Geneva, 10 December 2021

Submission to the London Assembly Health Committee

Global Commission on Drug Policy

The current picture of drug consumption and drug-related deaths in London

1. How has COVID-19 impacted the delivery of harm reduction interventions and services, particularly those targeted at preventing drug-related deaths?

The UN Secretary General and the Special Rapporteur on the Right to Health[1] have recognized people who use drugs as a vulnerable group in the pandemic context because of criminalization, stigma, discrimination, underlying health issues, increased social and economic vulnerability, and limited access to life saving harm reduction programs.

Data indicates that more people have been using drugs during the pandemic because of the psychological toll of the pandemic and that more people used drugs alone - a risk factor for overdose. The closure of borders restricted access to some drugs, resulting in people sometimes using anything they can find, including various prescription drugs mixed with alcohol. In the US, more synthetic opioids like fentanyl came in supply, contributing to the highest death toll from overdose ever recorded in the country between 2020 and 2021.

At the same time, a number of innovations in the provision of services, particularly coming from civil society and peer organizations, have led to facilitated access to services for people who use drugs under Covid-19 restriction measures. Lockdowns and curfews prompted medical centres and non-governmental organizations to collaborate and ensure the daily provision of preventive materials, substitution therapy, antiretroviral medicines and food supplies to clients, particularly in remote areas.

Innovative initiatives include the provision of take-home opioid agonist therapy (OAT) medications for periods of one to several weeks, mobile outpatient clinics to deliver OAT; NGOs delivering sterile needles and syringes, masks, hygiene materials, naloxone, Covid-19 and HIV self-tests, using their own cars or through use of couriers; and on line counselling.

EMCDDA has issued recommendations on this topic.[2] CDC has made available a distress helpline. INPUD made available resources for people who use drugs.[3] These are just few examples.

Prison settings have amplified the pandemic because of poor airborne infection control and overcrowding. The high incidence of Covid-19 among incarcerated people has led governments and prison administrations to take exceptional measures to decongest prisons.

[1] https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25797&LangID=E
[2] https://www.emcdda.europa.eu/publications/ad-hoc/covid-19-resources_en
[3] https://www.inpud.net/en/covid-19

Since the start of the pandemic, over a million prisoners have been released worldwide under different release schemes.[4]

Nevertheless, countries continued to harass and arrest people who use drugs for presumed drug offenses and inflexible law enforcement continued to take place even in times of lockdown. This must stop.

2. London has particularly high levels of recreational drug consumption – do you feel there is sufficient attention targeted at this form of drug use?

Figures show that criminalization does not deter drug use. Despite sixty years of prohibition and criminalization of drug use, consumption has increased every year. Instead, the prohibitionist approach to drugs has had disastrous consequences on health, security and development, and is linked to numerous human rights violations. These negative consequences are today widely recognized by the United Nations who calls countries to decriminalize drug use.[5]

Drug use criminalization focus on the principle that drugs are bad without providing honest information on the risks of consuming drugs, on each drug's potency and addictive properties. In addition, it promotes stigma and discrimination, pushing people to adopt risky behaviours and leaving them in the hands of the black market.

As not all drug use can be prevented, and many people choose to consume drugs despite the risks without harming others, several cities around the world have decided to provide services that minimize the risks and prevent harmful consequences such as overdoses. In the case of recreational use, drug-checking and counselling services are particularly important. There must also be investments in evidence-based drug use and dependence prevention that provides honest information to consumers. You can find more on the role of cities and best practices in drug policy in our position paper '*Drug Policy and City Government*'.[6]

3. In terms of drug-related deaths from recreational drug consumption, do you feel there is adequate awareness of the associated risks and do you feel there are sufficient measures in place to tackle what appears to be a growing problem?

Prohibition prevents people from seeking help, accessing lifesaving medicines such as naloxone, and makes them turn to the black market increasing the risks associated to drug use.

The Covid-19 pandemic has exacerbated vulnerabilities. Drug use has increased. Drugs that are cheaper, more potent, and easier to produce and to distribute, like fentanyl, are more available.

[4] DLA Piper (2020) A global analysis of prisoner releases in response to Covid-19 available at: www.dlapiper.com/~/media/files/insights/publications/2021/03/dla-piper-prison-population-during-covid-19.pdf?la=en&hash=F5C1EBBA0D3D86BDDA58FAC87DB9EF3CAE3815DF

[5] United Nations Common Position on Drugs, available at : https://unsceb.org/sites/default/files/2021-01/2018%20Nov%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf

[6] Global Commission on Drug Policy (2021) Drug Policy and City Government, available at : https://www.globalcommissionondrugs.org/wp-content/uploads/2021/06/210607-Position-paper-cities-FINAL-EN.pdf

There are today scientifically proven services that can be put in practice to help increase awareness of the risks associated to the use of drugs, as mentioned above.

Questions 2: Drug checking services

4. How could drug checking services help to reduce drug deaths in London?

Drug-checking services can help raising awareness of the risks involved in drug use, and preventing fatalities in extreme cases. Such services are also crucial to the identification of vulnerable individuals at an early stage and referee them to appropriate support services. Finally, a systematic analysis of the substance samples as part of the monitoring process can provide information about the illegal drug market and reveal problematic developments.

Each year in Switzerland around 4,000 samples are tested (mainly cocaine, MDMA/ecstasy and amphetamine). In over half of the cases, the tested sample posed an increased risk to the user.

5. What are the key concerns associated with the implementation of drug checking services?

It is of extreme importance that clients are not harassed or criminalized when accessing such services. Cooperation and coordination with the police and criminal justice authorities is key.

6. What policy changes or guidance would be required for drug checking services to be implemented or trialled in London? Which stakeholders would need to be involved? And where could they be located?

- Adopt policies that end the criminalization of drug use and the stigma associated with it

- Establish systems to ensure people's confidentiality while accessing drug checking

- Ensure that people who use drugs and civil society organisations are part of the decision-making throughout the entire process

- Address drug use stigma and discrimination in the community

- Ensure that the staff and stakeholders involved are people who are trusted within the community and are qualified to provide accurate results in a respectful and non-judgemental way. The staff should also be in a position to provide relevant knowledge that is needed. e.g. community health workers, nurses etc.

7. What are the main barriers to drug checking services being implemented or trialled in London?

Criminalisation of drug use exacerbates stigma and discrimination towards people who use drugs. The implementation of harm reduction services must be accompanied by anti-stigma awareness campaigns.

Additionally, people who use drugs may want to maintain anonymity when using such services fearing that drug checking services could constitute a criminal offence. It is important that services respect the confidentiality of clients and protects them from police harassment and criminal prosecution. For this, cooperation with the police and criminal justice authorities is key.

Questions 3: Naloxone

8. How could a wider rollout of naloxone help to reduce drug deaths in London?

Naloxone saves lives. Improving and facilitating access to naloxone should reduce drug-related deaths. But a wider rollout of naloxone must be accompanied by the decriminalization of drug use so people who use drugs or who sees someone overdosing is not afraid to call the police or an ambulance. *De facto* decriminalization could be coordinated with the Met police.

9. What are the key concerns associated with a wider rollout of naloxone?

N/A

10. Do you feel there is sufficient public and professional awareness of what naloxone is and how to source and administer it?

N/A

11. Do you feel it would be beneficial for England to have a national naloxone programme, as is the case with Wales and Scotland?

This must be discussed with national public health experts.

12. Do you think the Met Police should carry naloxone? And what are the main barriers to naloxone being carried by first responders such as the police?

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.

Police should receive training on how to identify overdose symptoms and on how to use naloxone. Police should be oriented not to arrest people who use drugs.

Stigma among police against people who use drugs should be addressed.

13. What could the Mayor do to improve awareness of naloxone and encourage greater use by first responders and other relevant professional groups and individuals in London?

To be discussed with national experts from civil society, police, justice and public health fields.

Questions 4: Drug consumption rooms

14. Could you give your opinion on whether drug consumption rooms would help to reduce drug deaths in London?

Safe drug consumption facilities (SCF) are today widely recognized for being cost-effective and for saving lives, in addition to reducing nuisances and petty crime.

SCF have been operating in several countries across Europe for more than three decades.

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.

Supervised by professional and trained staff, SCFS have demonstrated positive outcomes for both the general population and people with drug dependence.

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) "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."[7]

The EMCDDA also recognizes the role of such facilities in combatting nuisance and drug related violence.[8]

In the last decade, the number of countries with SCFs, including mobile, has increased. Nevertheless, a decline in the number of people who inject drugs has resulted in the closure of some facilities in Switzerland and Spain.[9] Today, there are approximately 120 SCFs operating in twelve countries around the world: Australia, Canada, Belgium, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Portugal, Spain and Switzerland.

15. What are the key concerns associated with the implementation of drug consumption rooms?

It is important to ensure that the SCF corresponds to the population needs. For this, 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.

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[7] European Monitoring Centre for Drugs and Drug Addiction, available from: https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

[8] European Monitoring Centre for Drugs and Drug Addiction (2014), European Report on Drug Consumption Rooms. Available from: https://www.emcdda.europa.eu/system/files/publications/339/Consumption_rooms_101741.pdf

[9] Harm Reduction International (2021) The State of Harm Reduction in Western Europe 2020. Available from: https://www.hri.global/files/2021/03/29/HRI_Western_Europe_Final2.pdf

It is also important to ensure that people living in the neighbourhood where the SFC is to be opened are involved at all steps during the process. They must receive information on the benefits of such services, and have their concerns addressed by local authorities. It is important the neighbourhood feels safe and understand the benefits of such services.

Coordination with all stakeholders must be a priority. Police and prosecutors play a key role in supporting and ensuring the implementation of harm reduction services. Many are against the criminalization of drug use, considering the enormous pressure it exercises on criminal justice and prison systems and the poor results, and defend a public health approach to the issue of problematic drug use.

16. What can we learn from the trialling or rollout of drug consumption rooms in other countries?

Before the 90's, drug policy in Switzerland was largely determined by the Swiss narcotic law based on strict prohibition, even of consumption and preparatory acts for personal use.

Despite years of repression, Switzerland was being confronted with an epidemic of heroin injecting with steep increase in mortality, blood-borne infections, drug-related criminality and drug trafficking. Open drug scenes in major cities became intolerable, challenging politicians and calling for a radical policy change.

In a desperate effort to revert the consequences of an injecting drugs epidemic coupled with repression, the first safe consumption facility was opened in Bern, Switzerland in June 1986. In 1988, following the report of a working group, the General Prosecutor of the Canton defined the conditions of the facility to be "tolerated" and not considered as violating the narcotic law. The experience in Bern, and a similar experience in Zurich, were followed step by step by other cities. In most of the cases, the decision was submitted to a general vote and agreed by the population.

A legal assessment of such services commissioned by the Swiss Federal Office for Public Health (FOPH) in 1989 concluded that "the establishment of state-controlled consumption rooms does not violate Swiss national drugs legislation as long as the rooms improve the hygienic conditions under which consumption takes place and provide medical supervision and no drug dealing takes place".[10,11] In accordance with this assessment, the at the time called 'injecting rooms' obtained the status of medical institutions, thus exempt from police intervention.

A further analysis commissioned by the FOPH focused on the legality of state-controlled public 'injecting rooms' under public international law and the three relevant international drug control conventions. The analysis, carried out by the Swiss Institute of Comparative Law, concluded that:

> *"The texts of the relevant international conventions do not provide any guidance on the question whether or not public injecting rooms are in fact conducive to the rehabilitation and social reintegration of drug addicts [sic] in the short term and to the*

[10] Schultz, H. (1989) Die Rechtsstellung der Fixerräume. Schweizerische Zeitschrift für Strafrecht, Bd. 106, Heft 3, Bern. [Gutachten gem. Vertrag vom 14./18.November 1988 der Eidgenössischen Betäubungsmittelkommission]. Berne: Bundesamt für Gesundheitswesen.

[11] Hedrich, D. (2004) European Report on Drug Consumption Rooms, EMCDDA. Available from: https://www.akzept.org/pdf/volltexte_pdf/nr8/consumption_rooms_report.pdf

reduction of human suffering and the elimination of financial incentives for illicit traffic in the long term. The actual practice of the State Parties in this respect could provide some guidance, if it is substantially uniform. If not, ***it must be concluded that State Parties retain the freedom to make their own policy choices on the tollerance [sic] of Fixer-Stübli [SCFs]. State Parties are not obliged by the conventions to prosecute and punish the possession and consumption of drugs*** *(other than those psychotropic substances that are listed in Schedule I to the 1971 Convention) by addicts [sic] in Fixer-Stübli. This conclusion is subject to the caveat that activities which counteract the object and purpose of the conventions must not be tollerated [sic], but that is simply to restate the question of the underlying socio-medical utility of public injecting rooms."* [12]

Institut Suisse de Droit Comparée, 2000.

These facilities were carefully monitored by local authorities with first results showing: [13]

- A significant relationship between the operation of these facilities and the reduction of drug-related deaths
- That the facilities contribute to a reduction in public nuisance, including reducing public drug use and discarded injecting material
- That community members tend to see SCFs as acceptable as long as open drug scenes, drug use and dealing was no longer visible

Adopted by the Federal government already in 1991, becoming a federal law through a popular referendum in November 2008, the Swiss four-pillar strategy includes prevention of drug use, therapy for drug dependence (including heroin-assisted therapy), harm reduction (including SCFs), and repression against drug trafficking.

This approach has been practiced in many Swiss cities since the end of the 80s and has spread across the country and internationally in the following years.

Throughout the years, the introduction of safe facilities in Switzerland followed different models in different cantons: from drug injecting rooms to integrated centres, from local residents to universal access.

The role of law enforcement was key from the beginning, and evolved from tolerance ensuring that people consuming drugs were not harassed or arrested, to the protection and promotion of services, as well as of its users and workers.

Police and judicial system officials were included in the high-level discussions as equal partners, together with specialists from the medical and social fields, community members, and religious organizations.

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[12] Institut Suisse de Droit Comparée (2000) Avis 99–121c. Use of Narcotic Drugs in Public Injecting Rooms under Public International Law. Lausanne: Institut Suisse de droit compare. 7 January 2000.

[13] Kimber et al. (2003) Drug consumption facilities: an update since 2000. Drug and Alcohol Review, 22: 227-233. Available from: https://doi.org/10.1080/095952301000116951

Today, SCFs are present in nine Swiss cities: Bern, Zurich, Basel, Biel, Olten, Schaffhausen, Geneva, Lausanne and Solothurn.

17. What policy changes or guidance would be required for drug consumption rooms to be implemented or trialled in London? Which stakeholders would need to be involved? And where could they be located?

N/A

18. What are the main practical or policy barriers to drug consumption rooms being implemented or trialled in London?

The Home Office insists that safe consumption rooms are illegal according to the Misuse of Drugs Act 1971. But according to experts, although the law imposes general prohibitions in respect of particular actions (e.g. supply), there are numerous Regulations made under the 1971 Act that grant exemptions and exceptions to those prohibitions.

Experts affirm that the following contradiction can be used to support such facilities:

a. The European Convention on Human Rights (ECHR) has been incorporated into the law of the United Kingdom by the Human Rights Act 1998. The following articles are usually cited in support of the existence of safe consumption facilities:
    - Article 2(1) provides that: *Everyone's right to life shall be protected by law.*
    - Article 3 (degrading treatment) provides that: *No one shall be subjected to torture or to inhuman or degrading treatment or punishment.*
    - Article 5(1) (liberty and security) provides that: *Everyone has the right to liberty and security of the person ...*
    - Article 8 provides that: (1) *Everyone has the right to respect for his private and family life, his home and his correspondence;* (2) *There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*
b. The Human Rights Act 1998 also imposes a duty on "public authorities" to comply with articles of the ECHR.