

Written Evidence submitted by the Home Office (DRU0080)

1. Introduction

1.1 This government is absolutely committed to tackling drug misuse and the harms caused in our country. Focusing on drug misuse will help to confront crime and it can also help address many social problems, including family breakdown and deprivation as well as health harms.

1.2 The drug market is violent, but in tackling it we must remember that addiction is a chronic health condition, and like other long-term health conditions it will require long-term follow up. Our focus is to provide a balanced, whole-system response which brings together police, health, community and global partners to tackle the illicit drug trade, protect the most vulnerable and help those with a drug dependency to recover and turn their lives around.

1.3 It is estimated that around 3 million people took drugs in England and Wales in 2019¹. The illicit drugs market is worth an estimated £9.4 billion a year², funding criminal organisations, and in 2018 the number of drug deaths were the highest on record. In addition, more than a third of people in prison are there due to crimes relating to drug use. Taking the health harms, costs of crime and wider impacts on society together, it is estimated the total costs of drugs to society are over £19 billion³.

1.4 Tackling drug misuse requires a whole-system approach to cut off the supply of drugs and give people a route out of addiction with treatment and support. Tackling drugs is a critical part of the Government's Beating Crime Plan given the understood links between crimes and drug misuse, and this works hand in hand with the Drug Strategy. The Ministry of Justice is working to support offenders to engage with treatment, with a focus on abstinence, in order to tackle the drug misuse that often drives their offending. Beyond tackling supply, the Home Office is also developing projects aimed at tackling so-called 'recreational' drug use enabling us to reduce wider demand for drugs, and change societal attitudes towards drugs.

1.5 We continue to work closely across the UK to tackle illegal drug use and the harms caused. We have held three Home Nations drug ministerial meetings, which have brought together Ministers and experts from across the UK, giving a chance to discuss how to best tackle the harms caused by drugs. This highlights both the importance of tackling this issue, and also that we all benefit from working together.

¹ <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

² <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

³ <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary#part-one---the-illicit-drugs-market>

2. The 10-year Drug Strategy

2.1 In December 2021 the UK Government published a long-term Drug Strategy, From Harm to Hope⁴. The Strategy presents a whole of government approach to combating drug misuse, including driving down drug supply and demand, with the cross-government Joint Combating Drugs Unit responsible for coordinating and overseeing delivery of the Strategy. The Joint Combating Drugs Unit reports to the sponsor minister for the programme, Kit Malthouse, and the Prime Minister-chaired crime and justice task force.

2.2 The 10-year plan is the Government's formal, substantive response to Dame Carol Black's independent review of drugs and accepts all of her key recommendations. The plan sets out three core priorities: breaking drug supply chains, delivering a world-class treatment and recovery system, and achieving a generational shift in the demand for drugs.

2.3 This will be achieved by:

- I. continuing to roll-up exploitative and violent county lines and strengthen our response across the drug supply chain, making the UK a significantly harder place for organised crime groups to operate;
- II. investing a further £780 million to rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency;
- III. strengthening the evidence base for how best to deter use of recreational drugs, ensuring adults change their behaviour or face tough consequences, and with universal and targeted activity to prevent young people starting to take drugs.

2.4 To demonstrate the seriousness and critical importance this government places on tackling drug misuse, the Strategy has been supported by a record additional investment of nearly £900m of dedicated funding over the next three years. This includes up to £145m funding for our ambitious County Lines Programme in the first three years alone, and further funds will support continuing Project ADDER for two more years, until March 2025. Finally, to tackle the demand for drugs there is an additional investment of £25m over three years designed to understand how to change behaviours and attitudes and build our evidence base on what works to tackle drug misuse.

2.5 By 2024 we expect this whole-of-government mission to have:

- prevented nearly 1,000 deaths, reversing the upward trend in drug deaths for the first time in a decade
- delivered a phased expansion of treatment capacity, with at least 54,500 new high-quality treatment places (an increase of 20%), including:

⁴ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

- 21,000 new places for opiate and crack users, delivering 53% of opiate and crack users in treatment
- at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping, a 33% increase on the current numbers
- a treatment place for every offender with an addiction
- contributed to the prevention of three-quarters of a million crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closed over 2,000 more county lines through our relentless and robust action to break the model and bring down the gangs running these illegal lines
- delivered 6,400 major and moderate disruptions (a 20% increase) against activities of organised criminals, including arresting influential suppliers, targeting their finances and dismantling supply chains
- significantly increase the denial of criminal assets.

2.6 This Strategy sets out a clear ambition, with funding to match, demonstrating the Government's commitment to tackling drug misuse, and the understanding that although not a simple task, it is the right one.

3. Drug Supply

3.1 Through the Drug Strategy, we will mobilise a robust and innovative plan which attacks every phase of the supply chain and will leverage every tier of policing to tackle this threat. We have set out an emboldened response which will move beyond simple attrition and suppression of supply, underpinned by significant investment, including £300m from the Home Office over the next three years. We will achieve this by:

- Investing up to £145m to bolster our County Lines Programme
- Continuing Project ADDER for a further two years, until March 2025
- Focusing on all areas of the supply chain through restricting upstream flow, securing the border, targeting the middle market, tackling the retail market and going after the money.

3.2 The Strategy builds on the successes of our County Lines Programme and Project ADDER. Since November 2019, through our County Lines Programme the Police have closed more than 1,500 lines, made over 7,400 arrests, seized £4.3 million in cash and significant quantities of drugs, and safeguarded more than 4,000 vulnerable people.

3.3 Between January and December 2021, Project ADDER has boosted activity and supported: over 600 OCGs disruptions, over £3.5m in cash seized, almost 10,500 arrests (drug trafficking, possession of drugs, possession of weapons, acquisitive crime, criminal damage/arson, violence, homicide), 4,300 Out of Court Disposals offered and, 800 safeguarding events.

3.4 Enforcement partners are also seizing significant quantities of drugs. In

February, the Home Office published the National Statistics on 'Seizures of drugs in England and Wales, financial year ending 2021'. Headline findings included:

- A total of 223,106 drug seizures were made in England and Wales in 2020/21, by police forces and Border Force, a 21% increase compared with the previous year (183,646).
- Of the Class A drugs, cocaine was seized most frequently, and the quantity seized increased by 161% from 4,274kg to 11,148kg between 2019/20 and 2020/21.

3.5 Restricting the supply of drugs into prisons is crucial to ensure the safety and stability within prisons and to ensure that rehabilitation efforts are not undermined. We are committed to a zero-tolerance approach to drugs and other crimes in prison. We want to build on the successes of the Government's investment of £100m in the prison Security Investment Programme and will use a range of counter measures to identify and disrupt individuals and organised criminal groups involved in supplying and smuggling drugs into prisons. To enable this, enhanced security measures, including X-ray body scanners, have been installed across the entire closed male estate. We have also rolled out Enhanced Gate Security, which mimics airport style security, at 38 high risk sites, invested in mobile detection and blocking equipment and recruited 173 new staff to bolster our Counter-Corruption Unit. Headline findings include over 10,000 positive scans detected by the X-ray scanners since July 2020, preventing drugs and mobile phones and other illicit items from entering prisons.

3.6 In December 2021, we published the Prisons Strategy White Paper, which sets out our vision for prisons of the future. The strategy will see all new build prisons have airport style security to prevent contraband such as drugs getting into prisons and will:

- Create a Crime in Prisons Taskforce, to enhance our capabilities to disrupt crime, ensuring our evidence and investigations lead to more prosecutions of individuals who attempt to smuggle contraband such as drugs into our prisons.
- Expand our Serious and Organised Crime Unit, to provide more specialist support for managing the threat of gangs and organised crime networks and strengthen our partnership working with law enforcement.
- Equip our staff for current and future challenges by giving them the best possible security skills and practices to support a stable prison environment and prisoner rehabilitation.
- Explore a range of intelligence-led and physical counter measures, including the potential use of our X-ray body scanners to protect vulnerable staff from corruption and ensure the safety of our prisons.
- Enhance our drug testing capabilities in both custodial and community settings by accessing new testing innovations and technologies.
- Ensure prisons and approved premises have access to rapid forensic analysis of seized items believed to be or contain drugs, to support intelligence gathering and support disciplinary processes.
- Work closely with probation to ensure that risk management plan accurately reflects the behaviours in prison and plans for seamless integrated substance misuse support upon release

4. Drug Treatment

4.1 DHSC leads the Government's work on drug treatment in England. Evidence based, high-quality treatment is the most effective way of tackling illicit and other harmful drug use. It enables people to recover from dependence, improves their physical and mental health and reduces the harm caused to themselves and people around them, including reducing crime.

4.2 In 2020/21, there were 275,896 adults in contact with drug and alcohol treatment services across England, according to DHSC's Office for Health Improvement & Disparities. This is the second year that numbers in treatment have increased from the previous year (from 270,705) since a decline starting in 2013/14. This fall in treatment numbers coincides with a fall in local authority expenditure on substance misuse treatment. The number of adults entering treatment (130,490) in 2020/21 was broadly similar to the previous year (132,124).

4.3 £780m additional investment has been secured through the Drug Strategy to help deliver a world-class treatment and recovery system. This is the largest ever single increase in treatment and recovery funding. We will treat addiction as a chronic health condition, breaking down stigma, saving lives and substantially cutting the cycle of crime that drug dependence can drive.

4.4 Through the funding for the new long-term drug strategy, we will expand treatment capacity, re-build the professional base of the workforce, strengthen the skills and training of the substance misuse workforce, including peer workers, whilst reducing individual caseloads. The funding will enable us to implement all of the key recommendations made by Dame Carol Black in her independent review including ensuring that a full range of treatment and harm reduction interventions are available, particularly for young people, and invest in recovery communities.

4.5 We know that treatment works to reduce reoffending – a 2017 study found a 19 percentage point reduction in the two year rate of reoffending between those offenders who successfully completed drug or alcohol treatment and those who dropped out. MoJ will invest £120 million to support offenders to engage with recovery-focused treatment services. This will enhance testing regimes, encourage the use of intensive rehabilitation requirements for those on community sentences and support prisoners to engage with community treatment ahead of their release.

4.6 For offenders in the community, we are supporting greater use of tough and effective community sentences with Drug Rehabilitation Requirements, which require offenders to commit to treatment and regular drug testing. We are also researching new problem-solving 'substance misuse courts' where the offender is seen regularly by the same judge who oversees their progress with treatment and other interventions, tailored to their needs.

4.7 In custody, our aim is for all prisons to be recovery-focused and we will establish a KPI to monitor all prisons' progress in this and share local good practice around the estate. This will focus on moving towards meaningful recovery, and ultimately abstinence. The full range of evidence-based treatment interventions will be available to address the drug needs presented by people in custody, focusing on abstinence-based interventions to support recovery from drug dependency which could include engagement with mutual aid support networks. We are also expanding Incentivised Substance Free Living units where prisoners live drug free, with peer support and voluntary testing to support recovery. Early outcomes have identified a reduction in violence and substance misuse, and a link to increased employment opportunities on release.

4.8 We will also ensure continuity in the treatment provided in prison and in the community so that the transition is as seamless as possible, including investing in video call technology so that prisoners can meet community treatment providers virtually before release. We plan to introduce a Resettlement Passport, which will bring together the key information and services that an individual needs for successful resettlement into society. Drug misuse treatment services will form a key part of this, alongside wider resettlement services such as support to secure accommodation and employment.

4.9 Our ambition is to ensure that all prisoners needing treatment after release are referred to community providers and continue to engage in treatment, including abstinence-based drug and alcohol rehabilitation, to prevent future offending. To support closer partnership working between prisons, probation and healthcare services, we will be recruiting Health and Justice Partnership Coordinators nationwide. This will help to ensure that treatment in prison and the community is joined up, so that offenders' treatment plans are consistent.

5. Reducing Demand

5.1 Over the course of the 10-year Drug Strategy we want to bring about a generational shift in the use of drugs across society so that fewer people take drugs or feel drawn toward taking drugs, and today's children and young people grow up in a safer and healthier environment. To deliver this generational shift, we will build a world-leading evidence base to support new policy and initiatives to reduce demand.

5.2 Further, we know that an effective and sustainable approach to reducing demand for drugs is building the resilience of young people, and our Strategy sets out action we are taking to prevent the onset of drug use among children and young people, including through universal education and targeted work with young people and families.

5.3 Our Strategy is also clear on our position: illegal drug use is wrong and unlawful possession of controlled drugs is a crime. So-called recreational drug users in particular are sheltered from the social consequences of the drugs trade – the serious violence, human exploitation, severe addiction and crime – which are often

felt by those living in more deprived parts of our country or overseas. Whilst we will work with experts to explore ways to encourage people to change their attitudes and behaviour, for those who choose to continue with their drug use, there will be swift, certain and meaningful consequences. We will be taking decisive action through £25m of new funds to reduce drug demand through more drug testing on arrest, out of court disposal projects, and research to test messages aimed at changing behaviour.

6. The Legislative Framework

6.1 The Home Office is responsible for the Misuse of Drugs Act 1971 ('1971 Act') and associated Regulations as well as the Psychoactive Substances Act 2016 ('the PSA'). The overall legislative framework on controlled drugs continues to strike a balance between controlling harmful substances and enabling appropriate access to those drugs for legitimate medicinal, research and in exceptional cases for industrial purposes.

6.2 There is a substantial body of scientific and medical evidence to show that controlled drugs are harmful and can damage people's mental and physical health, and our wider communities. This can be seen for example in several recent reports from the Advisory Council on the Misuse of Drugs (ACMD) on benzodiazepines⁵, gamma-Hydroxybutyric acid (GHB) and related substances⁶, and fentanyl⁷ which outline the dangers associated with drug misuse in those cases. That is why our legislation remains instrumental in ensuring the public are safe from dangerous or otherwise harmful drugs.

6.3 The 1971 Act is the main legislation which controls and classifies drugs that are 'dangerous or otherwise harmful' when misused. The 1971 Act sets out all the controlled drugs in the UK and divides them into three classes (A, B and C) based on the harm they cause to individuals and society. Drugs which are controlled under the 1971 Act are placed in 1 of 5 schedules to the Misuse of Drugs Regulations 2001 ('the 2001 Regulations') based on an assessment of their medicinal or therapeutic usefulness, the need for legitimate access and the potential harm when misused. In general, the more harmful a drug can be when misused, the higher the schedule and the stronger the regime around its availability.

⁵ <https://www.gov.uk/government/publications/novel-benzodiazepines-prevalence-and-harms-in-the-uk>

⁶ <https://www.gov.uk/government/publications/assessment-of-the-harms-of-gamma-hydroxybutyric-acid-gamma-butyrolactone-and-closely-related-compounds>

⁷ <https://www.gov.uk/government/publications/misuse-of-fentanyl-and-fentanyl-analogues>

6.4 In addition to the 1971 Act, the Psychoactive Substance Act 2016 ('the 2016 Act') makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises and import or export psychoactive substances. When the 2016 Act came into force, over 300 retailers across the United Kingdom either closed down or stopped selling psychoactive substances; police arrested suppliers; and action by the National Crime Agency resulted in the removal of psychoactive substances being sold by UK-based websites. In 2016, there were 28 convictions in England and Wales and seven people jailed under the new powers. There were 152 convictions in 2017 with 62 people immediately sent to custody, 107 convictions in 2018, 52 convictions in 2019 and 31 in 2020⁸. The PSA review published in November 2018 concluded that the open sale of new Psychoactive Substances had largely been eliminated.

6.5 The Government also continues to work with international partners in controlling drugs and tackling misuse. This includes through the UN Commission on Narcotic Drugs (CND) where the UK is one of 53 Members and was a founding member in 1946. The CND is one of two main governing bodies of The United Nations Office of Drugs and Crime (UNODC) and is the UN's primary policy making forum for international cooperation on drugs. Working with other Member States, we continue to ensure international cooperation on tackling the world drug problem by stemming the supply of drugs and enforcing the UN Drug Control Conventions, and promoting drug treatment and recovery.

6.6 Given the clear harms associated with drug misuse, and the balance our legislation achieves, we have no plans to decriminalise drug possession. While some countries undertake a different approach, often regarding cannabis, we remain firm that our approach is the right one. For example on cannabis, there is clear scientific and medical evidence that cannabis is a harmful drug which can damage people's mental and physical health, and harm individuals and communities.

6.7 The decriminalisation of drugs in the UK would not eliminate the crime committed by the illicit trade, nor would it address the harms associated with drug dependence and the misery that this can cause to families and communities. Our legislative framework allows us to achieve the right balance in our approach to tackling drug misuse, protecting wider society while also ensuring those who need it can access treatment.

7. Supporting Access to Drugs

7.1 The Government is keen to reduce barriers to access to controlled drugs for legitimate medical, research and industrial purposes. Cannabis-based products for

⁸ These figures relate to an offence code (92C in MoJ Offence by Offence code statistics) which includes the number of prosecutions for PSA offences as well as controlled drug-related offences which do not fall under the PSA. However, the number of occurrences of non-PSA related offences for each of the above years is negligible. Between 2013 and 2015 there were no offences recorded under this offence code. From 2016 PSA offences were included.

medicinal use (CBPM) is a strong example of the balance in our approach to drugs. In line with the advice of expert advisers, CBPMs were rescheduled to Schedule 2 under the 2001 Regulations on 1 November 2018. The law does not restrict which conditions CBPMs may be prescribed for and there is no legal impediment to specialists' doctors prescribing CBPMs where clinically appropriate and in the best interests of patients.

7.2 The Home Office Drugs and Firearms Licensing Unit (DLFU) is the UK's Competent Authority for the purposes of licensing the licit use of controlled drugs and precursor chemicals. DLFU enables businesses to legally and safely access controlled drugs and precursor chemicals where they have legitimate reasons to do so. In 2021, DLFU issued 2,229 domestic controlled drug domestic licences and 26,293 import-export licences.

8. Closing Remarks

8.1 Tackling drug misuse is not a simple task, but it is an essential one – for individuals, for communities and for society. Drug misuse is a global problem, but it is also clear that drug misuse in the UK has been rising and action is needed to reverse this trend. Where this relates to wider responsibilities we are committed to working with the devolved administrations. Reducing overall drug misuse requires long-term ambition and long-term planning, which is exactly what has been set out in our Drug Strategy.

8.2 Our approach is guided by evidence. That is why through the implementation of the Strategy we will deliver all of the key recommendations from Dame Carol Black's review. Where we see results, such as the early indications of success from Project ADDER, we will roll out work further. Where we are focusing on new areas, such as in tackling so-called 'recreational' drug use, we will focus on evaluation and building our evidence base in the first phase of implementation.

8.3 Through this work, matched with a record level of funding, we have a real opportunity to tackle the harms caused by illicit substances, and realise a generational shift in attitudes towards drugs.

9. Further evidence

9.1 In the gathering of your evidence, we encourage you to take on board the findings from key sources that have informed our policy development. Both parts of Dame Carol Black's Independent Review on Drugs⁹ give key analysis and recommendations on drug misuse, additionally, the report of the UK's Drug Recovery Champion, Dr Ed Day, from January 2021¹⁰ offers a national perspective on the

⁹ <https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

¹⁰ <https://www.gov.uk/government/publications/uk-government-drug-recovery-champion-annual-report>

health of the 'recovery system', holding both national Government and local partners to account.

9.2 The ACMD has published a number of reports¹¹ on specific drugs as referenced earlier. We also recommend that you note their collection of reports on vulnerability and drug use, for example their report on ageing cohorts, on custody to community transitions and on homelessness. Professor Keith Humphreys has done extensive work on illicit drugs and crime, including, for example, on responding to the opioid crisis in North America and beyond¹² which we would bring to your attention.

9.3 The Home Office has also published its 2018 review of the Psychoactive Substances Act¹³, and in 2019 the Home Office and Department for Health and Social Care's Inquiry into Crack Cocaine¹⁴. In addition, there have been significant insights into drugs and law enforcement by the NCA¹⁵ and NPCC¹⁶. Furthermore, DHSC and Ministry of Justice lead on a large portion of drug related work and could provide further insights where appropriate, and similarly the Department for Education have insights into the role of the education in drug prevention.

¹¹ <https://www.gov.uk/search/policy-papers-and-consultations?organisations%5B%5D=advisory-council-on-the-misuse-of-drugs&parent=advisory-council-on-the-misuse-of-drugs>

¹² <https://profiles.stanford.edu/keith-humphreys?tab=publications>

¹³ <https://www.gov.uk/government/publications/review-of-the-psychoactive-substances-act-2016>

¹⁴ <https://www.gov.uk/government/publications/crack-cocaine-increase-inquiry-findings>

¹⁵ <https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking>

¹⁶ <https://www.npcc.police.uk/>