
# Recommendations from the Labour Campaign for Drug Policy Reform (LCDPR)

Compiled by its Expert Working Group

The Labour Campaign for Drug Policy Reform (LCDPR) was established by Jeff Smith MP and Thangam Debonnaire MP in 2018 as a mechanism for debate and consultation with the membership, supporters and parliamentary party. Ambassadors for the campaign have been working since the spring of 2019, through a series of public meetings, to gather views and generate ideas on tackling problems associated with drug consumption and drug markets. Over 700 people have attended meetings in Belfast, Bristol, Glasgow, Grimsby, Gorseinon, Liverpool, London, Newcastle, Portsmouth, Wolverhampton and York, and at the 2019 Labour Party Conference. The campaign has also received 22 online submissions from members of the public and third sector organisations.

These contributions have been collated and analysed by the LCDPR Expert Working Group (EWG) who are providing the following advice, based on the themes and recommendations emerging from the consultation. A list of members of the expert group is provided in Appendix 3.

# Summary

Since 2010, the coalition and Conservative governments have reacted to the worsening drug problems in the country with a mix of complacency and bombast. Faced with the highest rates of drug-related deaths on record (killing more people annually than road traffic accidents), and drug market violence scarring many of our communities, they have simply repeated the mantra that "our drug policy is working", presided over unprecedented cuts to services, and taken no meaningful policy or programme initiatives.

Labour can show a willingness to unblock this inertia and look seriously for new evidence-based strategies and programmes to reduce the harms drugs pose to individuals and communities.

The LCDPR consultation has developed seven broad recommendations for a Labour policy platform for responding to the harms caused to society by illegal drug markets and consumption:

1. Support an explicitly public health-based approach to drug use, moving away from a punishment-based model.
2. Support the expansion of harm reduction measures that aim to reduce drug-related deaths.
3. Invest in treatment and recovery services that help people overcome addiction.
4. Expand research programmes into medicines derived from controlled drugs and review drug scheduling.
5. Back police schemes that divert people found in personal possession of drugs out of the criminal justice system.
6. Invest in schemes and services to address the social circumstances that lead young people to become involved in illegal drug markets.
7. Engage seriously with worldwide discussions around the regulation of currently illegal drug markets, including drawing upon the evidence base from North and Latin American countries to explore the potential of regulating the cannabis market in the UK.

## Background

- Drug addiction and illegal drug markets cost the UK £20 billion per year in crime, ill health and economic disruption.
- A war on drugs approach – focusing on condemnation, deterrence and punishment – has clearly not worked anywhere in the world, and the UK has failed to stem an inexorable increase in the number of users, levels of addiction, drug-related deaths, violence associated with drug markets, or the power and profits of organised crime.
- In many ways, current strategies actually make things worse – increasing violence and racial injustices, and increasing the health risks and social marginalisation of people who use drugs.
- With Conservative ministers admitting to having used drugs with no criminal consequences, it really is one rule for them, and another rule for everyone else – unfair, unjust and unequal.
- It is often assumed that the UK public would not support drug policy reform, but a recent opinion poll has shown that 53% are in favour of a health-based approach to drugs.

## A better approach

- We have to accept that we can no longer treat the millions of UK citizens who use drugs as criminals. The vast majority do not experience or cause serious problems, and the government should focus its efforts on preventing people from developing addictions or health issues, or slipping into crime.
- We need a problem-solving approach – how can we protect the health of people who use drugs? How can we help people with drug problems to turn their lives around? How can we reduce the violence and exploitation associated with drug markets? How can we undermine the power and reach that organised criminals derive from drug trafficking?
- Meeting these challenges in a post-COVID 19 world will require a new energy: a cross-governmental approach with strong coordination, an honest assessment of the problems, and clear objectives.

**We need an approach that protects people and communities from the harms of drugs. The resounding message, both from our local consultations and from experts, is that this can be achieved by explicitly moving from a punishment-based approach to one that focuses on education, public health and social inclusion.**

## Protecting Health

There is a drug-related death crisis in the UK. Drug deaths in the UK in 2018 were the highest on record, while the drug-related death rate in Scotland is nearly ten times greater than the European average. In the 1990s and 2000s, the UK was a world leader in 'harm reduction' – the delivery of public health services that reduce the risk of overdoses and infections. These were effective in keeping infection and overdose rates down, but have been underfunded, or actively blocked, in recent years:

- **Naloxone** is a simple and cheap (£20 per dose) drug that saves lives by reversing the overdose effects of heroin, but is still not widely available.
- **Opiate substitution therapy** is proven to stabilise users and protect health, but just 54% of opiate users in England are receiving this treatment.
- **Heroin-assisted therapy** can help the most severely dependent, improving health and reducing offending, but is only provided in a few areas of the country.
- **Supervised consumption facilities or drug consumption rooms** have proven life saving and public health benefits, and have been successfully established in Australia, Canada, and numerous European countries; yet they are being blocked by the Home Office, even where devolved administrations want to proceed.
- **Drug checking** helps to reduce drug-related harm by informing users of what is in the drugs they are taking – increasingly important as drug use has become more diverse with novel psychoactive drugs coming onto the illicit market and increases in purity and potency. Drug checking has been successfully piloted, largely through local initiatives, but operates under no clear policy framework.

Labour should support the expansion of these life-saving services, dismantling the obstacles that place ideology over evidence.

There has been significant disinvestment in drug and alcohol treatment services in the past decade. Local Authorities have responsibility for this sector and there has been considerable local variation in funding, with some areas cutting drug treatment budgets by 40%, leading to a postcode lottery and declining quality.

Labour should reverse this disinvestment and build the crucial integration necessary to address the wider social determinants of health, with an upskilled workforce to deliver those interventions, engage underrepresented cohorts and respond to emerging harms.

Drugs education and early intervention work have been neglected; these play an essential role in preventing risky health behaviours and the development of drug problems later in life.

Meanwhile, a hundred years of fear generated towards certain plants and substances has restricted the development of potential medicines derived from banned substances. A Labour government should reclaim this lost century of research by reviewing drug scheduling and supporting the expansion of research programmes.

## Promoting Recovery

Good harm reduction and healthcare can help people stay alive and healthy, but those struggling with drug or alcohol addiction also need to be helped to turn their lives around. This benefits them and their families, and is also a significant factor in reducing crime, homelessness, and long-term benefit dependency. Labour should initiate a new drive to promote recovery for some of the most marginalised people in our society, as part of its social inclusion policy. For example:

- Reversing the alarming rate of closure of structured recovery programmes – around 50% of residential recovery houses have closed down in the last five years.
- Stimulating the nationwide growth of peer-led recovery communities and family support networks.
- Developing targeted job and training schemes for people with a history of drug problems.
- Developing targeted accommodation support schemes for people with a history of drug problems.

Treatment for drug and alcohol dependency is one of the most effective ways of helping marginalised people to find a more positive lifestyle, improving family relationships and contributing to communities. The gains made through recovery from drug or alcohol problems also help to reduce homelessness, reoffending, mental health problems and benefit dependency.

## Building a Fair Criminal Justice System

One of the main factors impeding efforts to help people who use drugs to stay healthy, and to support their recovery, is the criminalisation and stigma attached to all drug use. Arresting and punishing people who use drugs costs the taxpayer hundreds of millions of pounds per year, gives criminal records to tens of thousands of otherwise law-abiding people, and makes it harder for those struggling with addiction to access help and turn their lives around. It is an ineffective and unjust approach which has lost touch with modern Britain, and negatively targets the communities that Labour is set up to represent.

With senior members of the Cabinet admitting to having used using drugs with no criminal consequences, what we have is one rule for the powerful and another for the rest. The burden of criminalisation and harassment has fallen disproportionately on low-income and BAME communities, with black people being nine times more likely than white people to be stopped and searched for drugs.

The Black Lives Matter movement has revealed a country which has had enough of racial inequalities and demands meaningful change. Drug policy reform must be a cornerstone of this.

Labour should therefore be clear that it will end the criminalisation of people who use drugs and make this a matter for public health, not the criminal justice system. While this is best achieved through legislation, action can be taken in the meantime by Labour Police and Crime Commissioners and Mayors, amending local law enforcement priorities:

- Reducing drug-related stop and search. This single action will be transformative for low-income and minority communities.
- Introducing diversion schemes that refer arrested individuals into drug education workshops or drug treatment where appropriate, crucially avoiding a criminal record.
- Making it clear that people possessing or cultivating cannabis to meet a genuine medical need should not be charged.

In the UK, 53% of people think that drug use is best seen as a health issue that should be dealt with by healthcare professionals focused on reducing harm.

Prisons currently act as training and recruiting grounds for organised crime, as well as booming marketplaces where prices can be inflated and drug debts are rife – prisoners are under strong pressure to initiate or maintain drug use. Strong and concerted action that targets supply and demand is needed to undermine prison drug markets; Labour should prevent exposure to these markets by removing short-term prison sentencing in favour of community sentencing.

## Tackling Violence and Organised Crime

Drug dealing is a major issue for our communities. Organised criminal groups are increasingly in control of the market, and are making huge profits from the annual £9 billion spent on drugs in the UK.

Labour should not be distracted by counting the volume of arrests and seizures; instead it should help the police to focus their activities on reducing violence and exploitation and taking decisive action against serious organised crime.

These strategies can reduce harm, but we know that illegal drug markets cannot be significantly undermined solely through law enforcement. The best way to undermine the market itself is to remove the demand for the banned substances. This is achieved currently in small ways through the provision of prescribed drugs such as methadone and diamorphine to people who are addicted to heroin, and the tentative steps towards medical cannabis prescription.

However, Labour needs to engage seriously with the worldwide discussions around regulation of currently illegal drug markets. If the government regulated the cannabis market with appropriate controls on access, safety and potency, they would take a large part of the market out of the hands of organised criminals – reducing their power and wealth, and removing a major source of violence and exploitation. There is broad support for this policy, with 53% of the UK in favour and 32% opposed.

The structural reasons why some people become involved in drugs markets must also be addressed. In recent years, so-called “county lines” drug running has illuminated the exploitation of children by organised gangs – it is estimated that around 4,000 children in London alone are being exploited in this way. The public health approach pioneered in Glasgow to tackle county lines and gang violence, which targets the social circumstances that lead to such exploitation, should be rolled out across the country.

Many more young people are involved in low-level drug dealing, and with the UK on the brink of record-high youth unemployment, this creates a perfect storm of social exclusion and criminal opportunity.

Labour must steer this generation into meaningful education, employment and training, and away from the perceived financial and status rewards of drug dealing.

**This is the vision of Labour members and supporters: an approach to drugs which is fair, compassionate, tackles harm at its very source and gives people the help they need to turn their lives around.**

# Appendices

## 1. Case studies

*"Drugs have devastated my family, absolutely devastated them. I don't want to live in a community where there are needles around. I don't want to live in a community where there are drug dealers going along the bottom of the street. Drug policy is allowing this to happen and that is why Swansea is in the state it's in. That's why Newport is in the state it's in. It's not because of just the drugs. This is about the broken policies."*

**Gorseinon public meeting**

*"By the time I was 22 years old I was a poly drug user. I was addicted to Class A drugs. I was alcohol dependent and I'd been criminalised because of my drug use. I had no qualifications, no job, no hope for the future. I was broken, a drain on society, scum of the earth, a wrong 'un in my community. I was locked up on a regular basis. I was detained under the Mental Health Act. Eight years later I walked into rehab. I had fifteen years of pain but nobody had ever asked me about that."*

**Newcastle public meeting**

*"I've sold a lot of drugs. I made a lot of money, lots of money. There was intimidation. There was harm, there was a lot of damage done to other people. The knock-on effect to their families, it didn't bother me at the time, I didn't care about that. Some of that stuff broke up people's families. We took cars off people who hadn't paid bills. I'm a money man, if that business isn't there, I wouldn't do it, end of story."*

**Bristol public meeting**

*"A young black woman during lockdown went out for her daily exercise and tucked her shirt into her trousers. The police thought she was trying to conceal drugs and carried out a stop and search and found nothing. They then detained her and took her to the police station where they carried out a full strip search. She is now getting counselling for that experience."*

**London public meeting**

*"My son would be alive if he had not been criminalised so readily as a young adult, if there had been a safe place for him to go to inject and if the stigma of illegality had not forced him to hide his growing problem over many years. Kevin was intelligent, funny, held down a skilled job and had a lot to offer to society. But one day he hid himself in a locked toilet to inject and his life gradually ebbed away when it could so easily have been saved."*

**Gorseinon public meeting**

## 2. LCDPR Methodology

The LCDPR was launched to provide a forum for discussion for Labour members and supporters to debate and shape Labour's drug policy of the future. With this aim in mind, the campaign recruited 18 voluntary ambassadors whose role was to organise public meetings across the UK, where Labour members and supporters could express their values, experiences and concerns, and put forward ideas. These meetings were hosted as open forums of discussion and were informed by panels of local experts; typically substance use practitioners, police, clinicians and academics. In sum, 742 people attended public meetings in Belfast, Bristol, Glasgow, Grimsby, Gorseinon, Liverpool, London, Newcastle, Portsmouth, Wolverhampton and York, and at the 2019 Labour Party Conference. The Portsmouth, London and Belfast meetings were hosted virtually to adhere to social distancing measures brought in to combat COVID-19.

The Expert Working Group were appointed to synthesise the findings from the consultation and produce a series of concrete recommendations. All the public meetings were audio recorded; members of the EWG were allocated a transcript and asked to produce a briefing which summarised the concerns and recommendations that arose in the meeting.

Alongside this material, the members collated and synthesised the 22 submissions received from members of the public and third sector organisations.

These summary briefings were reviewed by the Expert Working Group; the common concerns and recommendations were extracted and converted into advice for the Labour frontbench.

## 3. People

**Founder**

Jeff Smith MP

**Expert Working Group**

Chair: Mike Trace – former UK Deputy Drug Czar, and CEO of the Forward Trust

Ben Twomey – Labour and Co-operative candidate for Warwickshire Police and Crime Commissioner and former drug policy lead in three police force areas

Dr Chandni Hindocha PhD – NIHR Research Fellow, Clinical Psychopharmacology Unit, University College London

Dr Euan Lawson – Senior academic GP, Lancaster University, and specialist clinician at Horizon Drug Services, Blackpool

Prof. Fiona Measham – Chair in Criminology, University of Liverpool, and Director of The Loop

Cllr Kate Halliday – Executive Director, Substance Misuse Management in General Practice & Federation of Drug and Alcohol Practitioners

Liz McCoy – Addictive Behaviours Lead, Pennine Care NHS FT and representative of the NHS Addictions Provider Alliance

Liz McCulloch – Director of Policy at the drugs policy organisation Volteface

Paul Bunt – Retired Drug Strategy Lead for Avon and Somerset Constabulary and Director of Casterton Event Solutions Limited

Sunny Dhadley – Independent Consultant & Lived Experience Leader

**Secretariat**

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**Campaign Ambassadors**

Rob Barker

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Fiona Gilbertson

Jamie Harris

Hanna Head

John Hirst

Douglas McBean

Jonny Ross-Tatum

Michael Wakelyn-Green

Mark Whitfield

Alex Wolfe-Warman

## 4. Definitions

**Naloxone** is a medication that reverses the effects of opiates such as heroin. It can be given by injection or via a spray into the nose by almost anyone with minimal training. It has a key role in saving lives and preventing drug-related deaths if it is given just after the point of overdose. International and national guidelines recommend that naloxone is made available to people who use drugs and anyone else who may witness an overdose such as friends, family, key workers, social workers and police, rather than being restricting to hospital staff and paramedics.

**Opiate substitution therapy** is a treatment where people who are dependent on opioids, including heroin, are prescribed opiate medication rather than sourcing it illicitly. The two main types in use are methadone and buprenorphine. It is usually offered in combination with psychosocial interventions as part of a treatment service. There is good evidence that this reduces illicit substance use, reduces the transmission of blood-borne viruses like HIV and hepatitis, reduces crime and offending, and improves social functioning.

**Heroin-assisted therapy** is a treatment that involves prescribing heroin, in various forms, to people who are dependent on opioids. It may be considered in people who have not responded to usual forms of opiate substitution therapy or who are otherwise marginalised. Typically, the person will take their prescribed heroin in a carefully controlled clinical setting where they can be observed. The RIOTT study in the UK was published in 2010; it found that compared to treatment with methadone, treatment with supervised injectable heroin led to significantly lower use of street heroin.

**Supervised consumption facilities or drug consumption rooms** are places where illicit drugs can be used under the supervision of trained staff. These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.

**Drug checking** reduces drug-related harm by testing substances of concern in circulation and providing face-to-face healthcare consultations to service users, as well as identifying what samples were sold as, to inform public health and wider drug-using communities through accurately targeted alerts to the correct user groups.

**Recovery** is a broad term to describe the change in an individual, moving away from a chaotic and negative lifestyle involving dependence on drugs or alcohol, towards a more positive lifestyle characterised by self-control, independence and a positive contribution to the community. There is debate among professionals regarding the extent to which recovery can be achieved by people who are still using drugs or alcohol, but for our present purposes, recovery is defined more in terms of the behaviour of an individual, not their pattern of substance use.

**Decriminalisation** would remove criminal-law sanctions against possessing and acquiring drugs for personal use. Following decriminalisation, it would still be illegal to use, possess and acquire, but those acts would no longer be criminal offences. However, administrative sanctions can still be applied; these may be a fine, suspension of driving licence or just a warning. In 2001, Portugal decriminalised the possession of all drugs for personal use, aiming to improve health outcomes and reduce the marginalisation experienced by people who use drugs.

**Diversion schemes** formally divert low-level drug offenders out of the criminal justice system and into drug education workshops or drug treatment, where appropriate. The core premise behind diversion schemes is that participants avoid a criminal record, and are instead offered a tailored intervention that addresses their offending behaviour. The schemes aim to reduce reoffending, improve life chances and save police resources.

**Cannabis legalisation and regulation** would mean that the supply, production, manufacture, sale, use and possession of cannabis would be brought within the control of the law and regulated by the state, in the same way that it is legal to use alcohol and tobacco. There would likely still be some some administrative controls and regulations, which could be supported by criminal sanctions (e.g. concerning road traffic). Models of legalisation vary greatly between different US states and from country to country. Most US states that have legalised have adopted a commercial model, whereas Uruguay and Canada have adopted a strictly government-regulated model. The broad policy aims are to reduce the size of the illicit cannabis market, restrict access to underage use, and improve product safety.

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