Written evidence from Drugs, Alcohol & Justice Cross-Party Parliamentary Group

Co-Chairs: Lord Ramsbotham and Mary Glindon MP

for evidence not prejudice in policy - for treatment not punishment in practice

We provide an interface for professional providers of drug and alcohol treatment with parliamentarians of all parties who share an interest in these issues

We believe that Government should –

1. Identify and appoint a single Minister to be responsible for drug and alcohol policy, empowered to:
   a. Focus drug policy on health, mental health and social inclusion, including support for safe and healthy communities; prioritising drug and alcohol outcomes within the Department of Health, Public Health England and NHS England; in particular provision for people with multiple needs (including mental health issues and homelessness)
   b. Develop a harm-reduction strategy to reduce drug related deaths and illnesses
   c. Create a national commissioning Ombudsman, to ensure transparency and accountability for local commissioning decisions and identify areas where changes to national policy could support local commissioning
   d. Widen the remit of the Care Quality Commission (CQC) to include all local authority-commissioned drug services
   e. Ensure the competence and appropriate accreditation of the drugs sector workforce, in line with other areas of health and social welfare, by investing in an independent association
   f. Commit to review drug policy at both national and global levels, appointing a Parliamentary Commission to consider adopting the Chief Executives Board of the UN’s common position that endorses decriminalisation of possession and use

2. Commit to evidence-based practice and –
   a. Follow the guidance provided by the Advisory Council on the Misuse of Drugs (ACMD)
   b. Reinvigorate independent research on drugs to fill the gap left by the UK Drug Policy Commission (UKDPC)
c. Ensure comprehensive access to the life-saving drug Naloxone, across the whole of the United Kingdom, in line with World Health Organization (WHO), ACMD and public health guidelines and advice

d. Ensure the availability of services and National Institute for Health and Care Excellence (NICE)-approved treatments for all patients diagnosed with Hepatitis C, in line with international guidelines

e. Involve service users - particularly women - in shaping policy and practice

f. Permit and promote proven harm reduction initiatives such as Drug Consumption Rooms (DCRs), Heroin Assisted Treatment (HAT) and drug-checking services at festivals (e.g. The Loop)

3. Seek to ensure:

a. An urgent and sustained reduction in drug-related deaths

b. Everyone in recovery from drug problems has opportunities to rebuild their lives, with a step change in access to safe and secure housing, employment and meaningful activity and support for health and mental health (requiring appropriate training for DWP staff – and provision of peer support – to help addicts achieve goals)

c. Fewer young people reach adulthood having experienced harms from substances by focusing on (a) prevention and early interventions (b) the use of evidence in practice, and (c) sustainable research and economic evaluation

d. Investment is provided for a national programme to tackle the stigma and discrimination experienced by people in recovery from drug and alcohol problems

e. Adequate resources are made available for Public Health provision and Local Authorities should be mandated to provide drug treatment services

f. Drug education becomes a compulsory part of the national curriculum

g. A primarily ‘rehabilitative’ rather than punitive focus for prisons, each having sufficient staff and a drug recovery wing providing intensive treatment

h. The specific needs of women – who face added barriers to treatment – are addressed, as required by international legal obligations on equality

- Professionals including Prison Officers, Probation Officers, Police Officers and Police & Crime Commissioners all have invaluable insights to contribute and should be consulted in the development of drugs policy

- The Group would gladly recommend frontline treatment providers to give evidence to a future oral evidence session