Summary

1.1. The IDPU at LSE welcomes the opportunity to respond to the Health and Social Care Committee's timely and important inquiry into the health consequences of illicit drugs policy.

1.2. The IDPU's research into international drugs policy offers important lessons to UK policy-makers from other jurisdictions which have embarked upon, or are considering, a more public health-oriented approach to drugs and drug use.

1.3. Our research finds that the current prohibitionist and criminal-justice oriented approach to drug policy in the UK is costly and, in too many ways, ineffective.

1.4. International experts and policy makers are increasingly espousing the need to align drug policies to public health goals, underpinned by robust evidence.

1.5. Decriminalising possession of personal use drugs, when linked with strong social support mechanisms, has been demonstrated to improve health, social and economic outcomes.

1.6. Ireland is an example of a jurisdiction committed to a 'health-led response to drug and alcohol use' and so has become one of the more recent countries to take this approach.

1.7. The experience of driving policy discussions in Ireland could be extremely informative for the British case, particularly in the discussions around Medically Supervised Injection Centres, and the consideration of decriminalisation of drug use. There are further cross-fertilisation possibilities around the use of heroin assisted treatment, as studies in the UK have shown.

Research

2.1 The IDPU is a cross-regional and multidisciplinary project, designed to establish a global centre for excellence in the study of international drug policy. By utilising LSE’s academic expertise and networks, IDPU fosters new research, analysis, and debate of global drug policies.

2.2 The IDPU has been working with the Ana Liffey Drug Project (ALDP), a national addiction service in Ireland with a ‘Low Threshold – Harm Reduction’ ethos. ALDP provides direct services to people who use drugs in the Dublin, Mid-West and North East Regions and plays an active role in drug policy, advocating for policy choices which will improve the lives of people who use their services.

2.3 The IDPU’s research and policy discussions surrounding the establishment of safe consumption sites and heroin assisted treatment has enabled us to collect significant and important evidence around the design, implementation and impact of more health-based approaches to drug policy at the international level.

2.4 This evidence and research has been instrumental in allowing us to successfully push for a new health-based approach to drug policy in Ireland. This work has led to the Irish Government legislating for supervised injection facilities and setting up a Working Group to look at decriminalising possession of drugs for personal use.

2.5 We believe the lessons from these case studies could be adapted and applied to the UK in order to reduce the health consequences of current policies towards illicit drugs.
UK Drug Policy / Public Health Context

3.1 For the past decade drug policy in the UK has focussed on reducing drug use and pushing abstinence-based drug treatment models. As such, the UK Government has strict drug policy legislation centred on the criminalisation of both drug use and supply. Individuals incarcerated on drug offences account for the third highest proportion of prisoners in UK prisons. Moreover, of the approximately £10bn that the UK spends annually on managing the drugs situation, 64% is spent on enforcement and drug-related crimes whilst only 8% goes towards health-related services.

3.2 Despite this, drug use is on the rise, with the Home Office reporting increased use of cannabis, powder cocaine and ecstasy, as well as other less popular drugs such as LSD, magic mushrooms and ketamine, amongst adults aged 16 to 59.

3.3 More recently, this situation has been compounded by significant cuts to budgets for drug treatment services. According to the Health Foundation, there was a 19% decrease in spend on adult drug and alcohol services from 2014/15 to 2018/19, which is predicted to rise to a 26% decrease by 2019/20.

3.4 As a result, drug-related deaths (DRDs) are at their highest level since records began in 1993. In 2016 there were 3,756 DRDs in England and Wales, representing almost a third of all deaths from overdose within Europe. In fact, DRD is the third most common cause of preventable death among 15-49 year-olds in the UK. Thus the health consequences of the current policy towards illicit drugs are significant.

3.5 This demonstrates a failure of the current drug policy, and invites urgent questions about what comes next. Some have suggested that this prohibitionist approach costs the taxpayer £400m per year, money that could be spent on more evidence-based approaches to drug policy that alleviate the social costs of drug use. A new approach is needed.

International Evidence

4.1 There is increasing consensus among experts and policy makers that drug policy should be aligned with public health goals – reducing serious harm and improving the health of people who have been, or still are, caught up with drug use.
4.2 There are jurisdictions around the world that have taken such an approach towards drug policy and can offer examples of how this could be done in the UK. For example, a number of countries around the world have explicitly decriminalised possession of drugs for personal use. Evidence from these countries indicates that decriminalisation can, as part of a comprehensive policy approach, improve health and social outcomes for people who use drugs.\(^9\)

4.3 In 2000, Portugal introduced Law 30/2000 which created a legal framework within which consuming, acquiring and possessing drugs is an administrative, rather than criminal offence. When a person is found in possession of illicit drugs, the drugs are seized, and the police complete the relevant paperwork. However, instead of being brought before a court, the person is referred to a ‘Commission of Dissuasion’ (CDT) – a multidisciplinary team who seek to assess and support the individual.

4.4 While the majority of the referrals come directly from the police, in certain circumstances courts can also make a referral. After referral, the person will meet CDT panel members and spend 1-2 hours with them at a ‘hearing’ at which the CDT members will work with the person to identify an appropriate course of action to ensure or improve the health and wellbeing of that particular person.\(^{10}\)

4.5 Research into the impact of this policy has found that illicit drug use in the overall population has reduced as has the number of problematic drug users and amount of DRDs, whilst the uptake of drug treatment has increased. Moreover, the social cost of drug use in Portugal reduced by 18% in the eleven years following the introduction of Law 30/2000.\(^{11}\)

4.6 In the Czech Republic, possession of small quantities of drugs for personal use is a non-criminal offence under the Act on Violations (Act No 200/1990), although the threshold limits were formalised in 2010. It is punishable by a fine of up to CZK 15 000 (EUR 555). This decriminalisation of minor offences has been coupled with investment in syringe programs, treatment for drug dependence and other support services for people who use drugs.\(^{12}\) Consequently this has helped to avert HIV infections in the Czech Republic, and the prevalence of hepatitis C in the Czech population has been kept amongst the lowest in Europe.\(^{13}\)

4.7 We have been looking closely at Canadian and Australian evidence around the success of Medically Supervised Injection Centres (MSICs). There has never been a fatal overdose at an MSIC in either country, while service providers find an increased uptake in treatment services among participants, as well as significant falls in new HIV infections. In contrast to some concerns, MSICs have actually led to perceptions of public safety in the areas surrounding them improving, and public support has been high, especially as they significantly limit discarded drug paraphernalia in their surrounding areas. We would be happy to give the Committee further details of the international successes of MSICs.

4.8 There is also significant evidence of the positive health outcomes from heroin assisted treatment (HAT), from UK pilots as well as from research in Switzerland, Germany and the Netherlands. HAT is typically reserved for opioid users unresponsive to other forms of treatment. While it has proven to be politically controversial, the evidence demonstrates that HAT can have major benefits to individuals, local places and economies, and help tackle illegal drug sales and markets. The Swiss model, which required users to use prescribed drugs in a safe site with

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10 Ana Liffey Drug Project and LSE’s International Drug Policy Unit, ‘Not Criminals: Underpinning a health-led approach to drug use,’ p.41.


12 Op.cit, p.44

medical oversight, led to both deaths from drug overdoses and due to AIDS contracted by people who use drugs declining dramatically from peaks in the early-to-mid 90s.

Best Practice in Ireland

5.1 Based on the evidence provided by these, and other, jurisdictions, the IDPU and ALDP have been working together since 2015 to push for a more health-based approach to drug policy in Ireland. From hosting workshops involving top level government officials right down through local police officers, academics, community leaders, as well as engaging the broader public through targeted press campaigns and town hall meetings, we developed a deep understanding of the concerns and experiences of people and groups across society, and ensured the issue gained significant traction. Indeed, it was at LSE in November 2015 that the then-Irish Drugs Minister, Aodhán Ó Riordáin, announced Ireland would open a Supervised Injection Facility and introduce plans to decriminalise drug consumption. This represented a significant change in Irish drug policy.

5.2 Currently, then, Ireland is at a pivotal point in drug policy. In May 2017, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into law, providing the country with a legal framework within which such services can operate in Ireland. A pilot site is currently being planned for Dublin.

5.3 In July 2017, the Department of Health published the country's new national drugs strategy, ‘Reducing Harm, Supporting Recovery’, the cover strapline of which clearly indicates that the country is committed to a ‘health-led response to drug and alcohol use’. The issue is whether the current approach, which criminalises possession for personal use, is justifiable within a policy which espouses a health-led approach to drug use.

5.4 Pursuant to action 3.1.35 of ‘Reducing Harm, Supporting Recovery’, in November 2017 Catherine Byrne TD, the current Minister for Health Promotion and the National Drugs Strategy in Ireland, announced the establishment of a Working Group to examine alternative approaches to the possession of drugs for personal use in Ireland with a view to making recommendations on policy options. There were 20,650 submissions which represents the largest ever number of submissions to a Ministry of Health public consultation, and the group is due to report this year.

5.5 Thus, a close neighbour to the UK is considering significant changes to policy in order to advance a health-based approach to drug policy. Our experience of using evidence to drive policy discussions in this country make us well-equipped to contribute towards UK discussions on reducing the health consequences of existing drug policies.

5.6 We would be happy to provide further information to the Committee on our research, evidence and work.

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