

# Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction



Chair: Lord David Ramsbotham

Secretary: Mike Wood MP

Vice Chairs: David Burrowes MP (Con); Paul Flynn MP (Lab); Paul Holmes MP (LD)

## Parliamentary Digest

(September 2009 – December 2009)

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  - Advisory Council on the Misuse of Drugs
- Parliamentary Interventions

### Executive Summary

The Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction has around 40 members in Parliament (MPs and peers).

The 2008/09 parliamentary session concluded on 12<sup>th</sup> November 2009, and the new 2009/10 session opened with the Queen's Speech on 18<sup>th</sup> November 2009 and will conclude when Parliament is dissolved for a General Election, which must be held before 3<sup>rd</sup> June 2010. As the local elections take place on 6<sup>th</sup> May 2010, many believe that will also be the date for the General Election – meaning Parliament is likely to dissolve in late March 2009.

During this period, the Group met formally on 3<sup>rd</sup> November 2009. The meeting was attended by Adrian McAllister, the Chief Executive of the Independent Safeguarding Authority (ISA) to discuss how the new vetting and barring scheme (VBS) might affect drug and alcohol treatment agencies. The meeting also fell in the immediate aftermath of the forced resignation of Professor David Nutt as Chair of the Advisory Council on the Misuse of Drugs.

The other issue raised at the meeting was 'The Recovery Agenda' to raise the discussion about a balanced treatment system that values both harm reduction and abstinence. This issue will be returned to at the next Group meeting, which will take place on 20<sup>th</sup> January 2010.

The Group has also organised a reception with Professor Thomas McLellan, the Deputy Director of the US Office of National Drug Control Policy, on the evening of Monday 8<sup>th</sup> March 2010. This will be a further opportunity to debate the recovery agenda, drawing on the US evidence base.



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In this period, new briefing material has been distributed to MPs and peers on the following issues:

- The Recovery Debate
- Independent Safeguarding Authority

## Campaigning Issues

The Group is prioritising several issues for campaigns within Parliament, which relate to the Group's core objectives (see final page):

## Independent Safeguarding Authority

Following concerns expressed about the new vetting and barring scheme (VBS) administered by the new agency, the Independent Safeguarding Authority (ISA), the Group wrote to the Chief Executive Adrian McAllister on 22<sup>nd</sup> July. In the letter, the Group pointed out:

“many drug or alcohol treatment services regularly employ ex-service users. We are concerned that the vetting and barring scheme could have a potential negative impact on the employment options of people with substance misuse problems or histories.

“We are particularly concerned by references in the guidelines to previous “acquisitive behaviour” and “addictive behaviour”, as reasons for a decision to bar.”

It was agreed that Adrian McAllister would attend the Group meeting in November 2009, and parliamentarians and consortium members of the Group raised a series of questions relating to the ISA's recruitment of staff, and training; the evaluation process; the appeal process; the definition of a vulnerable adult; and other issues.

Following the discussion it was agreed to invite Adrian McAllister to a further dedicated meeting or seminar in the new year.

## The Recovery Debate

Over recent months there has been a growing debate concerning the relative merits of harm reduction approaches and 'recovery'. Whilst the drug and alcohol treatment field has thrived as a result of debate and discussion, and in no small part innovation, over the past four decades, the current debate is negative and divisive, with the potential to do immense and



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enduring harm to the development and delivery of the rich variety of interventions that have made the UK treatment system the envy of many other countries.

The concern with the present debate is that it is polarised between recovery/abstinence and harm reduction (including prescribing and the distribution of paraphernalia).

Most people involved in the provision of services for drug and alcohol users would agree that addressing damaging levels of use is the goal for individuals and communities. For some users this means abstinence from all psycho-active substances, but for others, who may not have the personal resources or adequate levels of social support, the initial realistic option is harm reduction. For services to provide the necessary range of services, responding to the changing needs of individual service users, mutual understanding and respect between them is essential.

Harm reduction is recovery, in that it is part of a process addressing destructive behaviour, aimed at improving health and social functioning. It is a mistake to equate 'recovery' solely with 'abstinence', as it is a mistake to equate 'harm reduction' with 'legalisation'.

A briefing paper was distributed in advance of the November 2009 meeting and this will be the central focus of the January 2010 meeting, where a further paper will be distributed.

The Group has also tabled a series of written questions on this issue, as the debate in the media has become more polarised – and the debate over recovery looks set to become an election issue next year.

As part of this discussion, the Group will be hosting a reception for parliamentarians with Professor Thomas McLellan, the Deputy Director of the US Office of National Drug Control Policy, on the evening of Monday 8<sup>th</sup> March 2010 in the House of Commons. This will be a further opportunity to debate the recovery agenda, drawing on the US evidence base.

## Advisory Council on the Misuse of Drugs

On late October 2009, the Home Secretary forced the resignation of Professor David Nutt, Chair of the Advisory Council on the Misuse of Drugs (ACMD), for allegedly campaigning against Government drugs policy.

The Group meeting on 3<sup>rd</sup> November 2009 was therefore a timely opportunity to discuss the Group's response. There was a strong feeling from the MPs, peers, and consortium members present that the Group should respond.

The Group tabled EDM 2244 'Policymaking on Drugs and Alcohol' which stated simply:



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That this House believes that Government policy on alcohol and drugs misuse and harm should be based on scientific evidence; and further believes that the failure to do so will increase the risk to public health, in particular to young people.

The Group also issued a press release highlighting its concerns:

PRESS NOTICE:

FOR IMMEDIATE RELEASE:

## MPs table motion calling for drugs policy based on scientific evidence

MPs from the Cross-Party Group on Drugs and Alcohol Treatment and Harm Reduction (DATHR) have today tabled an Early Day Motion (EDM) calling on the Government to base its drugs and alcohol policy on scientific evidence. The call comes in the wake of the forced resignation of Professor David Nutt as Chair of the Advisory Council on the Misuse of Drugs (ACMD).

Mike Wood MP, Group Secretary, said:

***"Following the debacle over Professor Nutt, there is a widespread concern now that the Government is moving away from an evidence-based drugs and alcohol policy. An open debate about the dangers of legal and illegal drugs should be welcomed by the Government."***

Dr Evan Harris MP, Lib Dem Science Spokesman and former public health doctor, said:

***"Ignoring scientific advice and evidence about the harms and effects of a drug classification has serious consequences for public health and for the over-criminalisation of young people. The key priority in these areas must be what is effective not political or populist posturing"***

The Group has also tabled a series of written questions (see parliamentary interventions at end) on the relationship between the Government and the ACMD, and when it is likely to be functioning again in the wake of Nutt's effective sacking, and the subsequent resignations that accompanied it.

We also wrote to the Home Secretary, Rt Hon Alan Johnson MP, expressing the Group's concern and seeking a meeting. To date, the Group has not received a reply to the letter.

- **Update on Section 9A of the Misuse of Drugs Act 1971**



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As reported previously, the Group had been campaigning to reform Section 9A of the Misuse of Drugs Act 1971. To highlight the issue more widely in the Commons, Mike Wood tabled EDM 1273 'Supply of Harm Reduction Products to Drug Users', which was supported by 34 MPs in 2008/09 parliamentary session.

In April the Group also met with Home Office Minister Alan Campbell MP. At that meeting he suggested that a recommendation from the Advisory Council on the Misuse of Drugs (ACMD) on the supply of foil was imminent. However, the decision was subsequently deferred until its November meeting – which dissembled with the sacking of Professor Nutt.

The Group is therefore concerned that this issue will be further delayed, and it again highlights the slow and cumbersome process of getting harm reduction materials added to the list of approved items under Section 9A.

## Other issues

We will continue to engage with the parliamentary process to further the aims of the Group. Other ideas for future campaigning issues include:

- looking at user involvement in service delivery (building on the work the Group is doing around commissioning);
- International development and harm reduction



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## Objectives of the Group

To inform and influence parliamentarians and the public on all issues relevant to the provision of drug and alcohol services to offenders, the law and its application and consequences:

- To promote best practice in the provision of drug and alcohol services, with the emphasis on quality rather than quantity;
- To promote strategies which would reduce dependency on drugs and alcohol and therefore crime and health budgets;
- To promote the influence of practitioners' views in the development of policy;
- To provide parliamentarians with briefings on all pertinent issues;
- To campaign to ensure that available resources for drug and alcohol resources meet need;
- The dissemination of information and research on good practice;
- To foster thinking and new ideas in the drug and alcohol fields.

## About the Conference Consortium

The Conference Consortium was established in 2005 by a group of non-governmental organisations, trade unions, professional associations and national bodies. This unique collaboration, a private company operating as a social enterprise, is dedicated to organising conferences and other events, promoting the adoption of the most appropriate, relevant and effective policies and practice, in response to the problems presented by drug and alcohol use.

To this end it provides a forum for the dissemination of information on research and good practice and fosters thinking and new ideas.

The Consortium is entirely owned by its members who are each shareholders in the company. Operating as a social enterprise no dividends are paid to any of the shareholders, with any and all profits made being reinvested in the business. One outcome from this is that it is able to offer free and subsidised delegate places at all of its events to those who use drugs and service users of drug and alcohol services.

The Consortium has recently organised events in collaboration with other organisations such as the Home Office, the Probation Boards' Association, the International Harm Reduction Association, and Drugscope.

The Conference Consortium, and the new Group in Parliament, is also supported by the Police Federation.



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## Parliamentary Interventions – Annex 1

### Written Parliamentary Questions

- **Methadone prescriptions**

**Mike Wood:** To ask the Secretary of State for Health (1) what the average waiting time for a methadone prescription was in each primary care trust in England in the last 12 months;

**Dawn Primarolo:** The National Treatment Agency for Substance Misuse collects data on waiting times via the national drug treatment monitoring system. These data are collected in the form of the percentage of people who waited under and over three weeks to access a particular drug treatment intervention. A table giving average waiting times figures for specialist and general practitioner prescribing, in-patient treatment and residential rehabilitation, as a first and subsequent intervention for each local drug partnership in England has been placed in the Library.

**Mike Wood:** To ask the Secretary of State for Health what the average cost of a methadone prescription was in each of the last five years; and what the total cost of methadone prescriptions was in the last five years.

**Mike O'Brien:** The information requested is shown in the following tables. The British National Formulary lists methadone in three separate sections: as a cough suppressant; as an opioid analgesic; and for the treatment of drug dependence. Data have been provided on the basis of this classification according to the preparation dispensed, not the purpose of the prescription.

#### Average net ingredient cost per prescription item

£

	2004	2005	2006	2007	2008
Cough suppressant	3.24	4.05	4.17	3.70	3.74
Opioid analgesics	22.95	22.57	21.62	21.21	20.59
Drugs used in substance dependence	8.12	8.67	9.22	11.37	12.35
Average	8.84	9.27	9.68	11.70	12.59

#### Total net ingredient cost

£000



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## Total net ingredient cost

	2004	2005	2006	2007	2008
Cough suppressant	3.5	3.9	4.3	4.6	4.0
Opioid analgesics	2,015.6	1,993.5	1,831.7	1,781.1	1,693.2
Drugs used in substance dependence	13,972.6	16,949.2	20,201.5	27,362.1	32,778.7
Total	15,991.6	18,946.7	22,037.5	29,147.8	34,476.0

Source:

Prescription Cost Analysis System

**Mike Wood:** To ask the Secretary of State for Health what the average duration of a methadone prescription for a problem drug user was in the last five years.

**Mike O'Brien:** This data is not collected centrally. National clinical guidelines do not specify how long a person should be in treatment and the duration of drug treatment varies markedly according to individual need. Research shows that staying in treatment for at least 12 weeks has a lasting positive benefit in reducing the harm associated with dependence. We also know that it is usual for drug users to go in and out of treatment several times, often over several years, before becoming drug-free.

- Residential treatment

**Mike Wood:** To ask the Secretary of State for Health, if he will estimate the cost to the public purse of placing every (a) crack cocaine and (b) heroin user receiving NHS treatment in a residential treatment programme.

**Gillian Merron:** Residential treatment is one of a number of treatment modalities for drug misuse. Before a drug user receives national health service care in a residential drug treatment service, care planning needs to be undertaken between the service user and their clinicians to assess whether it will help the user to change their behaviour and if so, the nature and duration of the treatment that will be needed. They will also consider the care that will be needed following residential treatment. Without such assessments it is not possible to estimate the cost of placing all problem drug users in residential treatment.

- Equalities monitoring



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**Mike Wood:** To ask the Secretary of State for Health, what research his Department has (a) commissioned and (b) evaluated on trends relating to the (i) age, (ii) sex, (iii) ethnicity and (iv) sexual orientation of (A) crack cocaine users, (B) heroin users and (C) problem drug users in the last 10 years; and if he will make a statement.

**Gillian Merron:** The Government places great importance on the collection of trend data on drug use, and funds a number of strands of activity. The National Drug Treatment Monitoring System which is maintained and developed by the National Treatment Agency for Substance Misuse's collects information about the impact of drug treatment on a range of groups of service users. The Home Office collects information annually through the British Crime Survey and has also commissioned national and regional estimates of the prevalence of opiate use and crack cocaine use. The Office of National Statistics publishes annual information about trends in drugs deaths. The Department of Health funds additional work by St. George's University of London through the national programme on substance abuse deaths which provides additional information on trends in drugs deaths. Copies of the relevant reports can be found in the Library.\*\*\*\*

- **Advisory Council on the Misuse of Drugs**

**Mike Wood:** To ask the Secretary of State for the Home Department (1) if he will publish a Government response to future recommendations from the Advisory Council on the Misuse of Drugs; (2) what factors he takes into consideration when assessing recommendations from the Advisory Council on the Misuse of Drugs; (3) on what basis he rejected the recommendation of the Advisory Council on the Misuse of Drugs that cannabis should remain a class C drug?

**Alan Campbell:** As my right hon. Friend the former Home Secretary (Jacqui Smith) advised in her statement to the House on 7 May 2008, Official Report, column 705, the reclassification of cannabis as a Class B drug against the advice of the Advisory Council on the Misuse of Drugs (ACMD) was based on a number of factors, including but not limited to scientific evidence. Reclassification on 26 January 2009 is a preventative measure to protect the public, particularly the future health of young people. The Government's Reply to the Fifth Report from the House of Commons Science and Technology Committee Session 2005-06 HC 1031 Drug classification: making a hash of it? can be found at: "<http://www.official-documents.gov.uk/document/cm69/6941/6941.pdf>" sets out the factors, including the ACMD's recommendations, that are considered in relation to drug classification decisions. The Government have published and will continue to publish responses to the recommendations in the reports of Advisory Council on the Misuse of Drugs.

**Geoffrey Clifton-Brown:** To ask the Secretary of State for the Home Department when he expects to appoint a chair of the Advisory Council on the Misuse of Drugs.

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**Alan Johnson:** I met with the ACMD on 10 November and outlined the process for the appointment of a new Chair. My officials are currently pursuing options for appointing the new Chair with the Office for the Commissioner of Public Appointments and with the ACMD. Following these discussions I will be able to confirm timings.

In the 2008/09 parliamentary session, which ended on 12<sup>th</sup> November 2009, the Group tabled two EDMs, see below for details:

## EDM 1273 Supply of Harm Reduction Products to Drug Users 34 signatures

That this House notes that section 9A of the Misuse of Drugs Act 1971 was intended to prevent the commercial sale of kits and equipment for the preparation and consumption of illicit drugs; further notes that there have only ever been a handful of prosecutions for the commercial sale of drug kits and paraphernalia since 1986 due to the ambiguous nature of section 9A, leading many police forces to abandon enforcement; further notes that on each of the two occasions that the Act has been amended since the insertion of section 9A in 1986 to incorporate newly-developed harm reduction interventions, each amendment has involved a lengthy process of campaigning and legislative change; is concerned that section 9A currently prevents legitimate harm reduction services from providing a number of otherwise innocuous products to their drug-using clients because these items are not explicitly permitted in the legislation; and therefore calls on the Government to consider either a general exemption for all harm reduction products supplied by drug treatment providers and healthcare professionals, or the repeal of section 9A.

### Mike Wood

Abbott, Diane  
Caton, Martin  
*Corbyn, Jeremy*  
Dobbin, Jim  
*Flynn, Paul*  
Harris, Evan  
Hopkins, Kelvin  
Jones, Lynne  
Opik, Lembit  
Sarwar, Mohammad  
Vis, Rudi

Bottomley, Peter  
Clapham, Michael  
Cryer, Ann  
*Drew, David*  
Gerrard, Neil  
Havard, Dai  
Hughes, Simon  
*McDonnell, John*  
Rennie, Willie  
Simpson, Alan  
Wareing, Robert N

Burden, Richard  
Cohen, Harry  
Davies, Dai  
Etherington, Bill  
*Hancock, Mike*  
Hemming, John  
Iddon, Brian  
Morgan, Julie  
Riordan, Linda  
Turner, Desmond  
Willott, Jenny

*Of the 34 signatories, 24 are Labour, 7 are Liberal Democrats, 1 Conservative and 2 Independents.*



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EDM 2244 Policymaking on Drugs and Alcohol

27 signatures

That this House believes that Government policy on alcohol and drugs misuse and harm should be based on scientific evidence; and further believes that the failure to do so will increase the risk to public health, in particular to young people.

## Mike Wood

Austin, John  
Caton, Martin  
Flynn, Paul  
Harris, Evan  
Hughes, Simon  
Leech, John  
Prentice, Gordon  
Taylor, Richard  
Vis, Rudi

Bottomley, Peter  
Cryer, Ann  
Gerrard, Neil  
Holmes, Paul  
Iddon, Brian  
McDonnell, John  
Simpson, Alan  
Tredinnick, David  
Williams, Stephen

Campbell, Ronnie  
Davies, Dai  
Hancock, Mike  
Hopkins, Kelvin  
Jones, Lynne  
Oaten, Mark  
Taylor, David  
Turner, Desmond

*Of the 27 signatories, 16 are Labour, 7 are Liberal Democrats, 2 Conservative and 2 Independents.*

