



Home Office

Kit Malthouse MP
Minister of State for
Crime and Policing

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Angela Constance MSP
The Scottish Parliament
Edinburgh
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DECS Reference: MIN/0125265/20
Your Reference: 202000106764

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Kit - Angela,

I write to congratulate you on your appointment in your new role as Minister for Drug Policy, and to introduce myself as the Minister in the UK Government with lead responsibility for tackling drugs. Over the past year, Ministers across the UK have worked more closely than ever to address this challenging and complex social problem. With Jo Churchill MP, the Minister for Public Health, I hosted the UK Drugs Summit in Glasgow in February, and in September I held a UK Drugs Ministerial in which Public Health and Justice Ministers from Scotland were actively involved. I am keen to deepen further our co-operation to tackle this issue and to drive down drug deaths.

I acknowledge that there are some areas of policy on which the UK Government and the Scottish Government do not agree, but I am willing to discuss those issues, and at the same time find common ground where we can make progress. I propose that we meet at your earliest convenience in January to exchange views on the further steps we can take and to update you on work I have in progress which I hope will make a contribution to the outcomes we wish to see across the whole of the UK.

One of the questions which is sometimes raised is whether the UK Government would legislate to allow for drug consumption rooms. This is an issue on which your predecessor wrote to me on 11 December, and I will take the opportunity to set out briefly the position for your understanding.

As you will be aware, the subject of overdose prevention facilities is complex. There are many legal issues surrounding the running of these facilities. There are also genuine concerns that allowing these facilities may send the wrong message and be viewed by some that the Government condones the use of illicit drugs, which is absolutely not the case.

I note that during Prime Minister's Questions on 16 December, a question on overdose prevention facilities was asked by Ronnie Cowan SNP. The Prime Minister's response was clear in that we do not want to do anything that would encourage the consumption of more drugs, nor do we want to decriminalise the possession of drugs, given that drugs ruin lives and drive criminality across the whole UK.

I do, however, believe that we need to take further action on this agenda. For example, positive progress has been made on naloxone distribution, and the Department of Health and Social Care is looking at making further changes to ease access to this life saving drug for those who suffer an overdose. Alongside this, the National Crime Agency (NCA) continues to work with operational partners including Police Scotland in responding to the threat posed by the illicit manufacture and distribution of pills. The NCA is building on recent operational results to develop the national threat picture to inform and develop strategies to counter illicit pill production in the UK.

Project ADDER is another opportunity for us to make a difference by working together. I wrote to your predecessor on 14 December on this and would be keen to discuss how the Scottish Government's involvement can be taken forward and what benefits it would bring.

I welcome the opportunity for us to discuss how best we can work together in tackling the issues of drug misuse. Home Office officials will be in contact to arrange a time for us to meet.

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Kit Malthouse MP

Angela Constance MSP
Minister for Drugs Policy



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Your ref: MIN/0125265/20
27 January 2021

Dear Kit

Thank you for your introductory letter dated 6 January 2021. In my new role as the Minister for Drugs Policy, working directly to the First Minister, I welcome the opportunity to meet with you and work on the areas where we are able to reduce the harms of drug use and address the unacceptable number of related deaths.

Setting out your position on overdose prevention facilities is helpful. I am aware of the on-going discussions around the introduction of these facilities between our governments and of the strong international evidence-base which supports these facilities. Although they are not a panacea to the complex set of challenges we face, when integrated into the wider work that is being taken forward in Scotland I believe they can be a crucial part of the solution.

We are looking at ways in which these facilities can be established through a proper legal framework. For example, we have been made aware of pilot overdose prevention facilities that are expected to be established in England, with two likely to be operational later this year. Whilst we recognise that the legal framework in Scotland is different, we are keen to have discussions with those developing these pilots to explore this further. I have asked my officials to look at this in more detail and to speak to relevant partners, including the Crown Office and Procurator Fiscal Service and Police Scotland, in order to assess the feasibility of this approach in Scotland. I would welcome further discussion on this work.

I welcome the positive progress on easing access to naloxone distribution by the Department of Health and Social Care and the work led by the National Crime Agency in developing strategies to counter illicit pill production across the UK. I look forward to more details and any suggestions on how we can work together to help progress these further.

As you are aware, the Scottish Government has taken a different approach to the UK Government, implementing a public health approach to drug use in Scotland.

This is in line with recommendations from the Advisory Council on the Misuse of Drugs; the recommendations of two UK Parliamentary Committees - the Scottish Affairs Committee and the Health and Social Care Committee; as well as a significant number of experts and academics.

Since September 2019, under this public health approach, the Drug Deaths Taskforce are already progressing work that is well underway and will align with the Project ADDER diversion and recovery activity. We do not believe that combining this work under the banner of Project ADDER would provide added value. Doing so would require us to redirect our existing work and undermine the established evidence based approach. However, the involvement of the Drug Deaths Taskforce as a member of the Project ADDER Partnership Learning Network will provide an opportunity for us all to share emerging developments and to learn from each other.

I welcome your commitment to working together to tackle drug-related harms and deaths and look forward to meeting with you to discuss what we can do collectively to respond to this public health emergency. I am also arranging an introductory meeting with the Minister for Prevention, Public Health and Primary Care and my officials will contact her Private Office directly.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Angela Constance', written in a cursive style. The signature is positioned to the left of a vertical line.

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Rt Hon Jo Churchill MP
Minister for Prevention, Public Health and
Primary Care
UK Government

1 March 2021

Dear Jo,

Thank you very much for meeting with me last week. I am writing to follow up on some of the issues which we briefly discussed.

As I noted in our discussion, we recognise the need for a step change in our approach to tackling drug related deaths. In order to save and improve lives we have committed to a national mission that will be supported by additional investment of £250 million over the next five years. One of the key challenges we face in Scotland is the need to increase the number of people in treatment and give them greater, more consistent engagement with relevant services. Whilst there is much we can do within our existing devolved powers to work towards this, there are also evidence-based approaches which we are unable to implement without support from the UK Government.

One of these areas has been to expand the ways in which naloxone can be made available to those who are most at risk. I welcome your existing support on this and the work that your officials are already taking forward. My officials and I stand ready to help in any way possible, and I look forward to hearing further updates on progress in the near future.

I briefly touched on our plans to develop drug checking facilities, but it may be helpful if I set out my thinking on this in more detail. I strongly believe that the introduction of these type of facilities in various locations in Scotland will deliver positive results, which is why we have committed to provide significant funds to support a proposal that will put in place groundwork for three of these specialist services. They provide a vital harm reduction service that can complement a range of other services aiming to prevent harms, provide support, care and treatment for substance use problems, as well as providing further opportunities for engagement, information and counselling.

Furthermore, drug checking also contributes to public health surveillance of drug markets in local areas so when particularly dangerous samples are identified, the service can issue tailored public health alerts. As such, there is a clear rationale for establishing these facilities in Scotland, particularly given one of our most

challenging issues is the use of street benzodiazepines where a central part of the risk is the unknown content of the pills.

The Minister for Crime and Policing, Kit Malthouse MP, has signalled his support in principle for this work. I have committed to provide him with more detail in due course so that any queries or concerns can be addressed at the earliest opportunity. I would be happy to share this information with you too given your interest.

We also discussed the challenges we are facing in Scotland as a result of street benzodiazepines, as mentioned above. We are considering a range of ways to tackle this issue, including work being taken forward through our Drug Deaths Taskforce looking specifically at benzodiazepine dependence and the extent to which prescribing benzodiazepines may reduce the levels of use of the illicit alternatives. We have also worked with partners to ensure that there is a greater availability of accessible information on these drugs, particularly some of the dangers that users may expose themselves to. However, as I think you recognised, there is a strong argument for action to be taken which would regulate the sale of these machines, backed by strong evidence from Police Scotland that they are being used in local communities across Scotland to mass produce potentially lethal pills.

Whilst this issue may be more prominent in Scotland than it is in other parts of the UK, I know there are also concerns about these drugs in various parts of England. As such I would welcome further discussion and engagement on the possible approaches to this matter, for instance around prescribing practice, and hopefully your support for action to regulate the sale of these machines.

With regards to overdose prevention facilities, I remain convinced that these facilities – which are supported by a strong evidence base and a number of experts, including the Advisory Council on the Misuse of Drugs – would help save lives in Scotland and engage a wider range of hard to reach individuals with services. I am aware that the Home Office lead on this matter, but I know you will maintain a strong interest given your portfolio. I hope that we are able to maintain a dialogue as we move forward, despite the reservations the UK Government continue to have.

Finally, we did not get the opportunity to discuss the work of Dame Carol Black. I would be keen to receive an update on this work in the near future and, when appropriate, to discuss the recommendations that come from part two of her review as I am sure that many of the findings will also have relevance in Scotland.

Thank you once again for taking the time to meet with me, and I look forward to working with you going forward.

Yours sincerely,



Angela Constance MSP
Minister for Drug Policy

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Rt Hon Kit Malthouse MP
Minister for Crime and Policing
UK Government

2 March 2021

Dear Kit,

I am writing to thank you for our recent meeting, and to follow up on a few of the specific points discussed.

I welcome the opportunity to further develop a constructive working relationship as we tackle the many significant challenges that we both face as a result of drug use. I was encouraged that, despite differing views on how to best address this issue, you stated your willingness to be led by evidence and to keep an open dialogue around matters such as overdose prevention facilities. These facilities are supported by a strong evidence base and a number of experts, including the Advisory Council on the Misuse of Drugs. I am convinced that they would help save lives in Scotland and engage a wider range of hard to reach individuals with services. I am actively exploring if there are ways we can overcome the legal barriers that currently restrict us from establishing these facilities in Scotland, and I would welcome the opportunity for further discussion on this matter at a future meeting.

I found our discussion on drug checking facilities useful and strongly believe that the introduction of these type of facilities in specific locations in Scotland will deliver positive results. This is why we have committed to provide significant funds to support a proposal that will put in place the groundwork for three of these specialist services. They provide a vital harm reduction service that can complement a range of other services aiming to prevent harms and provide support, care and treatment for substance use problems – as well as providing further opportunities for engagement, information and counselling. Furthermore, drug checking contributes to public health surveillance of drug markets in local areas, so that when particularly dangerous samples are identified the service can issue tailored public health alerts. As such, there is a clear rationale for establishing these facilities in Scotland, particularly given one of our most challenging issues is the use of street benzodiazepines where a central part of the risk is the unknown content of the pills.

You offered your support in principle for this work, and I am keen to provide you with more detail that sets out the clear rationale for this type of service in Scotland. I will provide this in due course, and I would welcome the opportunity to have a follow up discussion so that any questions or concerns you may have can be addressed as soon as possible, with the aim of securing your support for the project.

The discussion we had on pill press regulation was informative, particularly in providing me with a better understanding of the work that your department and the National Crime Agency are taking forward. During our discussion, you indicated that you expected your officials to provide advice to you in the near future on options for action and that you would feed back to me separately on this. As I emphasised in our discussion, there is an urgent need for action to be taken in order to try and tackle production of these pills, given the devastation they are causing on a daily basis in communities across Scotland. As such, I would greatly appreciate an indication of the timeframe you are working to on this.

Since our meeting I have met with Police Scotland, who were clear in their support for regulation to be introduced. They emphasised that evidence shows the vast majority of street benzodiazepine pills in circulation in Scotland are being mass produced by these type of machines. I am fully aware that regulation itself will not solve this issue, however it would be one part of the wider approach we are taking. This includes work being taken forward by the Drug Deaths Taskforce, looking specifically at benzodiazepine dependence and the extent to which prescribing benzodiazepines may reduce the levels of use of illicit alternatives. We have also worked with partners to ensure there is a greater availability of accessible information on these drugs, particularly highlighting some of the dangers that users may expose themselves to.

I look forward to working with you as we tackle these important issues, and to a possible four nations meeting in the coming months. I would welcome further updates on the aforementioned matters and on other areas of work being progressed by each of the administrations, including any early results from Project ADDER.

Yours sincerely,



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Minister for Drug Policy



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31 March 2021

Thank you for your letter of 2 March in which you follow up on some of the specific points we discussed during our meeting on 11 February.

I was pleased to have the opportunity to meet you in your new role as Minister for Drug Policy and I share your commitment to continuing to build a constructive working relationship between the UK and Scottish Governments in order to prevent the harms that drugs cause and drive down drug-related deaths.

In relation to drug consumption rooms (DCRs), we acknowledged when we met that we have differing views on this matter. As you know, this is a legally complex area and there are genuine concerns that DCRs could send the wrong message that the Government condones illicit drug use. I also remain unconvinced of the evidence for DCRs as a means of significantly reducing drug-related deaths, but I remain open to reviewing any new evidence that emerges. At present, the UK Government is focused on improving the quality of, and access to, drug treatment services to support individuals to recover and turn their lives around. Alongside this, we continue to support evidence-based harm reduction measures which operate within the existing legal framework, including needle and syringe programmes, provision of naloxone and heroin assisted treatment.

HO officials have now had an opportunity to follow up with Thames Valley Police and West Midlands Police in relation to DCRs. While there is continued interest in assessing the evidence base, I can confirm that there are no plans at either force to implement DCRs. However, both forces are working closely with health partners to co-develop and deliver other programmes which protect vulnerable people with substance misuse problems. This includes schemes to divert those who come into contact with the police into treatment and support, and equipping and training police officers to administer naloxone.

We also discussed your proposal to pilot drug checking facilities in targeted locations in Scotland. I take a cautious but open-minded approach to this issue. Again, we are keen to avoid any unintended consequences such as sending a message that the Government condones illicit drug use. I am also mindful that drug dealers might seek to take advantage of such services. Nevertheless, I am keen to support you and the Scottish Drug Deaths Taskforce in addressing the challenge of drug misuse where possible and I would be happy

to discuss this matter again once I have had the opportunity to review more detailed proposals. As you will be aware, any activity like this that involves the possession, supply or production of controlled drugs would require a HO licence.

Turning to pill presses, I share your concern about the mass production of street benzodiazepines and the harms caused by these substances. The NCA is leading work to gather intelligence on the nature and scale of the market in pill press machinery, working closely with Police Scotland and other enforcement partners. Based on the evidence they will then provide an assessment of the level of threat across the UK in order to inform the Government's thinking on what more can be done to tackle the problem. The NCA has already circulated intelligence requirements to enforcement partners and, from the beginning of April, will start to draw together a report with key findings and recommendations. HO officials will provide me with further advice no later than the end of April, however this may be updated subsequently if the NCA report is not yet available.

In relation to Project ADDER, we will be launching a Sharer's Network shortly to provide a forum for shared learning. We will be sure to extend the invitation to you once the launch date has been set.

Alongside this, we agreed it would be useful to hold a second ministerial meeting of the four UK nations to continue to share practice on a range of drugs issues. This is likely to be a virtual meeting, and HO officials will follow up with Scottish Government officials in April to discuss plans in more detail, building on the useful discussion we had about potential agenda items.

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Kit Malthouse MP



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Angela Constance MSP
Minister for Drug Policy
Scottish Government

25 May 2021

Dear Angela,

I would like to congratulate you on your re-election and re-appointment as Minister for Drug Policy. I look forward to continuing to work together in this area.

Following our meeting on 11 February and related correspondence, I wanted to write to you to update you on the evidence gathering work related to pill press machinery.

Like you, I am concerned by the use of pill press machinery in the illicit manufacture of substances such as street benzodiazepines and recognise the harms which these substances cause to individuals and communities. As you are aware, the National Crime Agency (NCA) is leading work to gather intelligence on the nature and scale of the market in pill press machinery. The NCA is currently analysing the data retrieved from its intelligence collection and continues to liaise with enforcement partners, including Police Scotland, and industry partners to construct a detailed understanding of the problem.

The Home Office is also engaging with the International Narcotics Control Board's (INCB) expert group on Illicit Drug Manufacturing Equipment. During the UN Commission on Narcotic Drugs (CND) in April we raised the matter directly with the President of the INCB and were given assurances that this work was progressing and that the UK would be closely involved. In addition to this, also at the CND, the UK hosted an event on fentanyl interdiction which enabled presentations from the UN Office for Drugs and Crime, the US, Canada and Estonia on approaches to preventing supply of this drug. We were able to learn more about the role of regulation of pill press machinery in the US and Canada in particular through this event and will produce a report in due course. Further, we hope to hold discussions with Australia also as part of CND follow-up, and to explore their approach to addressing pill presses and encapsulator machinery.

Although I do not have a detailed report that I can share at this stage, I wanted to ensure that you were aware of the latest position given the importance of this work. The NCA will finalise its assessment and will make recommendations from a policing perspective on options to tackle the issue in June 2021 in conjunction with cross-government partners and industry. Home Office officials are liaising closely with the NCA as this work progresses and will provide me with comprehensive advice on options by Autumn, drawing on the NCA and INCB findings, our discussions with

overseas partners and taking into account the policy, legislative and economic implications of these. In the meanwhile I attach an interim report from the NCA updating on progress with their work.

I remain keen to maintain discussions and share understanding and practice on drug-related issues across the four nations of the UK.

I am copying this letter to the Secretary of State for Scotland and Dame Lynne Owens, the Director-General of the NCA.

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Kit Malthouse MP
Minister of State for Crime & Policing



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Rt Hon Kit Malthouse MP
Minister for Crime, Policing and Justice

Dear Kit

Thank you for your recent letters (31 March and 25 May) and I apologise for the delay in responding to the earlier one, as you will be aware the recent election period has limited my ability to respond to correspondence.

I am delighted to have been re-appointed as Minister for Drug Policy for the Scottish Government, allowing me to progress the work I started earlier this year. I look forward to continuing to work with you and welcome the opportunity to build on our discussions regarding the challenges we face in relation to drug use and its associated harms. In that regard I am grateful to you for responding on some of those discussion points in your March letter.

However, there are a couple of points relating to overdose prevention facilities (or safer drug consumption facilities) upon which I would like to seek further clarification. You mention in your letter that, based on existing evidence, you are unconvinced that they can significantly reduce the number of drug related deaths. I am aware, from various representations made to me, that there is a strong body of international evidence that supports the numerous benefits that these facilities can deliver. There is also overwhelming support for these facilities from experts across the UK, Europe and beyond and from key stakeholders throughout the UK. As you know, the introduction of these facilities has also been supported by the UK Parliament's Scottish Affairs Committee, the Health and Social Care Committee, as well as by the UK Government's own advisory body, the Advisory Council on the Misuse of Drugs. As such, I would find it helpful if you were able to provide me with the evidence upon which you base your position with regard to the concerns about these facilities.

I very much welcome the statement in your letter that you are open to looking at new evidence around these facilities. I would, however, find it helpful if you were able to set out exactly what evidence it would take for you to reconsider your position on these facilities?

I was also encouraged recently to read of your aspiration to work with all of the devolved administrations to 'tackle drug misuse, tighten controls on dangerous substances and widen the availability of treatments which prevent overdose deaths', and I wondered if you were including overdose prevention facilities amongst those possible treatment options?

A lot of these issues seemed to come up in the recent cross-party parliamentary session that took place to commemorate the 50th anniversary of the Misuse of Drugs Act (MDA).

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This session, and the on-going campaign to reform the MDA, is yet another reminder of the need for us to adopt a public health approach to problem substance use in order to best help protect communities and lives devastated by illicit drugs. As you will likely be aware, we are currently taking forward a piece of work through the Drug Deaths Taskforce regarding drug law reform which is exploring the barriers that the current legislation has on our ability to provide a public health response to this crisis. I would welcome an opportunity to discuss this with you and the other devolved administrations at a future 4 nations meeting.

I greatly appreciate the comprehensive update you have provided on the progress with regards to pill press regulation. The harms being caused by street benzodiazepines remains an increasing concern in Scotland and whilst we continue to take actions that are within our powers I must emphasise the importance we place on this specific intervention and my desire to see good progress being made at a UK level.

It is also very encouraging to hear that UK agencies are working closely with international partners, particularly in terms of sharing best practice and learning about approaches that have worked in other countries in Europe, and worldwide, where they face similar issues.

Thank you also for sharing the update paper from the NCA and I look forward to seeing their final assessment and recommendations when they are available, as well as any advice around possible options which your officials are preparing.

The deaths caused by street benzodiazepines, and the lack of understanding around what people are taking, is another reason why I am determined that we introduce drug checking facilities in Scotland. As you are aware, we have begun some preliminary work in this area in anticipation of applying to the Home Office for the necessary license required. As this work develops it would be useful to continue this discussion to ensure any proposal which we put forward satisfies any requirements you may have.

I understand that officials are working at the moment to identify a suitable date for a further 4 nations discussion on drugs. I would very much welcome an opportunity to meet with other Ministers in this forum and be able to discuss some of the problems affecting us all, including some of those touched on above.

In advance of that 4 nation meeting it would also be helpful if we could have an earlier discussion to give some consideration to the agenda for that meeting but also to update you on developments in Scotland and discuss ways in which it may be possible to make progress on some of the areas where we feel action is needed. If you would be content to go ahead with this meeting I will arrange for my Private Office to organise this.

I look forward to your response on the above points.



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Northern Ireland Executive

Deirdre Hargey (Minister for Communities)
Naomi Long (Minister of Justice)
Robin Swann (Minister of Health)

Scottish Government

Angela Constance (Minister for Drugs Policy)
Maree Todd (Minister for Public Health, Women's Health and Sport)
Keith Brown (Cabinet Secretary for Justice and Veterans)
Humza Yousaf (Cabinet Secretary for Health and Social Care)

Welsh Government

Jane Hutt (Minister for Social Justice)
Lynne Neagle (Deputy Minister for Mental Health and Wellbeing)

By email only

26 July 2021

THE UK GOVERNMENT'S INITIAL RESPONSE TO DAME CAROL BLACK'S REVIEW OF DRUGS

I am writing to inform you that the UK Government's initial response to the Dame Carol Black review of drugs will be published tomorrow and to invite you join us in a UK-wide sharing programme that builds on our existing close working.

Dame Carol Black was originally commissioned to undertake a review of the challenges the UK Government faces in tackling drugs and the harms they cause. [Part one of the review](#), published in February 2020, provided a stark message about the scale of the challenge – the £19.3bn annual cost of drugs to society, significant increases in class A drug misuse, high levels of drug-related deaths, and strong links between the county lines model of drug supply and increases in serious violence.

This position is intolerable, and we took immediate steps to pave a way to improve this. First, Dame Carol was commissioned to lead on part two of the review, this time to provide recommendations to Government on what more can be done to improve prevention, treatment and recovery support. Second, we listened to the need to join-up the effort to combat drugs and brought together a range of departments to drive a single programme across health, housing, employment, enforcement, criminal justice, and education. This collaborative effort is now being led by a new Joint Combating Drugs Unit and I am overseeing the work as Sponsor Minister for Combating Drug Misuse.

Dame Carol completed [part two of the review](#) on 8th July. This brought together years of research and investigation into the treatment and recovery system in England and we are grateful to Dame Carol for leading this accomplished piece of work. Our Government response tomorrow will set out our clear cross-government commitment to this agenda ahead of an autumn publication of a long-term strategy which will present our whole of government response to drive down drug supply and demand, including support for people through treatment and recovery, and an even tougher response to criminal supply chains and the demand that fuels these illegal markets.

We are already taking UK wide action to disrupt the supply of drugs across all nations through the work of Border Force and the National Crime Agency and our county lines and ADDER (Addiction, Disruption, Diversion, Enforcement and Recovery) programmes extend to England and Wales. There has also been excellent collaboration with Police Scotland to target county lines running to/from Scottish and English forces and I am keen that we enhance collaboration to target these ruthless gangs.

I recognise however that many aspects of drug policy, including healthcare, are devolved, and I know that your Governments are doing some excellent work in this space, including that led by the Scottish Drug Deaths Taskforce, and that significant investment is being made. I also know that there are already strong relationships with devolved administrations across departments but I am keen that we take this opportunity to strengthen collaboration further. To that end, the response will refer to a UK-wide sharing programme that we will be commencing to encourage close working with the devolved administrations on this common challenge.

This is a whole system challenge; drug misuse impacts on our citizens and the exploitation underlying it knows no borders. I look forward to discussing our strategic response and collaboration in more depth at the next UK Drugs Ministerial meeting later this year. My officials will be in touch on immediate next steps.

A handwritten signature in blue ink, appearing to read 'Kit Malthouse', is centered on the page.

Kit Malthouse MP
Sponsor Minister for Combating Drug Misuse



Rt Hon Kit Malthouse MP
Minister for Crime, Policing and Justice

8 October 2021

Dear Kit,

SAFER DRUG CONSUMPTION FACILITIES (SDCFs) – EVIDENCE PAPER

When we met on 18 August we had discussed again the prospect of Scotland taking forward the establishment of a safer drug consumption facility. In previous correspondence you had said that you were open to looking at the evidence behind these services again and at that August meeting you had reiterated that point, adding that you felt that the evidence wasn't clear as to the wider benefits that these facilities could bring.

In advance of the UK Drugs Ministerial meeting on Monday I wanted to send you a paper we have produced which sets out some of the worldwide evidence behind such facilities. The paper also uses specific information about the current situation in Glasgow to provide some context as to why we would propose establishing a facility there as part of our public health approach to drug related deaths.

I have copied our UK Ministerial counterparts into this correspondence for information and I look forward to discussing this with you when we meet next week.

ANGELA CONSTANCE
Minister for Drugs Policy

Safer Drug Consumption Facilities – Evidence Paper

Introduction

There are more than 100 Safer Drug Consumption Facilities (SDCFs) operating in at least 66 cities around the world, within 10 countries - Switzerland, Germany, the Netherlands, Norway, France, Luxembourg, Spain, Denmark, Australia and Canada. The EMCDDA¹ (European Monitoring Centre for Drugs & Drug Addiction) and the ACMD² (Advisory Council on Misuse of Drugs) both support their use and highlight the significant body of evidence that demonstrate the effectiveness of these facilities.

The aims of SDCFs are to:

- Reduce drug-related overdose deaths
- Reduce the transmission of blood-borne diseases such as HIV and hepatitis B and C
- Reduce infection-related wounds and infections
- Reach people who inject drugs and who might otherwise not engage with any type of service
- Benefit the surrounding community by reducing drug-related litter and the visibility of public drug use.
- Gain valuable insight into trends and patterns in drug use
- Engage with people who use drugs and connect them with addiction treatment services.

An SDCF will be able to provide medical attention in the case of an overdose. They are able to provide naloxone which reverses an opioid overdose. Within the facility there will also be a defibrillator to use in the case of a cardiac arrest and the availability of oxygen to be used in the case of respiratory depression.

In 2019 both the UK Parliament's Scottish Affairs Committee³ and the Health and Social care Committee⁴ recommended the use of these facilities as an approach to support those with multiple complex needs. The National Forum on Drug-Related Deaths, an independent advisory body of professional and lay representatives, has also recommended on a number of occasions that harm reduction services should be expanded to include SDCFs.

However, there are currently existing legal barriers to the opening of SDCFs in Scotland, despite both health and drugs policy being devolved matters.

Background

National statistics⁵ published in July 2021 showed that 1,339 drug-related deaths were recorded in Scotland in 2020.

¹ Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA

² *Reducing Opioid-Related Deaths in the UK*, ACMD

³ [Scottish Affairs Committee calls for decriminalisation and safe drug consumption rooms - News from Parliament - UK Parliament](#)

⁴ [Drugs policy - Health and Social Care Committee - House of Commons \(parliament.uk\)](#)

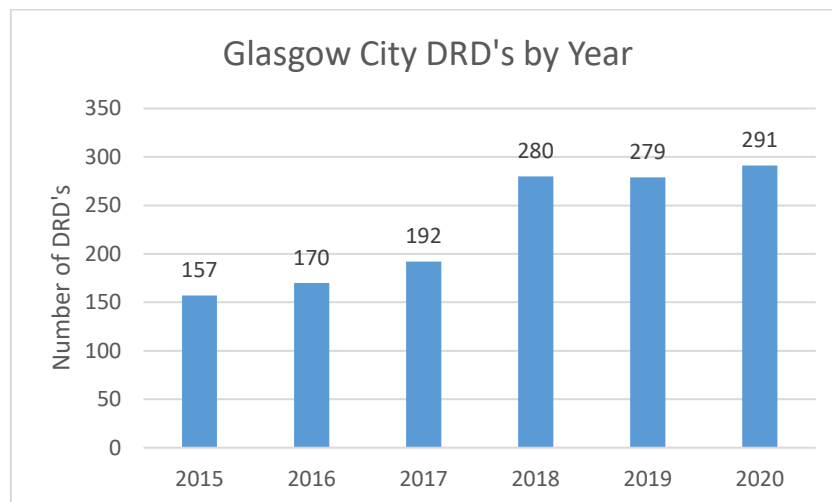
⁵ [Drug-related Deaths in Scotland in 2020 | National Records of Scotland \(nrscotland.gov.uk\)](#)

Evidence shows that the trend of increased deaths is predominantly being driven by those aged between 35 and 54 who are long term, vulnerable drug users who have a number of health problems. Almost two thirds (63%) of all drug-related deaths were of people aged between 35 and 54. The average age of drug-related deaths has increased from 32 to 43 over the last 20 years.

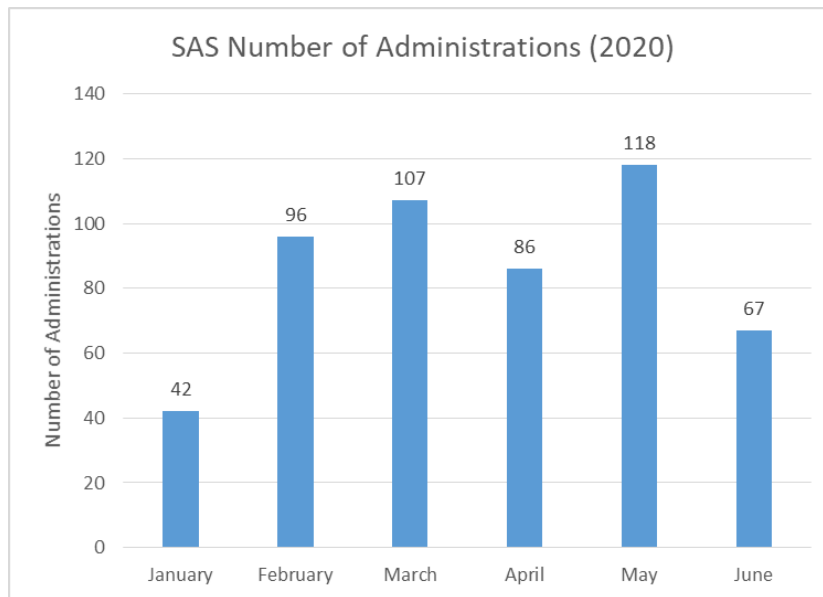
After adjusting for age, people in the most deprived parts of Scotland were 18 times as likely to die from a drug-related death as those in the least deprived. The (age standardised) rate in the most deprived quintile was 68.2 per 100,000 population compared with 3.7 in the least deprived quintile, and it appears this gap has widened over time.

Scotland's drug death rate continues to be over 3 and half times that of the UK as a whole and higher than that of any of the countries in Europe where figures are available. After adjusting for age, Greater Glasgow and Clyde Health Board had the highest drug-related death rate of all Health Board areas for the 5-year period 2016-2020 (30.8 per 100,000 population). It is widely agreed by experts and key stakeholders that a SDCF is needed in Glasgow.

Drug-related deaths in Glasgow have been a persistent concern. The Drug-related Deaths report published by National Records Scotland on 31st July 2020 showed there were 404 drug-related deaths in the health board, and 279 of these deaths were in Glasgow City.



The Scottish Ambulance service data also show an increase, within the G1 to G4 postcode areas, of the use of naloxone being administered. There was a 20% increase from February to the first two weeks in June 2020. 474 incidents where naloxone was used compared to the same period in 2019 where 396 were recorded.



There is strong evidence of a particularly vulnerable cohort of street injectors within the city centre of Glasgow. Factors contributing to their vulnerability include:

- From the beginning of 2015, Glasgow saw an increase in HIV transmissions amongst people who inject drugs in the city. An initial investigation indicated a link between the outbreak and injecting drug use in public places within the city centre.
- There were also outbreaks of serious infectious disease among people who inject drugs including botulism (2014-2015) and anthrax (2009-2010).⁶
- High levels of public injecting within Glasgow City Centre.
- There have been concerns raised for some years from local residents and businesses about the large amounts of discarded injecting equipment in public places across the city and neighbouring areas that are negatively impacting on the community's safety and amenities.

Glasgow continues to see high levels of Drug Related Deaths. Since 2015 they have risen by 185% from 157 to 291 in the year 2020.

Evaluation

Research and evaluation from existing SDCFs has found consistent evidence of effectiveness of these facilities in reducing harms associated with drug use.

These evaluations show that these facilities –

- Contribute to lower rates of fatal overdoses
- Reduce rates of infection transmission
- Reduce levels of public drug consumption and publically discarded drug-related litter

⁶ 'Taking Away the Chaos' The health needs of people who inject drugs in public places in Glasgow City Centre, NHS Greater Glasgow and Clyde, 2016

In addition these evaluations demonstrate that:

- Those who are homeless or who are without a fixed address are more likely to use a SDCF.
- SDCFs have been used to provide people who use drugs with education on safer drug use.
- SDCFs provide access to medical services or other referrals to health and social care services.
- Ambulance call-outs for overdoses are generally reduced in the vicinity of a SDCF.
- Crime rates do not increase in areas where SDCFs operate.

Drug-related deaths

A 10- year evaluation⁷ of an Australian SDCF took place between May 2001 and April 2010 in Sydney. It showed a success in decreasing drug overdose deaths. There were no deaths on the site despite 3426 overdoses occurring in the SDCF. Also, analysis of external data sets suggested that the SDCF reduced public opioid overdoses in the local area.

A more recent 18-month trial of a SDCF in Melbourne, Australia, starting on 30th June 2018 took place and recorded no deaths onsite although 2657 overdoses occurred within the SDCF. Of these responses, 271 required the use of naloxone and 2615 required oxygen and other measures to respond to breathing difficulties as a result of an overdose. There was also a 36% reduction in ambulance attendances involving naloxone in the 1km vicinity of the SDCF during opening hours⁸.

There have been no deaths from overdose recorded in SDCFs since they began, despite the millions of injecting episodes⁹.

Injecting-related harms

Due to the Coronavirus pandemic it has been difficult to indicate a direct number of those affected with injecting related harm within Glasgow, as BBV testing has been disrupted. However, data from the NHS Glasgow and Greater Clyde WAND initiative for September 2020 showed that for 377 individuals, who reported preparing and injecting their drugs within the city centre, 53% of those had not been tested for HIV and 50.1% had not been tested for Hepatitis C.

Glasgow City Council are aware that there is direct sharing of needles and that batch preparation remains a concern. A recent study from Glasgow Caledonian University

⁷ MSIC Evaluation Committee. (2010). *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011)*. Sydney.

⁸ *Review of the Medically Supervised Injecting Room Medically Supervised Injecting Room Review Panel, June 2020*

⁹ European Monitoring Centre for Drugs and Drug Addiction. Chapter 11. *Drug consumption facilities in Europe and beyond*. In: *Harm reduction: Evidence, impacts and challenges*. Lisbon: EMCDDA; 2010

in 2019 identified the key drivers of HIV infection in Glasgow to be “an increase in cocaine injecting and homelessness”¹⁰.

Further data from the WAND initiative also indicated that the most common injecting injuries were missed hits 21.8% (82), abscesses 17% (64), infections 12.5% (47), DVT 12.2% (46) and open wounds 9% (34).

Both the review by Potier et al¹¹, published in December 2014 and the earlier review by the European Monitoring Centre for Drug and Drug Addiction (EMCDDA)¹² found SDCFs were associated with significant reductions in risky injecting practices.

SDCFs also appear to significantly reduce the sharing of injecting equipment, and consequently reduces the behaviours that increase the risk of HIV and hepatitis C transmission. Furthermore, they provide sterile injection equipment and harm reduction advice.

During the 10 year evaluation in Sydney there was a notable decline observed in HIV and hepatitis C infections in the local area of the SDCF and from the NSW Health Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final Report, found that 97% of clients surveyed reported that since attending the SDCF in Sydney they now inject more safely. Almost 80% of clients interviewed reported that they had changed their behaviour to reduce the risk of overdoses and were able to identify early signs of an overdose in other people or themselves.

With regard to public injecting, cross-sectional community surveys among people who inject drugs in Sydney have suggested modest reductions in the prevalence of injecting in the street (47% in 2000 to 40% in 2002, $p=0.06$) or in public toilets (39% to 29%, $p=0.01$) following introduction of a SDCF¹³. The Melbourne Safer Drug Consumption Facility also found a reduction in reports of public injecting by residents and local business respondents. A decrease in the proportion of residents from 24% to 20% and business respondents from 27% to 22% who saw public injecting¹⁴.

From the 2007 evaluation from Vancouver, Canada, a randomly selected cohort of 1082 people from the SDCF were surveyed. The survey found that 75% reported that their injecting behaviour had changed as a result of the SDCF. 71% indicated that the SDCF had led to less outdoor injecting and 56% reported less unsafe syringe disposal¹⁵.

¹⁰ McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN, Metcalfe R, Milosevic C, Taylor A, Munro A, Hutchinson SJ. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *Lancet HIV*. 2019 May;6(5):e315-e324. doi: 10.1016/S2352-3018(19)30036-0. Epub 2019 Apr 10. PMID: 30981674.

¹¹ Potier, C., Lapr evote, V., Dubois-Arber, F., Cottencin, O. and Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, December, 48–68

¹² Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA

¹³ MSIC Evaluation Committee. *Final report on the evaluation of the Sydney medically supervised injecting centre*. Sydney: 2003

¹⁴ *Review of the Medically Supervised Injecting Room Medically Supervised Injecting Room Review Panel*, June 2020

¹⁵ *Addictive Behaviours: Injection drug users' perceptions regarding use of a medically supervised safer injecting facility*, May 2007, pages 1088-1093

Treatment

Reviews also found that attendance at SDCF to be associated with increased uptake of addictions care. At the Sydney SDCF it was able to reach a socially marginalised and vulnerable population group of long-term injecting drug users, of whom 40% has no previous interaction with any form of drug treatment. Staff were able to make 8508 referrals, nearly half of which were related to drug treatment (3871). They also found that the more frequently a client visited the SDCF, the more likely they were to have accepted a referral to a drug treatment service¹⁶. During the 18-month review of a SDCF in Melbourne it provided or referred 10,540 additional services beyond supervision of injecting as well as providing specialist clinics.

The same was also found in Vancouver, Canada, among a cohort of people who inject drugs recruited from the Vancouver SDCF, regular attendance was associated with a 33% greater likelihood of initiating addictions treatment (hazard ratio 1.33, 95% CI 1.04 – 1.72) and a 72% greater likelihood of entering a detoxification programme (hazard ratio 1.72, 95% CI 1.25 – 2.38)¹⁷.

There have been concerns that SDCFs could promote drug injecting use, but these have been unfounded. Evaluations from both Australian sites and Vancouver, as well as several other cities across the world have found no change in the local prevalence of injecting drug use after the introduction of a SDCF to the area.

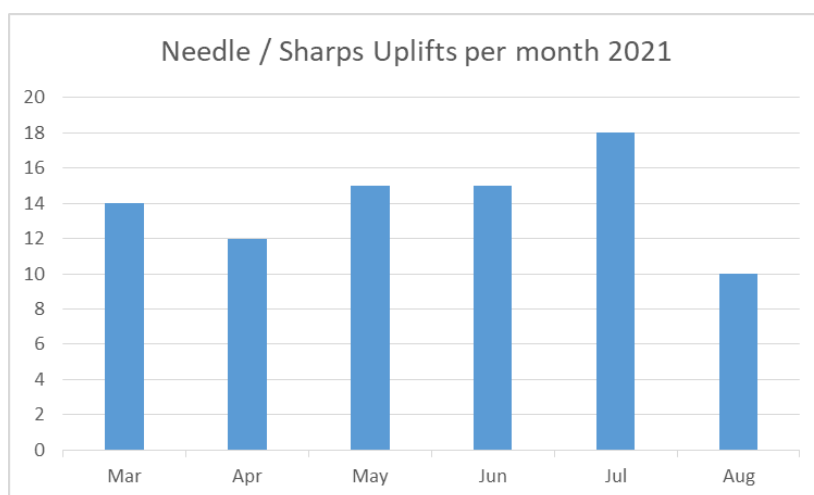
We understand from this information that SDCF are unlikely to encourage individuals to begin to recommence drug use. They may however, play an important role in facilitating access to treatment and recovery services.

Public Injecting

Glasgow City Council continues to receive complaints regarding public injecting. There are around 10-20 calls from the public for needle uplifts per month. These create tensions between the local communities, pharmacies, IEPs and People who use drugs within the city centre.

¹⁶ NSW Health: *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final Report 14 September 2010 v1.1*

¹⁷ Wood E, Tyndall MW, Zhang R, Stoltz J, Lai C, Montaner JSG, Kerr T. Attendance at supervised injecting facilities and use of detoxification services. *New England Journal of Medicine* 2006 06/08; 2016/02;354(23):2512-4)



When North America's first SDCF was opened in Vancouver in September 2003, they used a standardised prospective data collection protocol. They measured injection-related public order problems during 6 weeks before and the 12 weeks after the opening of the SDCF.

The results found from the 12 weeks after the facility was opened were independently associated with reductions in the numbers of publically discarded syringes and injection-related litter. By comparing the data collected from before the SDCF opened to afterwards, statistically it was found to show significant reductions in publically discarded syringes (average daily publically discarded syringes from 11.5 - 5.4) and injection related litter¹⁸.

The SDCF in Sydney also saw similar reductions throughout its 10-year study. It found there was a steady decline in the proportion of residents who reported seeing publicly discarded syringes. This has declined from two thirds of residents prior to the opening of the SDCF (66% in 2000) to 46% of respondents in 2010. There has been a similar decline amongst business respondents, from 80% of respondents in 2000 to 46% in 2010. Data on needle and syringe collections suggests that since the commencement of the SDCF services there has been a considerable reduction of the total number of needles and syringes collected in its vicinity during the period 2004 to 2009. Moreover, the greatest reduction has been in the areas immediately adjacent to the SDCF. Nearly all (92%) current clients of the SDCF interviewed reported that the facility had helped them reduce injecting in public places. Based on information analysed, since the commencement of the trial in 2001, there has been reduced problems with public injecting and discarded needles and/or syringes.

Overall, the data on discarded needles and syringes collected in the relevant sectors indicated a decline in the total number of needles and syringes collected during the period reported from 2003-04 to 2008-09. Specifically, the number of needles and syringes collected across all relevant sectors more than halved from 28,231 in 2003-04 to 12,646 in 2008-09. In addition, it is highlighted that the majority (81%) of

¹⁸ [Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users \(nih.gov\)](#)

surveyed clients agreed with the statement: Since coming here, the SDCF has helped me to not leave injecting equipment in public¹⁹.

Summary

Glasgow City continues to see high numbers of people who inject drugs. The number has remained consistent for the last 6 years and the impact of drug harms remains concerning. Drug related Deaths and non-fatal overdoses in the city centre area are now at an all-time high, and would appear to be increasing. Levels of poly-drug use continue to increase as well as the use of cocaine, sharing of needles and batch preparation of drugs.

Evidence of public injecting remains consistent and complaints from members of the public, community and businesses within the city centre continue. Public injecting has not decreased and the impact of this can be felt across the city from residents, those who inject drugs and businesses/shops.

[A recent study](#) conducted by the Drug Deaths Task Force also found that family members of those with drug addiction, and decision makers were supportive as a whole of implementing safer drug consumption facilities as part of a harm reduction intervention within Scotland. Their views showed that SDCFs should be part of a public health approach.²⁰

SDCFs are hygienic environments where pre-obtained drugs can be consumed under clinical supervision. They are also able to provide people who inject drugs with sterile injecting equipment, advice on injecting technique, assistance in the event of an overdose (naloxone, defibrillator and oxygen) and access to other health and social services.

There is strong evidence that providing a SDCF can support a reduction in harm-related injection practices – including sharing of equipment and public injecting among SDCF clients. SDCFs do not appear to undermine existing addiction treatments and may provide successful pathways into treatment and recovery.

Studies from multiple countries show that SDCFs are able to engage with people who use drugs and offer support to connect with addiction treatment services. They are also able to provide or refer those most at risk of injecting-related harms to many additional services. This can include; wound dressing, medication provision, take home naloxone, as well as specialist services such as diagnosis and treatment of infectious diseases, oral health services and Opiate Substitute Therapy. A SDCF can also provide links with services to housing and mental health interventions.

¹⁹ *NSW Health Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final report 14 September 2010*

²⁰ *Perceptions and attitudes of strategic decision-makers and affected families across Scotland towards Drug Consumption Rooms to prevent drug-related deaths, Stirling University, DDTS, 2021*



Ministry
of Justice



Home Office

The Right Honourable
Kit Malthouse MP
Minister of State for the
Criminal Justice System

26 October 2021

UK DRUGS MINISTERIAL MEETING

Dear Ministers and Experts,

I would like to thank you all for your time and contributions at the most recent UK Drugs Ministerial on 11 October 2021. It was great we were able to meet largely in person at Hillsborough Castle, yet still able to facilitate those joining virtually too.

I hope you will agree that it was another useful meeting for us to get together to share our learning and the evidence across the home nations. It really is vital that we work together if we are going to make an impact and protect our communities from the devastating consequences of drug misuse. We must also take a holistic approach ensuring we look at how enforcement cuts the supply, treatment aids the recovery, and other agencies can collaborate to break the cycle of drug misuse. I look forward to continuing to work with you all on this agenda and I am confident we can make a difference.

We were once again joined by such a range of experts, who as always enrich the conversation infinitely and help illustrate the real-life impacts. It was fantastic to have some experts from our last meeting returning to present the developments in their area of expertise, as well as having some new speakers joining us. I am grateful for your continued dedication to tackling these issues. I am, however, conscious that we had a lot on our agenda and did not have time for full discussions. Therefore, I would encourage you to get in touch with the officials organising the event who will gladly relay any views or questions you didn't have an opportunity to raise and who can put you in touch with other attendees to discuss anything further. I hope the presentations spark further thoughts and conversations outside of these meetings and we can continue to make progress which we can relay at our next meeting.

A press release on the event can be found at <https://www.gov.uk/government/news/uk-ministers-meet-to-drive-progress-on-tackling-drug-misuse>. A short update note from the ACMD and a note from the meeting are attached. Please do let the event organisers (Kerry.Eglinton@homeoffice.gov.uk or Kate.Stewart@homeoffice.gov.uk) know as soon as possible if you wish to make any edits or corrections to the note of the meeting. If you would also like any of the slides from the presentations, please get in touch with the organisers.

These meetings are a great way to ensure we continue to work together and further our work in tackling illicit drug use. I am keen we continue to meet and have these open and honest conversations and I very much look forward to meeting you all again. Officials will be in contact in due course to discuss the next meeting which I hope to be in Wales to continue with our tour of the home nations.

KIT MALTHOUSE MP



T: 0300 244 4000
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Rt Hon Kit Malthouse MP
Minister for Crime, Policing and Justice

Via email:
ministerforcrimeandpolicing@homeoffice.gov.uk
PS.KitMalthouse@justice.gov.uk

25 November 2021

Dear Kit,

SAFER DRUG CONSUMPTION FACILITIES

I am writing to follow up on the recent change of position from Douglas Ross, leader of the Scottish Conservatives, regarding the introduction of safer drug consumption facilities (SDCFs) in Scotland.

I welcome this change in position from the Scottish Conservatives and their agreement that they wouldn't stand in the way of an SDCF pilot but Douglas Ross also stated that the UK Government shouldn't stand in the way of this either.

Furthermore, I was hugely encouraged by his statement that he had also spoken with yourself about this matter and that you were keen to engage with the Scottish Government to see what could be done in terms of a trial.

We have discussed SDCFs on a number of occasions and I'm aware that you have some reservations around the evidence. I wrote to you ahead of the UK Ministerial meeting on Drugs on 11 October to share our recent evidence paper that outlines the use of such facilities and the benefits that they can bring. Douglas Ross also spoke about the need for developing a specific Scottish evidence base to assess what impact SDCFs could have on our drug death figures, something which a pilot facility would be able to provide.

There is now unequivocal backing for introducing these facilities from across all political parties in Scotland, along with agreement from our Lord Advocate to look at a precise, detailed and specific proposal, underpinned by evidence and supported by those who would be responsible for policing such a facility.

We will continue with our detailed work on this basis as we seek to overcome the existing legal barriers which prevent us from moving ahead with our aspirations in this area. However, there is no question that it would be significantly quicker, and easier, for the UK Government to use the powers available to them now to allow us to introduce an SDCF in Scotland.

I am hopeful this change in position from the Scottish Conservatives indicates a willingness to work with us on this issue and I would ask that the UK Government also support us in this work, or at the very least not create a barrier in our attempts to move ahead with our introduction of these facilities as part of our wider harm reduction strategy and our public health approach to drug-related deaths.

I would welcome a meeting with you as soon as possible to discuss this issue and can ask my Private Office to arrange a suitable time if you would be willing.

I look forward to your response on the above points.

A handwritten signature in black ink, appearing to read 'Angela Constance', written in a cursive style. To the right of the signature is a vertical line.

ANGELA CONSTANCE MSP
Minister for Drugs Policy

Annex - Drug Strategy content on UK-wide collaboration

Application across the United Kingdom

Combating illicit drug use and harm is a priority for the whole of the UK. Many elements of drug policy are devolved but that does not mean we, together with our colleagues in the devolved administrations, are any less determined in our effort to confront this issue right across the UK. While this Strategy focuses on matters reserved to the UK Government (i.e. not those that are devolved), we are fully committed to building a UK-wide approach so that we further embed collaboration, share practice with each other and collectively develop the evidence base on a wide range of drugs issues.¹

UK-wide sharing programme

In this strategy we have set out where we share objectives, as well as areas in which we are working together or learning from one another. We are committed to implementing a strong UK-wide sharing programme which will enable us to work closely with counterparts in the devolved administrations.

In October 2021, the UK Government Sponsor Minister for Combating Drugs chaired a summit in Belfast with Ministers from across the UK and experts in the field to discuss a range of drugs issues. This was our third UK-wide drugs summit and there was a strong recognition that we all benefit from working together to address shared challenges. The Scottish Government, Welsh Government and Northern Ireland Executive have set out their own strategies – described below - to tackle the harms from drug use in areas where responsibility is devolved.

Scotland: Following further record rises in the number of drug-related deaths, in January 2021 the Scottish Government set out a national mission to improve and save lives. While it has an immediate focus on reducing drug deaths, the purpose of the mission is also to get more people into the form of treatment right for them, to reduce harms and to enhance recovery. Additional funding of £250 million over five years (from 2021) was announced to support this mission.

Since the announcement in January additional funding has been made available to alcohol and drug partnerships, national organisations as well as community and grass-roots organisations to support service improvement, support children and families affected by problem substance use, and increase capacity for residential rehabilitation.

The Scottish Drug Deaths Taskforce continues to lead work to address the

¹ The legal framework relating to the misuse of drugs, including the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016, is reserved to the UK Government. Further, the NCA and Border Force conduct drug supply reduction activity across the UK. Other policy areas covered in the Strategy such as healthcare, education, housing and social care only cover England. The areas relating to the work of the police and the criminal justice system apply to England and Wales. DWP's Individual Placement and Support programme covers England and the peer mentoring programme covers England, Scotland and Wales.

unique challenges in Scotland by identifying evidence-based strategies that will make a difference to those most at risk. Through the taskforce the Scottish Government have: published a set of Medication Assisted Treatment standards to improve the delivery of drug treatment across Scotland; funded a wide range of projects, initiatives and research to further reduce the levels of drug deaths; worked with partners, including Police Scotland and the Scottish Ambulance Service, to massively increase the distribution of naloxone; and investigated the role of the criminal justice system in a public health response to problem substance use.

Wales: The Welsh Government published a revised Substance Misuse Delivery Plan (2019-22) in January 2021 in response to COVID-19.² Harm reduction continues to be a key part of the Welsh Government's approach and has been for 10 years. The Welsh Government sees substance misuse as a health issue and funding to substance misuse services, which are predominantly provided by local Area Planning Boards, has been increased over recent years and maintained highlighting the support for the sector.

A range of prevention and treatment work is undertaken and a key part of the Welsh Government's harm reduction approach has been the distribution of naloxone to prevent overdose deaths. A recently completed peer-to-peer naloxone pilot was very successful in increasing access to the medicine and this is currently being rolled out across Wales.

Northern Ireland: Following two years of extensive consultation and production, the Northern Ireland Executive's new Substance Use Strategy "Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle Substance Use" was launched in September 2021.³ This 10 year strategy has five key outcomes covering: prevention, early intervention and alternative approaches; harm reduction; treatment and recovery support; and joined up implementation. Enforcement is one element of the overall response, to ensure that illegal drugs or illicit prescription drugs cannot find their way into circulation.

Problem Solving Justice is an international model being developed in Northern Ireland aimed at tackling the root causes of offending behaviour and reducing harmful behaviour within families and the community. A Problem-Solving Justice 5 Year Strategic Plan was developed during 2020 to enable evidence-based decisions about the future of pilot projects and to facilitate a strategic and structured roll-out. Building on this work a new Adult Restorative Justice Strategy is being developed by the Department of justice.

² [Substance misuse delivery plan: 2019 to 2022 | GOV.WALES](#)

³ [Preventing Harm, Empowering Recovery - Substance Use Strategy | Department of Health \(health-ni.gov.uk\)](#)

Break Drug Supply Chains

UK-wide collaboration

- Border Force and the NCA work to combat drug supply across the UK. For example, the NCA have established an organised crime partnership with Police Scotland. The partnership aims to confront a range of serious and organised crime threats, including drugs and firearms supply into Scotland. In Northern Ireland the NCA is also a key partner in the Organised Crime Task Force, Paramilitary Crime Task Force and Joint Agency Task Force structures.
- OCGs are misusing pill press machinery to manufacture harmful drugs such as 'street' benzodiazepines. These are being sold across the UK and causing significant harm, particularly in Scotland where they were implicated in 66% of drug-related deaths in 2020. The government is working with the NCA and partners in Scotland to increase our understanding of the scale of the threat and explore ways to address the supply of these pills.
- Thanks to engagement with the NCLCC and the County Lines Programme pilot forces (West Midlands, Merseyside and Metropolitan Police), we are aware of county lines running to and from Scotland and have conducted a number of joint operations with Police Scotland. Forces will continue to work together to remove this threat.
- North Wales is one of the key importing areas for Merseyside county lines networks, with Class A drugs imported via road and rail. Merseyside Police is working closely with North Wales Police as part of our County Lines Programme to close down the lines and prevent the gangs responsible from causing further harm.

Deliver world-class treatment and recovery services

UK-wide collaboration

- The latest national clinical guidelines on treating drug misuse and dependence are UK-wide and were co-produced by clinical and other experts from across the UK.
- The UK Government and devolved administrations agreed that we need to review legislation to ensure naloxone (a drug that reverses the effects of an opioid overdose) is more easily available to people who use drugs and are at risk. A joint consultation on widening access to naloxone closed on 28 September. The consultation was launched and developed in collaboration with the devolved administrations and future legislative changes would

apply across the United Kingdom.

- DHSC and OHID work with the devolved administrations in collating UK data on drug-related deaths, drug-related infectious diseases, and drug treatment, among other indicators for sharing with international agencies such as the United Nations Office on Drugs and Crime.
- MoJ's pilot problem-solving courts will align with the model currently operating in Scotland, with a primary focus on treatment, regular drug testing and court reviews of progress.



HM Government

The Rt Hon Kit Malthouse MP
Minister of State for Crime, Policing and Probation
Sponsor Minister for Combating Drugs

Northern Ireland Executive

Deirdre Hargey (Minister for Communities)

Naomi Long (Minister of Justice)

Robin Swann (Minister of Health)

Scottish Government

Angela Constance (Minister for Drugs Policy)

Maree Todd (Minister for Public Health, Women's Health and Sport)

Keith Brown (Cabinet Secretary for Justice and Veterans)

Humza Yousaf (Cabinet Secretary for Health and Social Care)

Welsh Government

Jane Hutt (Minister for Social Justice)

Lynne Neagle (Deputy Minister for Mental Health and Wellbeing)

By email only

6 December 2021

PUBLICATION OF 'FROM HARM TO HOPE: A TEN-YEAR STRATEGY TO CUT DRUG CRIME AND SAVE LIVES'

I am writing to inform you that the UK Government's new Drugs Strategy 'From Harm to Hope' will be published today, 6 December; and to reaffirm my commitment to strong UK-wide collaboration in response to our shared challenges in this area.

I want to set out at the outset that this is not a strategy for the whole of the UK. The commitments in the strategy only cover matters reserved to UK Government, recognising that the devolved administrations have your own strategies covering devolved issues. We have worked with your officials to ensure the document includes recognition of those strategies and examples of the work you are doing to combat drug harms, and where we are already closely aligned on policy. We have also agreed on the inclusion of specific examples of UK-wide collaboration. I have included this at the Annex.

Publication of the strategy follows my letter to you in July, ahead of publication of the UK Government's initial response to Dame Carol Black's review. As you will know, Dame Carol's review brought together years of research and investigation into the challenges we face in England and has shaped our thinking on what more the UK Government can do to address them. Dame Carol joined the UK Drugs Ministerial meeting in October to update the devolved administrations on her findings and we outlined the key priorities underpinning our new strategic approach.

The new strategy will set out a 10-year ambition to respond in full to Dame Carol's review. As Dame Carol makes clear, this will require a concerted whole-of-government effort to drive down drug supply and demand.

Our key strategic priorities are to:

Break drug supply chains – a relentless and uncompromising attack on every phase of the drugs supply chain, including action to prevent drugs from entering the UK, disrupting the criminal gangs responsible for drug trafficking and supply, taking a zero tolerance approach to drugs in prisons in England and Wales, and building on our successful programme to roll up county lines, working closely with the devolved administrations on cross border lines.

Deliver a world-class treatment and recovery system in England – increasing the quality and capacity of treatment services in England with record levels of funding, delivering more people into recovery and preventing nearly 1,000 drug-related deaths over three years. This includes housing and employment support across England, and employment peer mentoring across Great Britain. We will increase the number of offenders referred into treatment, supported by increased investment in England, and improved provision of treatment via HMPPS in Wales.

Achieve a generational shift in the demand for drugs – building a world-class evidence base on what works in preventing and deterring use. We will expand the police capacity in England and Wales to carry out drug testing on arrest to identify a greater number of offenders, and pilot greater use of Out-of-Court disposals. We will also, post publication of the strategy, engage widely and publish a White paper on the most effective ways to toughen up the sanctions for those who use drugs recreationally, and provide support to the young people and families most risk of substance misuse. Our engagement programme includes a summit to be held in the spring of 2022.

The strategy also recognises that local partnerships will play a critical role in delivery. We will therefore be implementing Dame Carol Black's recommendations to improve local accountability in England, including a set of local and national outcomes frameworks. We will prioritise our treatment and recovery investment at the local areas in England with the greatest need, learning from Project ADDER across England and Wales (Addiction, Diversion, Disruption, Enforcement, Recovery), our existing flagship initiative in areas hardest hit by drug harms.

As the newly appointed UK Government Combating Drugs Minister, I remain absolutely committed to further collaboration, as do my Cabinet colleagues, and commit to building on the three UK-wide Ministerial meetings that have taken place since February 2020. I strongly agree with the conclusion we reached in Belfast that we all benefit from working together to identify opportunities to learn from each other. To support this, the strategy commits to a UK-wide sharing programme to encourage closer working.

The strategy will be a living document and we will publish annual reports, which allows us to move our thinking forward year on year. Following publication, UK Government officials will work together with officials across your teams to discuss the detail and ensure we have a shared understanding of any UK-wide implications.



Rt Hon Kit Malthouse MP
Sponsor Minister for Combating Drugs



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Rt Hon Kit Malthouse MP
Minister for Crime, Policing and Justice

Via email:
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22 December 2021

Dear Kit,

From Harm to Hope: A 10-year drugs plan to cut crime and save lives

Thank you for your recent letter regarding the publication of the UK Government's new Drug Strategy.

I am pleased to see that this new strategy picks up many of the recommendations from the recent Dame Carol Black review and there are also similarities with many of the priorities of the Scottish Government's National Mission. The focus on improving treatment options, alongside increasing the opportunities to divert people out of the criminal justice system, is to be welcomed and will allow more people to access the form of treatment that is correct for the individual.

However, I must stress to you that there is a growing recognition of the harms that punitive drug policies cause. In Scotland we see problem substance use as a public health issue and continue to act and develop policy on that basis. As such I have some concerns about some of the evidence-based items which do not feature in the UK strategy, including safer drug consumption facilities, heroin-assisted treatment and drug checking services. I would urge the UK Government to look again at the evidence behind these treatment/support services and consider whether changes could be made to the strategy to reflect these.

As you set out in your letter, the focus of the strategy is on those matters which are reserved to the UK Government. This includes the Misuse of Drugs Act which remains the legislative framework that currently constrains a public health approach to problem substance use, particularly when it comes to implementing evidence led harm interventions that can save lives. I would ask that we work together to review, develop and amend that legislation in a way that takes into account the needs of all parts of the UK.

I also feel there is a need to highlight some of the stigmatising language included within the strategy, particularly in the opening foreword from the Prime Minister. We know that phrases such as 'drug abuse' and words like 'addict' can have a negative impact on an individual in terms of their mental health and sense of self-worth but it also discourages them from coming forward to get the help they need.

It also impacts on friends and family members. Including such language in a Government report only further reinforces its use and perpetuates the damage that that stigma can cause.

I was pleased that included in your letter was a re-affirmation of your commitment to UK-wide collaboration. The recent UK drug summits have provided an opportunity for all of the administrations to be able to highlight particular areas of concern and discuss these on a UK wide basis and I look forward to continuing to engage with all of my UK counterparts at future summits. I was, however, disappointed not to have been given sight of a draft of the UK strategy in advance of its publication. I know that my officials had been engaging with yours in the later stages of its development but they would have also appreciated an opportunity to provide further input from our perspective.

As we know only too well from our experiences in Scotland, and as your new strategy highlights, there is clearly much to be done right across the UK as we look to reduce the levels of deaths and harms related to problem substance use. I look forward to working together on a UK-wide basis as we seek to address these.

A handwritten signature in black ink, appearing to read 'Angela Constance', written in a cursive style. The signature is positioned to the left of a vertical line.

ANGELA CONSTANCE MSP
Minister for Drugs Policy