The Drugs, Alcohol & Justice Cross-Party Parliamentary Group provides an interface for professional providers of drug and alcohol treatment with parliamentarians of all parties who share an interest in these issues. The Group holds regular meetings in Parliament and is professionally coordinated by Union Services parliamentary consultancy.

We seek to focus attention on addiction issues and advocate evidence-based policies, enabling treatment services to save and transform more lives.

We call on the Government to:

1. Identify and appoint a single Government Minister to be responsible for drug and alcohol policy, accountable to Parliament

2. Publish an evidence-based
   a) Drug Strategy aimed at reducing harm, ill health and drug related deaths; and
   b) Alcohol Strategy aimed at reducing alcohol related harm, ill health, deaths and alcohol related crime and disorder

3. Follow the guidance provided by the Advisory Council on the Misuse of Drugs (ACMD)

4. Ensure that co-ordinated harm reduction strategies to reduce alcohol and drug related deaths and illnesses are prioritised by relevant structures across all four UK nations
The Drugs, Alcohol & Justice Cross-Party Parliamentary Group

Charter for Change

5. Mandate the provision of drugs and alcohol services by Local Authorities

6. Ensure Local Authorities provide adequate resources for effective treatment of those with drugs and/or alcohol disorders

7. Ensure everyone in recovery from drug and alcohol problems has opportunities to rebuild their lives, with access to safe and secure housing, employment and meaningful activity; and support for physical and mental health

8. Create apprenticeship-based qualifications for the drug and alcohol workforce, to build capacity and assure accreditation across the sector

9. Create a national commissioning ombudsman to provide oversight and address failures in commissioning practice

10. Make every prison a place of safety, reform and health improvement by increasing prison and probation officer staffing levels to provide access for prisoners to drug and alcohol treatment, provision of testing and treatment for Hepatitis C and continued care upon release
CENTRAL GOVERNMENT

Identify and appoint a single Government Minister to be responsible for drug and alcohol policy, accountable to Parliament

Given the cross-cutting nature of drugs and alcohol issues impacting on many government departments, consider moving responsibility back to the Cabinet Office.

Publish an evidence-based Drug Strategy aimed at reducing harm, ill health and drug related deaths

These strategies should both have a focus on health, mental health and social inclusion, including support for safe and healthy communities; prioritising drug/alcohol outcomes within the Department of Health, Public Health England (PHE) and NHS England; in particular provision for people with multiple needs (including mental health issues and homelessness). An Alcohol Strategy should commit to the introduction of a minimum unit price for alcoholic drinks.

Publish an evidence-based Alcohol Strategy aimed at reducing alcohol related harm, ill health, deaths and alcohol related crime and disorder

Follow the guidance provided by the Advisory Council on the Misuse of Drugs

It is important that the Government follows the evidenced-based advice provided by the Advisory Council on the Misuse of Drugs (ACMD). Drug and alcohol disorders are medical conditions and following the advice of the ACMD will ensure that drug and alcohol treatment is not dictated by a political agenda or moral debate and Government can be seen to be taking an objective, evidenced-based approach.
A drug strategy was needed because

The latest drug related deaths figures are the highest ever recorded and have increased by nearly 50% in ten years.

Drug related hospital admissions have increased by over 50% in ten years.

The cost to society of illicit drug use in the UK was estimated to be £10.7 billion per year in 2010-11.

Every £1 invested in drug treatment results in £2.50 benefit to society.
An alcohol strategy is also needed because

- Deaths from liver disease have reached record levels, rising by 20% in ten years
- Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression
- There were more than 1 million alcohol-related hospital admissions in the UK in 2012-13
- Alcohol is implicated in over half of all violent crimes, particularly violent crimes and domestic violence
STRATEGIC DIRECTION

Ensure that co-ordinated harm reduction strategies to reduce alcohol and drugs related deaths and illnesses are prioritised by relevant structures across all four UK nations

The Department of Health, NHS, PHE and relevant structures in the devolved nations should implement harm reduction strategies to reduce alcohol and drugs related deaths and illnesses, ensuring that conditions including Chronic Obstructive Pulmonary Disease (COPD), Hepatitis C, liver disease, HIV and other substance misuse related illnesses are all addressed.

Whilst acute drug related deaths are running at an all-time high, so is the number of people with drug and alcohol related illnesses dying as a result of chronic ill health. These chronic illness related deaths are predominately due to unhealthy lifestyles – alcohol, Hepatitis C and tobacco related – and far outnumber the deaths from acute drug poisoning.

It is imperative to provide comprehensive access to the life-saving drug Naloxone – and overdose management training – across the whole of the United Kingdom, in line with World Health Organization (WHO), ACMD and public health guidelines and advice.

Ensuring the availability of services and National Institute for Health and Care Excellence (NICE) approved treatments for all patients diagnosed with Hepatitis C, in line with international guidelines, is vital.

There has been a dramatic reduction in funding for young people's drug and alcohol services. If the sector is to have any success with tackling intergenerational substance misuse, more funding is required for prevention services.

Engagement and consultation with service users, families and people outside of services, are essential in developing local strategies and services.

Effective interventions such as drug consumption rooms should be encouraged.
LOCAL GOVERNMENT

Mandate the provision of drugs and alcohol service by Local Authorities in relevant legislation

Currently Local Authorities (LAs) have no legal duty to provide drugs and alcohol services despite having the responsibility for the provision of treatment. When LAs shift to business rate retention as the primary source of funding and the PHE ring-fenced budget finishes it is likely that some local authorities may close their drug and alcohol services so they can focus on their statutory responsibilities. Already disinvestment is having a major impact on service provision.

Ensure Local Authorities provide adequate resources for effective treatment of those with drugs and/or alcohol disorders

It is not enough to mandate service provision, it is important to ensure that the service provided meets agreed standards. It is suggested that LAs are required to resource services in line with PHE guidance on clinical practice and that all Local Authority provision is subject to Care Quality Commission (CQC) oversight. Ring-fencing should remain in place.

It is important to ensure that expenditure on drugs and alcohol services is maintained, at a time of severe budgetary pressure on local authorities, through ring-fencing or alternative mechanisms.

OPPORTUNITIES

Ensure everyone in recovery from drug and alcohol problems has opportunities to rebuild their lives, with access to safe and secure housing, employment and meaningful activity; and support for physical and mental health

Access to employment and training, along with secure housing, are two of the most significant issues that will enhance recovery chances. The Government should fully implement the recommendations of Dame Carol Black’s review for the DWP (05/12/16) which showed how employment plays an important role in improving the wellbeing and self-worth of people with drug and alcohol addiction.
STANDARDS

Create apprenticeship-based qualifications for the drugs and alcohol workforce, to build capacity and assure accreditation across the sector

Currently the majority of the workforce in the sector is not professionally qualified and there is no one recognised qualification or qualification requirement. This leads to widely varying standards of care for vulnerable people with complex social and mental health needs. It is suggested that, in line with other professional groups, drugs and alcohol work becomes a regulated profession with an agreed qualification route and CPD requirement.

COMMISSIONING

Create a national commissioning ombudsman to provide oversight and address failures in commissioning practice

It is essential to review the impact of the current commissioning environment on the viability of providers. Several have had to merge recently as a result of financial difficulties and we have witnessed the inevitable collapse of a major provider, potentially leaving thousands of people without treatment. Current checks by commissioners are insufficient. Payment by Results schemes are often poorly designed and used to save money rather than drive performance. The commissioning cycle is having a damaging impact on staff morale and contributing to an increase in drug related deaths.

JUSTICE

Make every prison a place of safety, reform and health improvement by increasing prison and probation officer staffing levels to provide access for prisoners to drug and alcohol treatment, testing and treatment for Hepatitis C and continued care upon release

With prisoner suicides, self-harm and assaults at record levels, staff increases are essential. It should be enshrined in law that a key purpose of prisons is to provide for the wellbeing and healthcare of prisoners, including drug and alcohol treatment. It is necessary to monitor – and publish regular reports on – progress in meeting health metrics on Blood Borne Viruses (BBVs) and substance abuse, including the provision of testing and treatment for Hepatitis C. There must be assured access to continued care upon release through co-ordinated rehabilitation.
Reschedule cannabis for medical use; and establish a Royal Commission to examine the case for legal regulation of drugs

The debate should be taken out of the party political arena, allowing the failure of the ‘war on drugs’ approach to be acknowledged and consideration given to decriminalising possession for personal use and removing supply from criminal gangs.
Drugs, Alcohol & Justice Cross-Party Parliamentary Group Overview

The Drugs, Alcohol & Justice Cross-Party Parliamentary Group has established a considerable reputation in Parliament over a number of years, meeting with Government and front bench representatives from all political parties and campaigning on numerous issues in the drugs and alcohol sector. The Group provides MPs and Peers with a unique opportunity of hearing the latest detailed information from the professionals working in the frontline of drug and alcohol treatment and from a wide range of key stakeholders in the sector.

The Group is Co-Chaired by Lord Ramsbotham and Mary Glindon MP and its programme of work is taken forward on a daily basis by Union Services consultancy, in liaison with the Providers and officers of the Group. None of the Parliamentarians receive any payment or funding for being a member of the Group.
The key sponsors who support and fund the work of the Group through the provision of the Union Services consultancy are:

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