MDA No.: 1335

Title: Health Committee – Reducing Drugs Deaths in London

1. Executive Summary

1.1 At the Health Committee meeting on 18 October 2021 the Committee discussed reducing drugs deaths in London with invited guests and resolved that:

Authority be delegated to the Chair, in consultation with the party Group Lead Members, to agree any output arising from the discussion

1.2 Following consultation with party Group Lead Members, the Chair agreed the *Reducing Drugs Deaths in London* report, attached at **Appendix 1**.

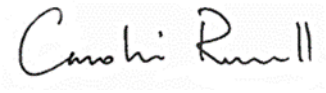
2. Decision

3.1 **That the Chair, in consultation with party Group Lead Members, agrees the *Reducing Drugs Deaths in London* report, attached at Appendix 1.**

Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature: 

Printed Name: **Caroline Russell AM, Chair of the Health Committee**

Date: **16 March 2022**

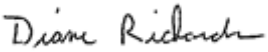
3. Decision by an Assembly Member under Delegated Authority

Background and proposed next steps:

3.1 The scope and terms of reference for this investigation on reducing drugs deaths in London was agreed by the Chair, in consultation with relevant party Lead Group Members, on 30 September 2021 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the letter and its recommendations fall within these terms of reference.

3.2 The exercise of delegated authority approving the *Reducing Drugs Deaths In London* report will be formally submitted to the Health Committee's next appropriate meeting for noting.

Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services): 

Printed Name: Diane Richards, Committee Officer

Date: 16 March 2022

Telephone Number: 07925 353478

Financial Implications: NOT REQUIRED

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

Signature (Finance): Not Required

Printed Name: Not Required

Date: Not Required

Telephone Number: Not Required

Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal): 

Printed Emma Strain, Monitoring Officer

Date: 10 March 2022

Telephone Number: 07971 101375

Supporting Detail / List of Consultees:

- Emma Best AM (Deputy Chairman of the Health Committee) and Onkar Sahota AM

4. Public Access to Information

4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.

4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

4.3 **Note**: this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral:

Is the publication of Part 1 of this approval to be deferred? **NO**

If yes, until what date:

Part 2 – Sensitive Information:

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? **NO**

Lead Officer / Author

Signature: 

Printed Name: Dan Tattersall

Job Title: Senior Policy Adviser

Date: 16 March 2022

Telephone Number: 07783 805825

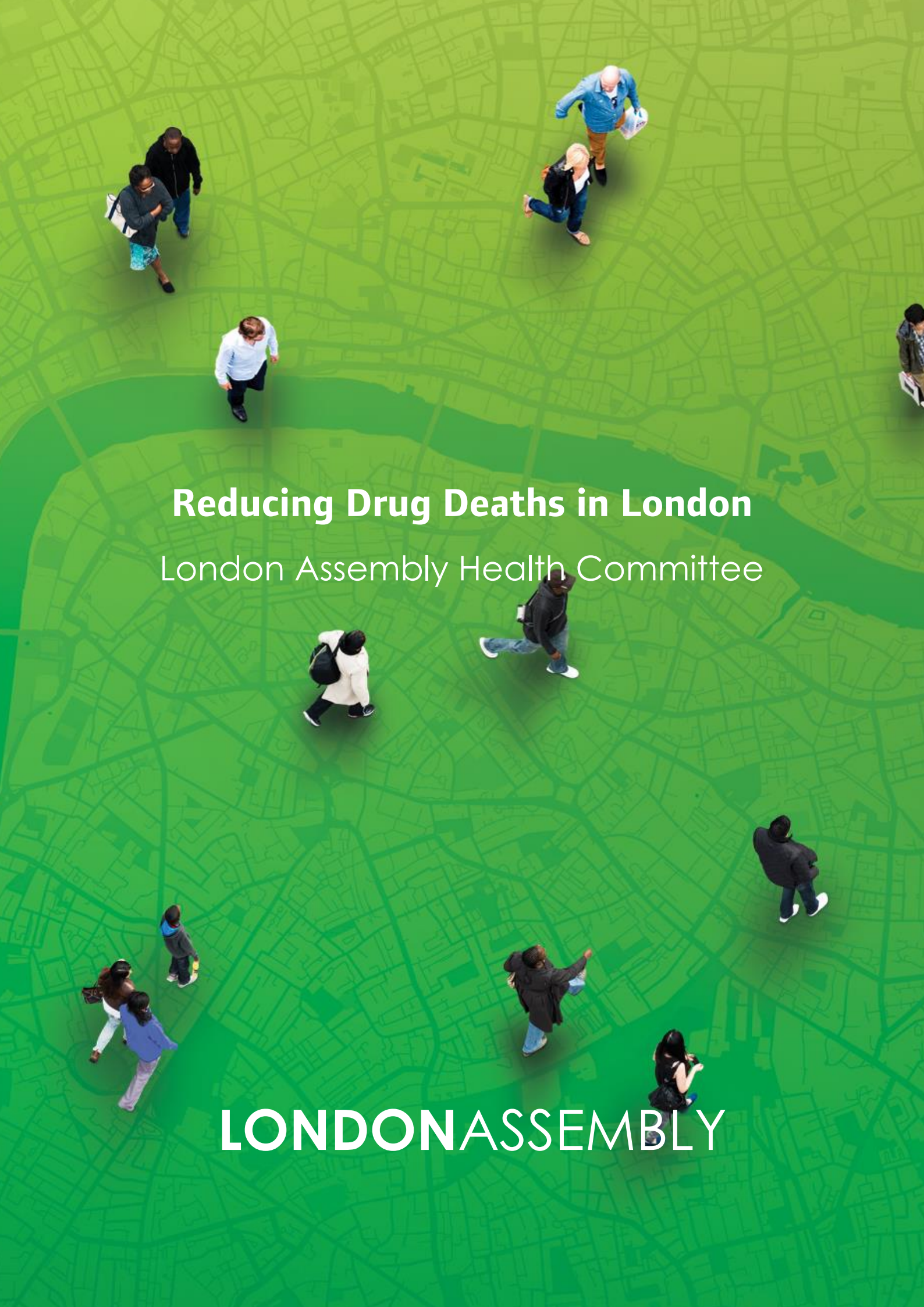
Countersigned by Executive Director:

Signature: 

Printed Name: Helen Ewen

Date: 16 March 2022

Telephone Number: 07813 796 175



Reducing Drug Deaths in London

London Assembly Health Committee

LONDONASSEMBLY

Health Committee

The Health Committee reviews health and wellbeing issues for Londoners, particularly public health issues. It also keeps a close eye on how well the Mayor's Health Inequalities Strategy is doing.

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Foreword

Caroline Russell AM
Chair of the Health Committee

Drug-related deaths have been rising for the past eight years. Latest available statistics show that drug use deaths in England and Wales are at their highest level since records began, with 296 deaths in London and 2,996 deaths across England and Wales during 2020 alone.

This tragic trend, which disproportionately affects people living in deprived areas, has led to growing calls for policies and practices which focus on harm reduction methods to try to reduce the harm that people do to themselves or others from their drug use.

Our investigation focused on the benefits and risks of three harm reduction interventions and explored their potential for reducing drug-related deaths in London.

We heard that drug checking services, access to nasal naloxone and drug consumption rooms can all play a role in reducing the impact of harmful drug use in London and would help support some of the capital's most vulnerable people to mitigate the risks associated with problematic drug use.

Alongside these three interventions, the Committee also heard about the urgent need to improve drugs education and awareness.

We hope this report and its recommendations encourages debate about these interventions and how they could reduce drug-related deaths in London. The Mayor should also use this report to inform the work of his forthcoming Drugs Commission, expected later this year.

Executive Summary

This report makes recommendations to the Mayor, Central Government and the Metropolitan Police Service (MPS) to help reduce the number of drug-related deaths across London and the UK.

Drug misuse deaths in England and Wales have risen for the last eight years and are now at their highest level since comparable records began.[1,2] The latest statistics show that 2,996 people in England and Wales, and 296 people in London, died from drug use in 2020 alone.[3]

Given the increase in drug-related deaths over the last decade there have been growing calls for the adoption of new approaches focusing on harm-reduction methods. It has been argued that harm-reduction approaches would "not only benefit those who are using drugs but reduce harm to and the costs for their wider communities."[4]

There is both national and regional political momentum behind reducing harm from drugs. In December 2021, the Government published a new 10-year strategy setting out additional funding for treatment services and support for local areas "to expand and improve the quality of a full range of evidence-based harm reduction and treatment interventions."[5] This followed Dame Carol Black's July 2021 Review of Drugs, which called for significant additional investment in a full range of high-quality drug treatment and recovery services.[6] Regionally, in April 2021, the Mayor of London committed in his 2021 manifesto to launch a "London Drugs Commission", [7] which will consult with experts from across disciplines to develop policy recommendations and provoke national debate. The Commission is expected to launch later this year.[8]

The debate around the legal classification of drugs is ongoing and outside the scope of this investigation. The Health Committee does not encourage drug use, but recognises that people use drugs and can be harmed by them. Through this investigation, the Committee has considered harm-reduction interventions that could reduce the number of people who die from drug-related causes. The Committee's investigation focuses on three harm-reduction interventions – drug-checking services, naloxone and DCRs – to understand whether these could reduce drug-related deaths in London; the barriers that may be faced in rolling these out; and the solutions to address these barriers. These interventions were chosen because they have an existing evidence base, having been trialled or implemented in other parts of the world or the UK. At a meeting on 18 October 2021, the Committee heard from experts about these

[1] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[2] According to the ONS, death classified as drug misuse must meet one or both of the following conditions; the underlying cause is drug abuse or drug dependence; or any of the substances involved are controlled under the Misuse of Drugs Act 1971.
[3] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[4] Health and Social Care Committee, House of Commons, Drug Policy, 15 October 2019
[5] HM Government, From harm to hope: a 10-year drugs plan to cut crime and save lives, December 2021
[6] Department of Health and Social Care, Independent Report, Review of Drugs Phase 2 Report, 8 July 2021
[7] Sadiq Khan, Sadiq for London Manifesto, 2021
[8] Mayor's Question Time, London Drugs Commission, answered 11 February 2022

three interventions, their benefits and risks, and the feasibility of implementing them in London.

The Committee heard that drug-checking services (which "enable individual drug users to have a sample of drugs forensically analysed, and then receive feedback on the results tailored to their knowledge and history of drug use"[9]) have been successfully implemented in other parts of the world for decades and in the UK since 2016. Our expert witnesses told us that drug-checking services can help individuals make informed decisions about what they are taking, and how to manage risk to both themselves and others; and that they help individuals to moderate their future use. The Committee heard that: there is significant support for drug-checking services; the police are largely supportive; and the time for piloting drug-checking services is over. As Steve Rolles (Senior Policy Analyst, Transform) told the Committee: "We have done pilots, we know they work. We are not doing pilots anymore." Despite this, in written evidence to the Committee, the MPS confirmed: "At this time the Met are not looking at trialling or implementing drug-testing services."

The Committee's investigation found broad consensus that naloxone, "a cheap and highly effective medication used in response to an opioid overdose, which has no potential for misuse and can prevent death",[10] should be more readily available to those who are likely to witness an opioid overdose. The Committee heard that there is a postcode lottery in access to naloxone because of the lack of a national naloxone programme in England. The Committee's expert witnesses also highlighted the importance of frontline police officers routinely carrying nasal naloxone, which is not something the MPS does at present. However, the MPS confirmed in its written evidence to the Committee that a consultation on this is currently under way.

The Committee also heard about the importance of raising awareness of naloxone and its benefits and that awareness campaigns could support this. As Niamh Eastwood (Executive Director, Release) told the Committee: "This is a really great medication, it is cheap, it saves a life, and we should be celebrating that."

Experts told the Committee that DCRs ("professionally supervised healthcare facilities where people can consume their own drugs in a safe environment"[11]) are an important harm-reduction intervention that can reach some of the most marginalised people in society. They can reduce transmission of, and death from, blood-borne viruses; reduce deaths of those at risk of overdosing while on their own; and reduce public injections and syringe litter. Despite these benefits, the Committee heard that there are legal and societal barriers to introducing DCRs, and that the MPS has no plans to trial or implement them in London. If political will combined with more insight about where best to locate DCRs, and with support to get buy-in from local communities, the Committee heard, DCRs could prove a useful harm-reduction tool in London.

In addition to evidence on these three interventions, throughout its investigation the Committee heard about the importance of education to reduce harm from drug taking, and the need for further investment and focus in this area.

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[9] CREW, What is drug checking?, 9 June 2021
[10] NAT, Drug related deaths in England, January 2019
[11] Harm Reduction International, The Global State of Harm Reduction 2020, October 2020

Recommendations

Recommendation 1

Drug checking services should be provided in London, including at clubs and music events. The Mayor should use his Drugs Commission to work with key delivery partners – including the Metropolitan Police Service, the Home Office, London boroughs and the Office for Health Improvement and Disparities – to understand how to implement drug checking services in London; and should then introduce these services.

Recommendation 2

The Government should introduce a national naloxone programme in England to end the postcode lottery of provision, and to bring England in line with Northern Ireland, Scotland and Wales.

Recommendation 3

In the interim, the Mayor's Drugs Commission should work with partners and service providers to assess the availability of naloxone in relevant settings in London, as well as the education and training levels of staff; and identify barriers and solutions to ensure adequate and consistent access across the capital.

Recommendation 4

The Mayor should work with the Metropolitan Police Service so that officers routinely carry nasal naloxone spray.

Recommendation 5

The Mayor should lead a public awareness campaign on naloxone and how it is used to save lives in the event of an overdose.

Recommendation 6

The Mayor's Drugs Commission should work with partners including the Home Office to ensure London leads the way in reducing drug harm by piloting drug-consumption rooms. The pilots should determine the optimum location for the test sites by liaising with boroughs and local public health teams, who are best able to manage the relationship between these services and local communities.

Recommendation 7

The Mayor should run a campaign with partners to educate Londoners about how to reduce drug harm and deaths.

Introduction

Evidence shows that a significant proportion of Londoners use drugs. Surveys in 2016-17 and 2018-19 found that 9.7 per cent of Londoners aged 16 to 59 reported some drug use in the previous year of their life. This compares with the highest rate of 10.8 per cent in the South West, and the lowest rate of 7.1 per cent in the North East.[12]

Drug misuse deaths in England and Wales are on the increase and have risen for the last eight consecutive years. Office for National Statistics (ONS) data shows drug misuse deaths in England and Wales rose in 2020 to 2,996, the highest figure since comparable records began.[13,14] At a rate of 33.1 deaths per million people, London has the lowest rate of deaths related to drug use nationally; nonetheless, 296 people in London died as a result of drug use in 2020 alone.[15,16]

Drug use is closely correlated with poverty and social deprivation,[17] but it also spans social classes and is highly prevalent among educated and employed sections of the population.[18] People who use drugs recreationally are equally as likely to live in the most deprived communities as they are to live in households with higher incomes.[19] The use of recreational drugs "tends to be concentrated in people under 30 and is often associated with pubs and clubs."[20]

As a diverse city, with pockets of both extreme wealth and extreme poverty, London has highly contrasting drug use scenes, which differ by local area and by socioeconomic, cultural and ethnic groupings.[21] The most commonly cited drug type on drug poisoning death certificates in London was opiates, contributing to 210 deaths in the capital in 2020.[22,23] However, London, along with the South East and South West, has higher rates of recreational drug use than other parts of the country.[24] Although far lower in number, deaths from recreational drug-taking often receive high-profile public and media attention. A 21 year-old man died at The Cause nightclub in Tottenham, with two others taken to hospital, on 31 July 2021 – less than two

[12] Dame Carol Black, Review of drugs part two: prevention, treatment and recovery: annexes, July 2021
[13] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[14] According to the ONS, death classified as drug misuse must meet one or both of the following conditions; the underlying cause is drug abuse or drug dependence; or any of the substances involved are controlled under the Misuse of Drugs Act 1971.
[15] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[16] Figures are for persons usually resident in each country and region, based on boundaries as of May 2021
[17] Office for Health Improvement and Disparities, Adult substance misuse treatment statistics 2020 to 2021: report, 25 November 2021
[18] Ward J and Thom B, Middlesex University, Drug Consumption in London – a city of diverse and changing scenes, August 2008
[19] Dame Carol Black, Review of drugs part two: prevention, treatment and recovery: annexes, July 2021
[20] Dame Carol Black, Review of drugs part two: prevention, treatment and recovery: annexes, July 2021
[21] Ward J and Thom B, Middlesex University, Drug Consumption in London – a city of diverse and changing scenes, August 2008
[22] ONS, Deaths related to drug poisoning by selected substances, 3 August 2021
[23] According to the ONS, over half of all drug-poisoning deaths involve more than one drug, and it is not possible in those cases to tell which substance was primarily responsible for the death.
[24] Dame Carol Black, Review of drugs part two: prevention, treatment and recovery: annexes, July 2021

weeks after the lifting of COVID-19 restrictions that allowed nightclubs to fully reopen. This relaxation of restrictions was thought to be linked to the death of another young man, and the hospitalisation of seven others, in Bristol around the same time.[25]

Given the increase in drug-related deaths over the last decade there have been growing calls for the consideration and adoption of new approaches, focusing on harm-reduction methods.

> Harm reduction refers to policies and practices that try to reduce the harm that people do to themselves or others from their drug use. This is different to primary prevention, which tries to prevent people using drugs in the first place, or to stop them using once they've started.[26]

In a 2016 report the Royal Society of Public Health called for "an evidence-based approach aimed at improving and protecting the public's health and wellbeing" with the objective "to reduce drug related harm."[27] A harm-reduction approach was also advocated by the Health and Social Care Committee in 2019, which argued: "A health-focused and harm-reduction approach would not only benefit those who are using drugs but reduce harm to and the costs for their wider communities." [28] The 50-year anniversary of the introduction of the Misuse of Drugs Act 1971, which provides the legislative framework for the regulation of "dangerous or otherwise harmful" drugs, also provided impetus for calls to review drug policy.[29]

In April 2021, the Mayor of London launched his 2021 manifesto in which he committed to launch a "London Drugs Commission".[30] The Commission will comprise independent experts and leading figures from the fields of criminal justice, public health, politics, community relations and academia, and will "pull together the latest evidence on the effectiveness of our drugs laws, but with particular focus on cannabis" to develop policy recommendations and provoke national debate. The Commission is expected to launch later this year. The terms of reference of the Commission had not been released when this report was published, in March 2022[31]

In July 2021, Dame Carol Black's Review of drugs set out 32 recommendations for change across government departments and other organisations. The report called for significant additional investment in a full range of high-quality drug treatment and recovery services. It noted that every £1 spent on harm reduction and treatment saves £4 from reduced demands on health, prison, law enforcement and emergency services. The report argued that this increase in investment, would have "a significant impact on preventing overdose deaths".[32] In December 2021, the Government responded to the review in full and published its 10-year drug strategy.[33] The strategy committed additional funding for treatment services and support for local areas "to expand and improve the quality of a full range of evidence-based harm reduction and

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[25] Independent, Warnings over 'dangerous' high strength ecstasy pills after second death, 2 August 2021
[26] DrugWise, Harm reduction, accessed 1 March 2022
[27] Royal Society of Public Health, Taking a new line on drugs, 2016
[28] Health and Social Care Committee, House of Commons, Drug Policy, 15 October 2019
[29] Government Legislation, Misuse of Drugs Act 1971, accessed 16 September 2021
[30] Sadiq Khan, Sadiq for London Manifesto, 2021
[31] Mayor's Question Time, London Drugs Commission, answered 11 February 2022
[32] Department of Health and Social Care, Independent Report, Review of Drugs Phase 2 Report, 8 July 2021
[33] HM Government, From harm to hope: a 10-year drugs plan to cut crime and save lives, December 2021

treatment interventions."[34] The strategy was largely well received, although there was some criticism around its lack of endorsement of some harm-reduction measures, including DCRs.[35]

Drug checking services

Recommendation 1

Drug checking services should be provided in London, including at clubs and music events. The Mayor should use his Drugs Commission to work with key delivery partners – including the Metropolitan Police Service, the Home Office, London boroughs and the Office for Health Improvement and Disparities – to understand how to implement drug checking services in London; and should then introduce these services.

'Drug checking' refers to an integrated service that enables individual drug users to have their synthetic drugs (e.g. ecstasy, cocaine, amphetamine or LSD) chemically analysed, as well as receiving personal advice and, if necessary, personal support in consultation or counselling.[36]

Drug checking services have existed for decades, with the first services emerging in the US and the Netherlands in the late 1960s and early 1970s. In the UK, The Loop started working with the police and the Home Office in 2013 to test drugs from amnesty bins and police seizures. In 2016, it introduced drug checking at events, before the introduction of its community-based drug checking services in 2018.[37]

Drug checking can be a useful harm-reduction tool.[38] Drug checking services can help to "determine whether drug samples contain the substance an individual wants to use, determine the purity level of a substance, identify toxic contaminants and unexpected substances, and track drug use patterns."[39] They can also "support informed decision-making, reduce the amount of drugs that people take, and increase the likelihood that people will discard unsafe drugs."[40]

[34] HM Government, From harm to hope: a 10-year drugs plan to cut crime and save lives, December 2021
[35] DrugWise, What's the Government doing about drugs?: Drug strategy 2021, accessed 7 March 2022
[36] International Drug Policy Consortium, T.E.D.I. network a step forward for European drug checking services, 17 May 2003
[37] Transform – Drug Policy Foundation, What is drug checking?, 11 May 2021
[38] Harm Reduction TO, Drug Checking, accessed 1 March 2022
[39] Harm Reduction TO, Drug Checking, accessed 1 March 2022
[40] Harm Reduction TO, Drug Checking, accessed 1 March 2022

During its investigation, the Committee heard that drug checking services can help individuals make informed decisions about what they are taking and how to manage risk. Steve Rolles explained this to the Committee: "Young people do not have a death wish, they do not want to take unnecessary risks, they do have agency. If you give them the right information, both about what they are taking, and about how to manage their drug-using behaviours, they do act on it."

The Loop

Established in 2013, The Loop is a community interest company that provides drug-safety testing and harm-reduction services to individuals at nightclubs, at festivals and in city-centre communities. It also provides staff training on drugs awareness, the prevention of drug-related harm at events, and the delivery of ethical 'front of house' drug-safety testing services.

The Loop introduced 'Multi Agency Safety Testing' (MAST) to the UK in the summer of 2016. MAST is a form of drug-safety testing (or 'drug checking') whereby individuals can submit substances of concern for analysis and receive their results as part of a confidential, individually tailored harm-reduction package delivered by experienced substance misuse practitioners.

The Loop works closely with the police, local authorities and public health. It does not endorse, condone or encourage illegal drug use; and it ensures that all substances of concern are disposed of by the police following testing.[41]

Steve Rolles went on to explain how this can impact their future consumption:

"Because of the brief intervention – where you can explain to people about dosage, about risks, about how to manage their dosage, and how increased dosage is associated with increased risk – two out of five people who have used The Loop's services moderate their levels of use. They share that knowledge with their friends, who also moderate their levels of use. Even when The Loop has done follow-up surveys three months later with people who have used The Loop's services, those people are still moderating their risk behaviours, not just in terms of dosage but in terms of mixing drugs."

There is significant support for drug checking services in the UK. In 2019 , the House of Commons Health and Social Care Committee concluded that the strength of the evidence for drug checking was strong;[42] and the Royal Society for Public Health,[43] the West Midlands Police

[41] The Loop, Multi Agency Safety Testing (MAST), accessed 28 February 2022
[42] Health and Social Care Committee, House of Commons, Drug Policy, 15 October 2019
[43] Royal Society for Public Health, Drug safety testing at festivals and night clubs, June 2017

and Crime Commissioner,[44] DrugWise[45] and the Transform Drug Policy Foundation[46] have all recommended that drug checking services be rolled out across the UK. Advocates of drug checking maintain that it can make "a significant contribution to the overall harm-reduction response to an unregulated drugs market, particularly in a context of high variability in content and strength in the UK."[47]

Critics of drug checking services have argued that they can give the false impression that drug taking is safe and can actually increase consumption.[48] However, evaluations from The Loop project found minimal evidence of drug checking services stimulating an increase in drug consumption.[49] This was confirmed during the Committee's session by Steve Rolles:

"There is a concern, something I have already alluded to, that if you make drug use safer you are somehow encouraging or condoning that use, if you make these services available, use will increase. It is important to be clear that there is no evidence that is the case. We have no evidence that drug-testing services increase use."

The Committee heard clearly during its evidence session that the time for piloting drug checking is over. Steve Rolles told the Committee:

"There are hundreds of drug checking services across Europe and across the world. They have been piloted in the UK, both at festivals and events, and in city centres … This is not new territory … We have done pilots, we know they work. We are not doing pilots anymore."

The barriers to rolling out drug checking more widely do not seem to be political. In a written answer in December 2018 the Parliamentary Under-Secretary of State at the Home Office, Victoria Atkins MP, said: "In relation to drug testing at events, chief constables are responsible for operational decisions in their local area and we are not standing in their way."[50]

In a written answer in January 2022 the Mayor of London confirmed he does not have any current plans to roll out drug checking services, but would be open to considering them further:

"I recognise that there can be value to the work being done in testing drugs in the night-time economy, particularly the opportunities it provides for community engagement and public education. However, there are other ways of achieving our shared goal of reducing drug-related health harms, including encouraging people to seek medical help without the fear of criminal repercussions for doing so; availability of medical assistance in night-time venues; and staff training. There has been good work in London to reduce drug related harms in venues, and the MPS is working closely with health partners to achieve this.

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[44] West Midlands Police and Crime Commissioner, Reducing Crime and Preventing Harm: West Midlands Drug Policy Recommendations, February 2018
[45] DrugWise, Highways and buyways: A snapshot of UK drug scenes 2016, 2017
[46] Transform – Drug Policy Foundation, Drug Safety Testing: Saving lives, increasing awareness, 2017
[47] Transform – Drug Policy Foundation, What is drug checking?, 11 May 2021
[48] European Monitoring Centre for Drugs and Drug Addiction, Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges, 2017
[49] VolteFace, Initiatives, accessed 21 September 2021
[50] House of Commons, written answer: Drugs: Festivals and Special Occasions, 19 December 2018

"I am always open to innovative practice informed by a strong evidence base to reduce harms caused by drug misuse and MOPAC officers continue to monitor best practice in this area and the experiences and activities of other Mayors and PCCs across England."[51]

The Committee heard that generally the police are supportive of drug checking services, having seen the impact they can make. Steve Rolles explained this to the Committee: "A lot of the impetus for drug-testing services has come from the police … I do not think the police are the big obstacle here … In many cases the police have been leading the push for these services …" Despite this, in its written response to the Committee's investigation, the MPS said: "At this time the Met are not looking at trialling or implementing drug testing services … Support would need to be secured by the Home Office and the National Police Chiefs Council."[52]

One of the main barriers to rolling out drug checking more widely is the cost of doing so. As Steve Rolles explained to the Committee: "It is of note that in the Netherlands the Government pays €1 million a year to provide these services across the country. We do not have anything like that in the UK … Funding is a major resource barrier."

Naloxone

Recommendation 2

The Government should introduce a national naloxone programme in England to end the postcode lottery of provision, and to bring England in line with Northern Ireland, Scotland and Wales.

Recommendation 3

In the interim, the Mayor's Drugs Commission should work with partners and service providers to assess the availability of naloxone in relevant settings in London, as well as the education and training levels of staff; and identify barriers and solutions to ensure adequate and consistent access across the capital.

Recommendation 4

The Mayor should work with the Metropolitan Police Service so that officers routinely carry nasal naloxone spray.

Recommendation 5

The Mayor should lead a public awareness campaign on naloxone and how it is used to save lives in the event of an overdose.

[51] Mayor of London, written answer: Drug Testing Facilities, 19 January 2022
[52] MPS, written evidence provided to the Health Committee

"Naloxone is a medicine which can temporarily reverse the effects of an overdose caused by opiates and opioids such as heroin, methadone, morphine, codeine or buprenorphine. The main life-threatening effect of opiates is to slow down and stop breathing. Naloxone blocks this effect thereby reversing the breathing difficulties. Naloxone begins working within a few minutes, however, it only works for a short period of time – around 20-40 minutes."[53] Naloxone kits come in two types: a pre-filled syringe called Prenoxad and a nasal spray called Nyxoid.[54]

Almost half (49.6 per cent) of all drug-poisoning deaths registered in 2019 in England and Wales involved opiates.[55] This figure increases to 64.5 per cent if drug-poisoning death certificates that did not record drug type are excluded.[56]

Naloxone is "a cheap and highly effective medication used in response to an opioid overdose, which has no potential for misuse and can prevent death."[57] There is "broad consensus" among health and substance misuse professionals that naloxone should be freely available to all opioid users and to those who may be first to the scene of an overdose.[58] The World Health Organization (WHO) recommends that naloxone is made available to people likely to witness an opioid overdose,[59] and naloxone is included on the WHO's Model List of Essential Medicines.[60]

Guidance on widening the availability of naloxone was published by the Department of Health and Social Care, the Medicines and Healthcare products Regulatory Agency and Public Health England in February 2019.[61] However, despite this guidance and the accompanying regulations,[62,63] the supply and distribution of naloxone remains patchy.[64] A report by the National Aids Trust on drug-related deaths in England in January 2019 noted that while local authorities are making welcome efforts to improve provision, coverage across England remains poor.[65] This is despite the Government's 2017 Drug Strategy stating that "all local areas should have appropriate naloxone provision in place".[66] The authors of the report also observed

[53] DrugWise, Naloxone, accessed 11 January 2022
[54] Change, Grow, Live, Naloxone, accessed 29 September 2021
[55] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[56] ONS, Deaths related to drug poisoning in England and Wales: 2020 registrations, 3 August 2021
[57] NAT, Drug-related deaths in England, January 2019
[58] Homeless Link, Naloxone in homelessness services, accessed 20 September 2021
[59] World Health Organization, Information Sheet on Opioid Overdose, accessed 20 September 2021
[60] World Health Organization, Model List of Essential Medicines, accessed 1 March 2022
[61] Public Health England, Widening the availability of naloxone, February 2019
[62] UK Statutory Instruments, The Human Medicines (Amendment) (No. 3) Regulations 2015
[63] UK Statutory Instruments, The Human Medicines (Amendment) Regulations 2019
[64] See Homeless Link, Naloxone in homelessness services, accessed 20 September 2021; and Release, Finding a Needle in a Haystack: Take-Home Naloxone in England 2017/18
[65] NAT, Drug-related deaths in England, January 2019
[66] HM Government, 2017 Drug Strategy, July 2017

confusion around the use of naloxone by police officers, probation services and prisoners on release.[67]

A report by the Health and Social Care Committee in the House of Commons in 2019 reached a similar conclusion. Expert witnesses told the Committee that provision at that time was inadequate; that only half of prisons have a take-home naloxone programme to support prisoners with opiate problems through the high-risk period following release from prison; and that take-home naloxone kits were only given on release to 12 per cent of prisoners who need them.[68]

However, there have also been promising developments. Innovative practice has been implemented in some areas of England, making naloxone more widely available to those who might need it and who are not in contact with treatment.[69]

The Government recognises the need to increase access to naloxone. A Department of Health and Social Care consultation launched in August 2021 sought views on "expanding the list of services and individuals that can give it out without a prescription or other written instruction"[70] with the aim of preventing "at-risk people who use drugs from dying due to an opioid overdose".[71] The Government's 10-year drugs strategy confirms naloxone will be made more easily available to people who use drugs and are at risk, with this expansion informed by the results of the consultation.[72]

During its investigation, the Committee heard about the potential of naloxone to reduce harm and drug-related deaths. Dr Prun Bijral (Medical Director, Change, Grow, Live) explained to the Committee: "The evidence is already very good that if you provide naloxone to people, you are going to be saving lives."

In England, local authorities are responsible for commissioning drug-treatment services and interventions to reduce drug-related harm, including naloxone, based on local need. This compares to Scotland and Wales, where there are national, centralised naloxone provision programmes. The Committee heard that this leads to unequal access of naloxone across the country. Niamh Eastwood told the Committee, "The fact that it is devolved to local authorities to fund and support naloxone programmes leads to a postcode lottery on availability."

The Committee also heard of data gaps in the recording of naloxone kits dispensed in England. Niamh Eastwood told the Committee: "We are still in the situation where … we are still not recording the number of naloxone kits dispensed by services at a central national level." She went on to explain: "The more information we have, the better we can be at getting this out into the communities and into the spaces that need it."

The Committee heard that an English national naloxone programme, like those created in Northern Ireland, Scotland and Wales, would enable monitoring of the availability of naloxone

[67] NAT, Drug-related deaths in England, January 2019
[68] Health and Social Care Committee, House of Commons, Drug Policy, 15 October 2019
[69] Public Health England, The use of naloxone in local authorities, 31 August 2017
[70] Department of Health and Social Care, Expanding access to naloxone, 4 August 2021
[71] Department of Health and Social Care, Expanding access to naloxone, 4 August 2021
[72] HM Government, From harm to hope: A 10-year drugs plan to cut crime and save lives, 6 December 2021

within England and ensure it is adequately funded. This reiterates a similar recommendation by the National Aids Trust in its 2019 report.[73]

The importance of police officers routinely carrying naloxone was also conveyed to the Committee during its investigation. Professor Alex Stevens (Professor in Criminal Justice and Director of Public Engagement at the Faculty of Social Sciences, University of Kent) told the Committee:

"Everybody who is likely to come across somebody who is overdosing from opioids should be carrying naloxone, and that includes police officers in areas where there is relatively high use of opioids and high levels of overdoses associated with them … We should expand the use and carrying of naloxone by police officers across the country, including in the MPS."

In its written evidence to the Committee, the Global Commission on Drug Policy supported the carrying of naloxone by police officers. It wrote: "The police's priority must be to save lives. In this case, naloxone reverts overdose and saves lives. There should be no barriers to naloxone being carried by the police."[74]

Several police forces in the UK issue their officers with naloxone nasal spray. In July 2019, the West Midlands Police (WMP) became the first force in the country to offer frontline officers training in the use of naloxone nasal spray. In written evidence submitted to the Committee, the WMP explained how their pilot had helped to pave the way for police forces around the country to follow in their footsteps, with countless forces contacting them to learn more. The Committee also heard that there was overwhelming support from service users within the West Midlands; and that police officers carrying naloxone had helped to change perceptions of the police "to being a body that supports, rather than punishes, drug users".[75]

In February 2022, Police Scotland announced all operational officers would be issued with naloxone nasal spray, following an independent review by the Scottish Institute for Police Research.[76] During the review period (March to October 2021), naloxone was used 61 times by police officers in the pilot areas.[77]

Police officers in London do not routinely carry naloxone, which is currently only stocked in custody suites.[78] In written evidence submitted to the Committee's investigation, the MPS confirmed that it is consulting on the viability of a wider rollout of naloxone to frontline officers:

"A consultation process has been opened over the last few weeks gathering a full range of views from partners including Office for Health Improvement and Disparities, local authorities, Federation and others, assessing the viability of the MPS having a wider rollout of naloxone to frontline officers. Naloxone is already stocked in custody suites for use by medically trained staff. Following consultation, a steering group will be established by January 2022 with key

[73] NAT, Drug-related deaths in England, January 2019
[74] Global Commission on Drug Policy, written evidence provided to the Health Committee
[75] West Midlands Police, written evidence provided to the Health Committee
[76] Police Scotland, Police Scotland commits to national roll-out of life-saving nasal spray, 17 February 2022
[77] Police Scotland, Police Scotland commits to national roll-out of life-saving nasal spray, 17 February 2022
[78] Mayor of London, written answer: Government Consultation on Expanding Access to Naloxone, 19 January 2022

stakeholders … to explore further with consideration being given to the Met running a pilot … At this stage nasal spray would be more viable than injection."

In January 2022, the Mayor confirmed the MPS is "actively consulting with the Department of Health and Social Care, MOPAC [Mayor's Office for Policing and Crime] and other key stakeholders in deciding whether to roll out Naloxone wider to frontline police officers" and is also "seeking to identify a pilot site".[79]

The Mayor has recognised the benefits of increasing access to naloxone, but has highlighted some considerations around how it is rolled out to frontline officers:

"Making naloxone more accessible has the potential to save lives. There are no negative health impacts to it being administered in cases where opioid overdose is not present, and almost no risk of injury. Therefore, MOPAC is working with the MPS to carefully consider whether frontline officers should be equipped with naloxone.

"This work will include determining the extent to which frontline officers attend suspected opiate overdoses before medical professionals. There are also important considerations such as the need for robust additional training, which would have a significant impact on frontline abstractions, changes to insurance, the implications to officers of any death following administration, and ongoing financing."[80]

The Committee also heard that there is a need for greater awareness of naloxone and its benefits and that awareness campaigns could support this. Niamh Eastwood told the Committee:

"We should definitely be supporting public campaigns on this … This is a really great medication, it is cheap, it saves a life, and we should be celebrating that … we do need to have a public information campaign across the city to encourage understanding, compassion and use."

Several awareness campaigns have been run in the UK to date. In April 2021, an overdose awareness and naloxone campaign was launched in England to highlight "the importance of carrying life-saving medication to prevent fatal opiate overdose."[81] Thought to be the first of its kind, the campaign featured images of people who have all been personally affected by overdose, and have been trained in overdose prevention and now carry naloxone. Billboards were initially located across London and Manchester, with further locations added in subsequent weeks.[82]

In August 2021, the Scottish Government and the Scottish Drugs Forum launched an awareness campaign. Featuring TV and radio adverts, and billboards at transport hubs and shopping centres, the campaign encouraged people to visit the StopTheDeaths website[83] to learn how to identify when someone is experiencing an overdose, and how to obtain a naloxone kit (as well

[79] Mayor of London, written answer: Government Consultation on Expanding Access to Naloxone, 19 January 2022
[80] Mayor of London, written answer: Government Consultation on Expanding Access to Naloxone, 19 January 2022; and Naloxone, 18 January 2022
[81] Release, National Overdose Awareness and Naloxone campaign launches in the UK, 8 April 2021
[82] Release, National Overdose Awareness and Naloxone campaign launches in the UK, 8 April 2021
[83] Stop The Deaths, accessed 2 March 2022

as training on to use it).[84] In addition to increasing awareness about naloxone, the campaign also sought to: raise awareness amongst the general public that overdose deaths are preventable; and address stigmatising attitudes towards those who use drugs.[85]

Drug consumption rooms

Recommendation 6

The Mayor's Drugs Commission should work with partners including the Home Office to ensure London leads the way in reducing drug harm by piloting drug-consumption rooms. The pilots should determine the optimum location for the test sites by liaising with boroughs and local public health teams, who are best able to manage the relationship between these services and local communities.

DCRs, also known as safe injecting facilities or safe injecting sites, are professionally supervised healthcare facilities where people can consume their own drugs in a safe environment.[86]

According to Harm Reduction International, DCRs operate in 12 countries globally, with Canada having the largest number of DCRs in operation.[87,88] In written evidence to this investigation, the Global Commission on Drug Policy told the Committee that there are approximately 120 DCRs worldwide.[89]

The primary aims of DCRs are to prevent drug-related overdose deaths, reduce the risk of disease transmission through unhygienic injecting, and connect high-risk drug users with treatment and other health and care services.[90]

An assessment of the evidence on DCRs by the Advisory Council on the Misuse of Drugs found that medically supervised drug-consumption clinics reduce injecting-risk behaviours and overdose fatalities. They are also cost-saving because of their impact on reducing deaths and HIV infections.[91]

[84] Scottish Government, Preventing deaths from overdose, 31 August 2021
[85] Scottish Parliament written answer, S6W-02748, 22 September 2021
[86] Harm Reduction International, The Global State of Harm Reduction 2020, October 2020
[87] Harm Reduction International, The Global State of Harm Reduction 2020, October 2020
[88] The 12 countries are Australia, Belgium, Canada, Denmark, France, Germany, Luxembourg, Netherlands, Norway, Portugal, Spain and Switzerland.
[89] Global Commission on Drug Policy, written evidence provided to the Health Committee
[90] European Monitoring Centre for Drugs and Drug Addiction, Drug Consumption Rooms, accessed 21 September 2021
[91] Advisory Council on the Misuse of Drugs, Reducing Opioid-Related Deaths in the UK, December 2016

The benefits of DCRs were highlighted by the Global Commission on Drug Policy in its written evidence to the Committee:

"Such facilities provide much more than a safe space for drug consumption. These are professionally supervised facilities designed to reduce the health and societal problems associated with drug abuse. In addition to reducing acute risks of disease transmission and preventing overdose deaths, they help to connect those suffering from substance dependence, a group too often marginalized, with treatment, health and social services."[92]

> *"DCRs, to me, are one of the most important harm-reduction interventions around the idea of humanity: just treating people as human beings and wanting to protect some of the most vulnerable in our society."*
>
> **Niamh Eastwood, Executive Director, Release**

The Committee also heard during its evidence session that DCRs can help support hard-to-reach individuals. Dr Prun Bijral explained that "DCRs … will serve people who are not currently served by the current treatment system," and added that DCRs provide "another opportunity to access people that we will not get to otherwise." This aligns with the European Monitoring Centre for Drugs and Drug Addiction, which states:

"The effectiveness of drug consumption facilities to reach and stay in contact with highly marginalised target populations has been widely documented. This contact has resulted in immediate improvements in hygiene and safer use for clients, as well as wider health and public order benefits."[93]

The Committee heard that DCRs can be an important tool in reducing the deaths of people at risk of overdosing on their own. Niamh Eastwood told the Committee:

"Naloxone is a fantastic lifesaving medication, but it only works if somebody else is there and the reality is that for about a third of deaths, it is estimated, people are dying on their own. Naloxone is not going to work in that situation. That is where DCRs come into play."

There is significant support for the piloting or introduction of DCRs in the UK. In 2002, the Home Affairs Select Committee's inquiry into the Government's drugs policy recommended that "an evaluated pilot programme of safe injecting houses for heroin users is established without delay and that if … this is successful, the programme is extended across the country".[94]In 2006, a Joseph Rowntree Foundation Independent Working Group on Drug Consumption Rooms recommended that a number of pilot DCRs should be set up in the UK.[95]

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[92] Global Commission on Drug Policy, written evidence provided to the Health Committee
[93] European Monitoring Centre for Drugs and Drug Addiction, Drug consumption rooms: an overview of provision and evidence, accessed 2 March 2022
[94] Home Affairs Select Committee, Third Report – The Government's Drugs Policy: Is It Working?, 9 May 2002
[95] JRF, Independent Working Group, Drug Consumption Rooms, 2006

More recently, the Advisory Council on the Misuse of Drugs recommended the introduction of DCRs in localities with a high concentration of injecting drug use,[96] while the Adam Smith Institute recommended that "an integrated DCR be implemented in an area of high levels of injecting drug use as an initial pilot of DCRs in the UK", after it found that DCRs in other countries have led to reductions in drug-related deaths, health burdens, public injections and syringe litter.[97]

The Committee heard that DCRs in other countries have helped to reduce deaths and the transmission of blood-borne viruses (such as HIV); and that the success of DCRs in other countries could be replicated in the UK. Professor Alex Stevens told the Committee: "We have evidence of the places that have introduced them having seen reduction in deaths, and we would expect that to occur in the British context."

However, in its written evidence to the Committee, the MPS confirmed it has no plans to trial or implement DCRs in London. The MPS wrote: *"At present they [DCRs] are not mentioned in the Drugs Strategy nor are they supported by the Home Office and National Police Chiefs Council. Persons in possession of illicit drugs would be breaking the law under the Misuse of Drugs Act. The local community where a DCR would be located would have to be supportive of their existence."*

The legality of DCRs has been identified by the Mayor of London as a challenge to trialling or implementing them in London:

"There is currently no legal framework for the provision of Drug Consumption Rooms (DCRs) in the UK and the Government stated earlier this year that it has no plans to introduce DCRs. As such, a range of offences would be committed in running DCRs, by both service users and staff, including possession of a controlled drug and being concerned in the supply of a controlled drug."[98]

Recent attempts to set up DCRs without explicit legal clearance have not received government backing, with a minibus converted into an "Overdose Prevention Centre' in Bristol being told by the Home Office that it had broken the law.[99]

However, Professor Alex Stevens told the Committee that while DCRs "would exist in a legal grey area", this doesn't necessarily stop them from being trialled or implemented within the existing legal framework:

"It is obviously true that people who are using these services would be committing the criminal offence of possession of a substance that is controlled under the Misuse of Drugs Act … That should not necessarily be a barrier to the provision of such a service because those legal issues have been dealt with before in other settings, primarily needle and syringe programme … The fact that Peter Krykant voluntarily set up a drug consumption site in a converted ambulance in Glasgow and was able to run it for several months, without being closed down by the police, shows that it is possible within the British legal framework to run such a facility."

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[96] Advisory Council on the Misuse of Drugs, Reducing Opioid-Related Deaths in the UK, December 2016
[97] Adam Smith Institute, Room for Improvement, Briefing paper
[98] Mayor of London, written answer: Drug Consumption Rooms, 23 November 2021
[99] *Metro*, UK's first drug consumption room opens in Bristol, 2 December 2021

The Committee heard that the harm-reduction benefits of DCRs are clear. However, how to implement them effectively in London requires further exploration. Professor Alex Stevens explained to the Committee that "the effect of a DCR is highly localised to the immediate vicinity of where you set up the service". In its written evidence to this investigation, the Global Commission for Drug Policy also highlighted the importance of ensuring that DCRs meet population needs: "It is key to assess the real needs of the people who would benefit from these services with regards to location, opening times, and services needed."[100]

Professor Alex Stevens therefore proposed *"a mapping exercise to find out where these problems are clustered and whether it would make sense to have a fixed location or perhaps a mobile service that meets the needs of the people who are using drugs near where they are buying and using currently."*

In addition to undertaking a mapping exercise to identify the most suitable location for DCRs, the Committee also heard that it is important to educate local communities so that they understand the benefits that having a DCR in their area can bring. Steve Rolles explained:

"I have visited DCRs in a number of countries ... Where there is initial hostility, if the leadership is shown and these things are established in a sensitive and responsible way, they invariably win public and political support across the political spectrum because they work. They reduce street nuisance and public injecting, they reduce drug litter, they bring benefits to the community as well as the individuals, and that is why they secure public support. There may be this initial hurdle, but it is not an impassable one… you have to bring the community and the local businesses with you and there are ways of doing that."

Drugs education

Recommendation 7

The Mayor should run a campaign with partners to educate Londoners about how to reduce drug harm and deaths.

A recurring theme throughout this investigation was the importance of educating people about how to take drugs as safely as possible to mitigate harm.

[100] Global Commission on Drug Policy, written evidence provided to the Health Committee

"Whether we like it or not, whether we morally approve of it or not, the reality is that millions of people do use drugs … We have a responsibility to those people to keep them safe."

Steve Rolles, Senior Policy Analyst, Transform

Niamh Eastwood told the Committee that providing safer-use messaging can empower young people and reduce harm:

"Obviously, we should not encourage people to go out and use drugs, certainly not children, but giving them the tools and the resilience to know how to find that information and to get that information in a way that is useful and reduces those harms."

The Committee heard that for many young people, the brief intervention received as part of drug checking services is the first time they've received drugs education. Niamh Eastwood explained:

"For many people it is the first time they have ever had a brief drug education session. Throughout school they have never had proper drug education. They start to use drugs and they do not have the tools to try to make it as safe an experience as possible."

She explained that improving people's knowledge about drugs can "help them make good decisions".

While drugs education is now compulsory in all primary and secondary schools, this has only been the case since September 2020, when statutory guidance was published.[101] The Committee heard that more investment in drugs education is needed to mitigate risks. Niamh Eastwood told the Committee that "investment in drug education is woefully lacking" while Steve Rolles said: "All forms of drug education and drug services generally are currently under-resourced."

The Committee heard that educational campaigns about safer drug use would help improve understanding of the dangers of taking drugs, and raise awareness of how to take drugs as safely as possible. Niamh Eastwood explained: "What we need to do is to have education campaigns. We need to tell young people how to be safe." She explained that these should be city-wide, but could also target key audiences at specific locations: "There are different spaces where we could encourage this education approach. It should be city wide, but we could target in on universities, nightclubs, and the whole piece in secondary schools and younger."

The Committee also heard that drugs education should include safer use messages covering different types of drug use. Niamh Eastwood explained: "What I will say about education is that with recreational drug use it is important that we give those safer use messages. We should be giving safer use messages across consumption of all different types of drugs."

[101] Department for Education, Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers, 25 June 2020

The Committee heard that it is important to provide specialist advice to those giving harm-reduction advice in educational settings, such as universities, to ensure they are working within the limitations of the current legal framework. The further rollout of the three interventions reviewed by this investigation would also increase opportunities to educate existing drug users about harm-reduction measures.

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Hindi

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Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

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Greek

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درکار ہو تو، براہ کرم نمبر پر فون کریں
یا مذکورہ بالا ڈاک کے پتے یا ای میل
پتے پر ہم سے رابطہ کریں۔

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Punjabi

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