Written evidence from the Harm Reduction Group

Following on from our previous email, we wanted to let you know that we actually received a response from Victoria Atkins, the Minister with responsibility for Drugs, to our last letter on DCRs, the day after we sent you copies of the previous correspondence last week. Please find attached all the correspondence, including now the most recent letter from the Minister, dated 5th June 2019.

We also gratefully received Sarah Wollaston’s letter inviting us to provide any further thoughts in addition to the conversations at the oral evidence session. We thought we would below outline NAT’s thoughts in response to the arguments the Minister puts forward in her latest letter.

**Increases in crime** – as we have said in our previous email there is no evidence that DCRs increase drug-related crime. This has been studied before. For example, the effect of the Sydney DCR on drug-related property crime and violent crime in its local area was examined using analysis of police-recorded theft and robbery incidents. No evidence was found that the existence of the facility led to either an increase or decrease in thefts or robberies around the facility (Freeman et al., 2005). You can find further information on DCRs and crime on the EMCDDA website here.

**Difficulties for police forces** – This could be addressed simply through CPS guidance, as is already the case with needle and syringe programmes, stating it is not in the public interest to prosecute for possession within the vicinity of a DCR. You can see the CPS guidance on the issue of prosecution around needle and syringe programmes here. In the case of drug testing services, they already operate under agreement between police forces, local authorities, and the drug testing provider to not prosecute for possession, as this is in the best interest of reducing drug-related harm.

**Adulterated/dangerous substances** – The whole point of a DCR is to reduce the harms associated with drug use, particularly public injecting. There is a reason that no death has ever taken place in a DCR, because clinical staff are on hand to support if someone does overdose or take a dangerous adulterated substance. Without a DCR, someone would probably inject a dangerous substance on the streets instead. Shouldn’t the ethical consideration then be whether we allow people to take drugs in a DCR which significantly reduces their chance of death or allow people to inject dangerous substances in alleyways. Drug testing services could be offered at a DCR which would also allow people to be more informed about the substances they are taking.

We ultimately believe that the law should be changed to allow any local authority to open a DCR if they assess need for one in their local area. But as a first step, we would suggest that to genuinely test the impact of a DCR in a UK context, the UK Government could commit to allowing a pilot of a DCR to take place in an area of need, such as Glasgow, with a view that the findings would inform future policy on DCRs.

Thank you again for inviting us to give further evidence.

Kind regards,

Yusef

Yusef Azad, Harm Reduction Group

June 2019
List of correspondence:

Letter 1 from Drugs, Alcohol & Justice APPG to Home Office (6 August 2018)
Letter 2 from Home Office to Drugs, Alcohol & Justice APPG (29 October 2018)
Letter 3 from Drugs, Alcohol & Justice APPG to Home Office (26 February 2019)
Letter 4 from Home Office to Drugs, Alcohol & Justice APPG (5 June 2019)
Letter 5 from National Aids Trust to Department for Health and Social Care (10 April 2019)
Letter 6 from Department for Health and Social Care to National Aids Trust (9 May 2019)