alcohol and drugs.

The treatment system has had to adapt to new financial and other pressures (such as the housing of rough sleepers with drug and alcohol needs) and restrictions on service provision as a result of the virus, for example by offering virtual consultations and longer prescriptions for opioid substitution therapies. We have developed guidance to support

commissioners and providers of services for people who use drugs during the covid-19 pandemic.¹ We will learn from the changes providers have had to make to their services, and will use these to inform future policy making.

Conclusions and Recommendations

Theme: The scale of the problem

1. There is a clear need for evidence-led policy on drugs. We urge the Government and other policy makers not to shy away from the lessons from Portugal and Frankfurt, but to take a harm-reduction approach and implement the recommendations set out in this report without delay. (paragraph 10)

We partially agree with this recommendation. We know that evidence based, high-quality treatment and other harm-reduction interventions, supply reduction, and education and prevention initiatives are effective ways of tackling illicit drug and other harmful substance use. They are all important elements of government policy on drugs.

The evidence-base for the effectiveness of drug and alcohol treatment is robust, with UK and international evidence showing that treatment provides value for money, improves public health and reduces crime. Treatment enables people to recover from dependence and addiction, improves their physical and mental health and reduces the harm caused to themselves and people around them, including reducing crime. Evidence-based treatment is provided in accordance with the UK Clinical Guidelines, 'Drug misuse and dependence: UK guidelines on clinical management'.

Treatment interventions and other approaches to addressing substance misuse in the UK are informed by the experience of other countries. For example, NICE recommends opioid substitution treatment (with either buprenorphine or methadone) delivered alongside psychosocial therapies, as the frontline treatment for opiate dependency, as this has the strongest international evidence base. We also refer to other countries when formulating wider drugs policy. For example, following the Chief Medical Officer and Deputy National Security Advisor's opioid roundtable in August 2019, the Home Office is leading a piece of work to learn lessons from the experiences of Sweden and Estonia of a sudden increase in the use of fentanyl, to help us understand the level of threat they could pose to the UK.

The Advisory Council on the Misuse of Drugs (ACMD) continues to assist the government with drug policy development, including through carrying out in-depth inquiries into aspects of drug use that are causing particular concern in the UK. For example, in January this year the ACMD published a report on the number and nature of known fentanyl analogues, risk factors, pharmacology, toxic effects, misuse and associated harms. We will consider the recommendations in the report alongside our existing efforts to detect fentanyl in the supply chain and prevent related health harms.

We have already made progress this year with further developing our approach to drugs. On 27 February 2020 the government held a UK wide drugs summit in Glasgow, with presentations from all four nations of the UK, and by international speakers, providing a breadth of perspectives on drug misuse. The summit was timed to coincide with Part One

1 Department of Health and Social Care and Public Health England, '[COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol](#)' (2021), accessed 26 January 2021

of the publication of Dame Carol Black's Review of Drugs, and the announcement of Part Two of the review by the Department of Health and Social Care (DHSC). Dame Carol is being supported by a number of experts, including the Home Office's recently appointed recovery champion, Dr Ed Day, in the development of Part Two of the review.

Theme: Putting health first

2. Holistic, non-judgemental harm-reduction approaches are needed which facilitate access to services. Following budget cuts of nearly 30% over the past three years, the Government must now direct significant investment into drug treatment services as a matter of urgency. This investment should be accompanied by centrally coordinated clinical audit to ensure that guidelines are being followed in the best interests of vulnerable patients. (paragraph 24)

We partially agree with this recommendation. There is evidence that a combined approach of harm-reduction programmes (such as needle exchange), opioid substitution therapy and recovery focussed treatment is the most effective way to tackle public health harms. Local authorities are responsible for responding to new and emerging risks and commissioning harm-reduction interventions from the public health grant.

In September 2019, the Chancellor announced the Spending Review (SR) outcome for the next financial year (2020/21). This showed an increase in the level of funding for the public health grant to bring it back up to the same level as 2018/19, with the condition relating to substance misuse services remaining in place. This means local authorities can continue to invest in prevention and essential frontline health services.

Part Two of Dame Carol Black's review will look at prevention, treatment and recovery, including commissioning and accountability frameworks for the treatment system. We expect the review to make policy recommendations that will inform future government policy on substance misuse.

We are aware of the importance of ensuring substance misuse treatment services meet the needs of high-risk population groups. For example, people coming into contact with the Criminal Justice System often have prevalent substance misuse problems alongside co-morbid health needs that require a partnership approach to harm-reduction and treatment to help them engage in rehabilitation. Investment in the Community Sentence Treatment Requirement Programme and Drug Recovery Prison Pilot at Holme House in Durham, supported by robust evaluation assessing its impact, will help ensure evidence-based practice is rolled out to support this vulnerable cohort.

3. Sufficient funding should be made available to ensure that HAT, Naloxone, and needle and syringe exchanges are accessible to all those who could benefit from them. We also support the introduction of on-site drug checking services at festivals and in night time economies. Drug Consumption Rooms (DCRs) should be introduced on a pilot basis in areas of high need, accompanied by robust evaluation of their outcomes. If changes to current legislation are required to facilitate the piloting of DCRs, they should be made at the earliest opportunity and the Government must set out where the barriers exist to these evidence-based approaches being taken forward. (paragraph 37)

We partially agree with this recommendation. Heroin Assisted Treatment (HAT) is an option open to local areas under the existing legal framework, where the relevant licences can be secured from the Home Office. We support areas to explore this approach where there is a demonstrable need in line with the evidence and where the level of investment required will not detract from the local universal treatment offer. HAT can be a clinically-effective way of treating a small minority of users for whom standard treatment has not worked, not only improving their health and helping them recover but also reducing criminal activity to fund their drug use. Local authorities will be aware of local need and are responsible for commissioning drug treatment, including HAT services. There are currently two licensed HAT services operating in the UK.

Testing of drugs at festivals and elsewhere would require providers to be licensed by the Home Office. There are currently no licensed providers. We do not comment on specific licence applications.

There is no legal framework for the provision of Drug Consumption Rooms (DCRs) in the UK and we have no plans to introduce them. A range of offences would be committed in the course of running drug consumption rooms, by both service users and staff, such as possession of a controlled drug. The Government is concerned not to condone illicit supply of drugs, and drug dealers should face the full consequences of the law. There is some international evidence about the effectiveness of drug consumption rooms in addressing problems of public nuisance and reducing health risks in a very specific set of circumstances (for example, where open drugs scenes present a significant risk to public health), though not all experts agree on the evidence, and few studies have been carried out to a high standard. There is a risk that such facilities would be at the expense of other, more relevant, evidence-based drug services for local areas.

Whilst the Government has no plans to change the laws on DCRs, we support a range of evidence-based approaches to reduce the health-related harms associated with drug misuse. For example, injecting equipment continues to be made available through Needle and Syringe Programmes (NSP) to prevent blood borne infections. We are also supporting the expanded provision of naloxone to prevent drug-related deaths, including through successive changes in the law to allow the supply of injectable and nasal naloxone by drug services, and others, without a prescription.

4. We recommend that the Government conduct a review of the commissioning of drug treatment services to consider how they should be strengthened to enable them to co-ordinate and deliver the much-needed improvements to drug treatment services as effectively as possible. The review should consider whether improvements should be made to the current localised model, or whether, alternatively, a national agency to oversee commissioning should be established, to provide and ensure adherence to a minimum set of national standards. The review should also explicitly consider and address the clear and present crisis in the drug treatment workforce. (paragraph 48)

We agree with this recommendation. Part Two of Dame Carol Black's review was announced at the UK Government Drugs Summit on 27th February. It will focus on responding to the areas identified for further government intervention in phase 1 of the review, and on the themes of prevention, treatment and recovery. This second phase of the review is being supported by DHSC, with ongoing input from the Home Office and other government departments.

Theme: A comprehensive response to drugs

5. **The first priority in developing a comprehensive response to drugs must be to improve existing drug treatment services, and extend and develop harm-reduction initiatives. The Government needs to develop and fund a comprehensive package of education, prevention and support measures focused on prevention of drug use amongst young people. A comprehensive response should also include a focus on improving the life chances of people who are recovering from drug use. To do this, the Government should actively consider the re-establishment of a central drugs policy agency, drawing on lessons from both the Drug Treatment Agency and the Portuguese experience of SICAD (the central Directorate-General for Intervention on Addictive Behaviours and Dependencies). As well as funding and directing drug treatment services, it could play an important role in co-ordinating the multiple strands of drug policy, including policing, social care, education, housing and employment, and developing a truly joined-up, cross Governmental approach to drugs). (paragraph 57)**

6. **Efforts to improve the unacceptably high rates of drug-related deaths would be strengthened by explicitly reframing drug use as a health rather than a criminal justice issue. Much of our evidence recommended that policy responsibility for drugs should move from the Home Office to the Department of Health and Social Care, and we strongly recommend this move. A health focused and harm-reduction approach would not only benefit those who are using drugs but reduce harm to and the costs for their wider communities. (paragraph 68)**

7. **We support consultation on decriminalisation of drug possession for personal use, by changing it from a criminal offence to a civil matter. We recommend that the Government should look closely at how decriminalisation has been underpinned by a strong system of monitoring and referral for those who use illegal drugs through the Dissuasion Committees in Portugal, as well as the experience of police diversion schemes in England. Decriminalisation must only be introduced as one part of a full, comprehensive approach to drugs, the central plank of which is improving treatment and harm-reduction services, underpinned by better education, prevention and social support. Any reforms should also be supported by rigorous evaluation which gathers longitudinal data on defined outcome measures. (paragraph 69)**

The Government does not support the decriminalisation of illegal drugs. However, we recognise urgent action is needed to tackle current issues around drug misuse and our plans are set out below.

The UK Drugs Summit on 27 February 2020 in Glasgow brought together healthcare professionals, drug recovery experts, senior police officers, voluntary sector organisations, Ministers and officials from the UK Government and devolved administrations, those with lived experience of drug dependence and speakers from the US and Portugal. The Summit was 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 different views. Further discussions at official and ministerial level are underway to consider the issues raised at the Summit.

Part One of Dame Carol Black's review of drug misuse concluded in December 2019, and was published at the UK Drugs Summit. The initial stage of this wide-ranging review

has developed the most in-depth picture of the issue of drug misuse to date, examining the harms that drugs cause (including to young people) and the most effective ways of preventing drug-taking. We are taking steps to review what the most appropriate response to many of the issues identified in Dame Carol Black's Review of Drugs would be.

We agree that the treatment system has an important role to play in reducing drug-related harms. That is why Part Two of Dame Carol Black's review will focus specifically on preventing substance misuse, treatment and recovery. We expect the findings of Part Two to inform future government policy on substance misuse, and the UK-wide Addictions Strategy announced during the election. The scope, objectives and timing of the new strategy are yet to be confirmed.

As previously highlighted, the government has no intention of decriminalising drugs. Drugs are illegal because scientific and medical analysis has shown they are harmful to human health. We are aware of decriminalisation approaches being taken overseas, but it is overly simplistic to say that decriminalisation works. Historical patterns of drug use, cultural attitudes, and the policy and operational responses to drug misuse in a country will all affect levels of use and harm.

We are taking a range of actions to prevent drug use in our communities, support people through treatment and recovery support, and tackle drugs as a driver of crime, including those set out above. All of these initiatives will be informed by international examples of good practice.