

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

(January 2009 – April 2009)

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Meetings of the Group

The Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction has around 35 members in Parliament (MPs and peers). During this period, in addition to the delegation to meet the Drugs Minister on 1st April to discuss Section 9a of the Misuse of Drugs Act, the Group has held regular parliamentary meetings on 3rd February 2009 and 28th April 2009.

The meetings are attended by MPs and peers as well as representatives from the organisations that comprise the Conference Consortium – and other invited guests.

Among the issues that the Group has looked at in this time are:

- Commissioning of Drug and Alcohol Treatment services
- Welfare Reform Bill
- Policing & Crime Bill
- Section 9A of the Misuse of Drugs Act 1971

The next group meeting will be held in late June 2009.

- **Conference - 25th June 2009**

On 25th June 2009, the Conference Consortium is hosting a conference, in conjunction with *Drink and Drugs News* (DDN), '**Drugs, Alcohol and Criminal Justice Interventions - how do we make a difference?**'. Group Chair Lord David Ramsbotham and Group vice chairs David Burrowes MP (Conservative) and Paul Flynn MP (Labour) have agreed to participate in a panel discussion in the afternoon session of the conference.



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The Conference will focus attention on Criminal Justice interventions from arrest, arrest referral, assessment and pre-court work, health stabilisation, sentencing and the delivery of Drug Rehabilitation Requirement (DRR) through medium and high intensity (community and residential treatment) as well as working with prisoners through sentences, pre and post-release.

It will examine both 'what is working' and the 'pinch points' in the delivery of services within the context of often overlapping and sometimes contradictory strategies and frameworks created by different government bodies. The aim is for delegates to 'unpick' confusion and barriers where they exist, adopting a problem solving approach to identify ways to address them and improve their practice and delivery of services.

Campaigning Issues

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

Commissioning of Drug and Alcohol Services

The commissioning process for drug and alcohol treatment services is a primary concern for many of the service provider agencies in the Conference Consortium. There is widespread concern about the current system – its effectiveness, the burden it places on providers and the costs.

As suggested following discussion at the February meeting of the Group, the Conference Consortium has drawn up the first stage towards a framework protocol for the commissioning of drug and alcohol treatment services, which was presented to the April meeting of the Group.

The briefing paper distributed to the April Group meeting, *'The Commissioning Process: Developing and Maintaining the Level Playing Field'*, setting out the views and concerns of commissioners and service delivery organisations on commissioning, purchasing and monitoring. The paper also makes a number of recommendations "to enhance the effectiveness, efficiency and fairness of the commissioning process". The paper is a contribution to the ongoing dialogue about the commissioning process.

In discussion at the meeting, concerns were expressed about the focus on (often ill-focused) targets – which were often not the most useful indicators; the need for more local input and autonomy; the lack of stakeholder consultation and dialogue with the National Treatment Agency; and funding.

Following the discussion, it was agreed to invite Health Minister Dawn Primarolo and the National Treatment Agency to a future meeting to discuss commissioning.

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Section 9A of the Misuse of Drugs Act 1971

- **Background**

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. Not only is it failing to achieve this aim, but it is also having unintended consequences by preventing health services providing interventions that have the potential to reduce blood borne virus transmission.

Since 1986, there have only been a handful of prosecutions and convictions for Section 9A offences, with many vendors claiming that their goods are ornaments or for 'novelty use only'. A number of high-profile cases have failed to result in prosecution due to the difficulties in proving that the items were knowingly sold for 'illegal' purposes, and most forces have since abandoned enforcement.

Although provisions were made for the supply of syringes, no such allowances were made for other items that are essential to the preparation of a drug for injection – including widely available items such as matches, filters and foil. Subsequently, several amendments have been made to Section 9A to incorporate newly developed interventions, each involving a lengthy process of campaigning and legislative change. However, there are still a number of commonly available items that could provide significant public health benefits, but whose supply is technically prohibited.

A number of products have been developed for needle exchanges – such as foil packs to discourage intravenous use – which have been shown to reduce harms, reduce injecting, improve client engagement (including the engagement of 'naïve treatment users'). Because these items are not explicitly mentioned in Section 9A, many needle exchanges are unable to purchase or supply them, or technically face prosecution if they do. Although there has never been a conviction of a needle exchange or pharmacy worker under Section 9A, this threat of prosecution is a barrier to the supply of these products. Even in areas where the police have provided letters to indicate that the provision of such items is not a policing priority, local fundholders have refused permission for budgets to be spent on "illegal" products.

The Group has liaised with bill clerks in the Commons and with Conference Consortium members to draft amendments to the Policing and Crime Bill to amend Section 9A of the 1971 Misuse of Drugs Act.

MPs of the Group have now tabled two amendments (New Clauses 11 and 12) to the Policing and Crime Bill. New Clause 11 seeks to delete Section 9A from the Act, while New Clause 12 would amend the Act to allow *"any legitimate drug service may supply any items that it considers have the potential to reduce drug-related harms"*. The amendments have

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been tabled by John McDonnell MP, supported by Paul Flynn, Mike Wood and Mike Hancock.

To highlight the issue more widely in the Commons, Mike Wood also tabled EDM 1273 'Supply of Harm Reduction Products to Drug Users', which has been supported by 20 MPs.

As reported in the January digest, the Group had written to the Home Office to secure a meeting to discuss this issue. In response the Group was offered a meeting with drugs Minister Alan Campbell MP on 1st April 2009. At the meeting, the Minister stated that he was opposed to the full repeal of Section 9A, but was not closed to idea of amending the clause to make it more permissive and was happy to continue a dialogue on this issue. The Minister also reported that the Advisory Council on the Misuse of Drugs was currently considering adding foil to the list of permitted items under Section 9A and that he thought they would recommend inclusion. Overall it was a very positive meeting, and the Group has written to the Minister to maintain a dialogue in the run-up to the report stage of the Bill.

Policing and Crime Bill

The Policing and Crime Bill was published in December 2008. Part 3 of the Bill is on 'Alcohol Misuse' – almost entirely focused on young people and alcohol – and Schedule 4 of the Bill relates to licensing conditions relating to alcohol.

Although it is a law enforcement angle rather than treatment, the Group is closely monitoring the provisions of the Bill – and providing briefings to parliamentarians where relevant. A NAPO briefing on the fines regime was circulated to MPs ahead of the second reading debate on 19th January 2009. The Bill also offers the opportunity to amend Section 9A of the Misuse of Drugs Act 1971 (see above for further details on this issue).

The Bill has now finished its committee stage in the Commons and the final report stage is expected in mid-May.

Welfare Reform Bill

In this period the Welfare Reform Bill has started and ended its process through the House of Commons, and began its process in the House of Lords with the second reading debate on 29th April 2009, in which Lord David Ramsbotham and Baroness Molly Meacher intervened on behalf of the Group raising concerns about Clause 9 and Schedule 3 of the Bill, which relate to the regime to be implemented for welfare claimants who are misusing drugs or have a propensity to misuse drugs. An excerpt of Lord Ramsbotham's contribution is copied below¹:

¹ Full text of the speech can be read online at:
<http://www.publications.parliament.uk/pa/ld200809/ldhansrd/text/90429-0013.htm>



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I declare an interest as chairman of the Cross-Party Group on Drug and Alcohol Treatment and Harm Reduction. I am concerned that the provisions in this Bill are all against the inclinations and realities of dealing with people with drug problems, as other noble Lords have mentioned. When I look at the people in the hands of the probation service—240,000 of them—at least two-thirds are drug dependent, 84 per cent have the literacy level of an 11 year-old or less and the vast majority are already unemployable. Before launching these measures, are the Government satisfied that all the resources to deal with these vast numbers are there? Until and unless the resources are in place, it is totally pointless to introduce these measures in the Bill.

There was not time in the Commons to debate the clauses of the Bill that relate to drug users as the Government constrained the timetable for the Bill. Amendments were supported by Group members but these were not reached in the Commons debate.

The Group is working with other agencies such as Release to table amendments in the Lords and ensure these issues are debated. Claudia Rubin from Release and Alex Boyt from the National User Network addressed the April meeting of the Group and briefed MPs and peers on the issues surrounding Clause 9 and Schedule 3 of the Bill.

Counter-intuitively, the House of the Lords is given more time to debate and scrutinise Bills in depth, meaning that these issues will be discussed. Any amendments passed in the Lords would then also have to be voted on in the Commons.

The Group has also tabled dozens of written questions in the Commons about how the proposals in the Bill would work in practice (see annex below).

A new dimension may be added to the Bill, following the Secretary of State's comments in mid-April that the regime proposed for drug users in the Bill may be extended to alcoholics. The DWP has asked Glasgow University to work up proposals on how to define alcoholism, what treatment alcoholics would be required to take and how to judge whether they were taking it seriously. The Bill is drafted loosely enough for extra provisions for alcoholics to be included at a later stage through regulations (which requires no parliamentary approval).

Other issues

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

- looking at housing and social reintegration for drug users (building on the work the Group has done on the Welfare Reform Bill);
- alcohol and disorder (developing an alternative agenda to that set out in the Policing and Crime Bill – see above)
- looking at user involvement in service delivery (building on the work the Group is doing around commissioning); and

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- responding to the Sentencing Guidelines Council consultation² on sentencing for drug offences

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.

² See http://www.sentencing-guidelines.gov.uk/docs/drug_offences.pdf –deadline for responses is 15th July 2009



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Parliamentary Interventions – Annex 1

Written Parliamentary Questions

- **Welfare Reform Bill**

David Burrowes: To ask the Secretary of State for Work and Pensions what resources will be made available during the first full year of the implementation of the provisions of the Welfare Reform Bill for the requirement of drug users to (a) attend interview to answer questions, (b) undertake substance-related assessment, (c) undertake relevant tests and (d) undertake rehabilitation plans, as set out in Schedule 1(a) to the Bill.

Tony McNulty: We aim to pilot and evaluate the new approach to employment support for problem drug users set out in the Welfare Reform Bill in a small number of Jobcentre Plus districts. The detail of those pilots, including any additional resources that will be made available, is still in development at this early stage.

Mike Wood: To ask the Secretary of State for Work and Pensions (1) how many local drug jobcentre co-ordinators his Department plans to employ; and what percentage of Jobcentre Plus offices will have a dedicated local drug jobcentre co-ordinator by October 2009; (2) at what Civil Service payband local drug jobcentre co-ordinators will be employed; and if he will place in the Library a copy of the job specification for this role.

Tony McNulty: [holding answer 5 March 2009]: The administration of Jobcentre Plus is a matter for the acting chief executive of Jobcentre Plus, Mel Groves. I have asked him to provide my hon. Friend with the information requested. Letter from Mel Groves: "The Secretary of State has asked me to reply to your questions about Jobcentre Plus Drug Co-ordinators including how many will be employed; what percentage of Jobcentre Plus offices they will cover; which grade they will be; and whether a job specification can be made available. This is something that falls within the responsibilities delegated to me as acting chief executive of Jobcentre Plus." "The introduction of Drug Coordinators is a joint initiative between Jobcentre Plus, the Department of Health (DH) and the National Treatment Agency (NTA) which has been put in place to support the National Drugs Strategy "Drugs-Protecting Families and Communities". As part of this, the DH has put £9 million into funding the posts from 2009-2011." "As responsibility for health is a devolved matter in Scotland and Wales, the DH can only fund Drug Co-ordinators in England, however, we will continue to work with officials in Scotland and Wales to try to ensure customers in these countries will have similar provision in the future." "We are currently recruiting to fill 63 Drug Co-ordinator posts at Band D (HEO) level. We will have at least one Drug Co-ordinator in place within each of our districts in England and they will be further supported by one of nine Strategic Lead posts (filled at Band F/Grade 7) which will be based within their region." "The decision to put in place district-based Drug Co-ordinators was based on research carried out by Glasgow University in 2006. The research provided information about the number of known problem drug users in specific geographical areas." "We already have eight Drug Co-ordinators in

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post, and expect that a further 52 will be in place by the end of March, with the remaining three posts being filled during April. We expect that well before October, all of the posts will have been filled and we will have a dedicated Drug Co-ordinator in post within every Jobcentre Plus district in England." "Whilst the Drug Coordinator posts are based at district level, part of their job is to ensure that customer-facing advisers within their district are aware of the help and support that we will be able to offer customers." "This means that a customer attending any Jobcentre Plus office in England who declares they are a problem drug user, will be offered a referral to a discussion with a treatment provider." "I have attached a Drug Coordinator Job Description at Annex 1, and a copy of this will be placed in the Library."

Mike Wood: To ask the Secretary of State for Work and Pensions when his Department plans to issue guidance to Jobcentre Plus staff on how to assess whether there are reasonable grounds for believing a jobseeker's allowance claimant or applicant is a problem drug user; and to what grades of staff the guidance will be issued

Tony McNulty: [holding answer 5 March 2009]: Guidance and training for Jobcentre Plus staff on all aspects of the new drugs regime will be developed in consultation with the Department of Health, the National Treatment Agency and staff themselves. This will include training and guidance on how and in what circumstances to make a referral to a drug treatment specialist for an assessment of problematic drug use. The guidance will be made available to staff working in offices in the Jobcentre Plus districts operating the drugs pilots in good time before the pilots begin. The guidance will primarily be targeted at personal advisers and drugs coordinators.

Mike Wood: To ask the Secretary of State for Work and Pensions (1) how many drug users have secured paid employment through progress2work; how many have maintained this employment for six months or more; and how many have claimed benefits again within (a) six months and (b) 12 months; (2) how many drug users have secured unpaid employment through progress2work; and how many have maintained this employment for six months or more.

Tony McNulty: In 2007-08, 12,850 people joined progress2work, and 2,700 went on to find work. 1,450 were still recorded as being in work after 13 weeks. We do not record how many are still in work at six months or how many return to benefit after a period of employment. Details of voluntary work undertaken by customers during the progress2work programme and subsequent to participation are not recorded.

Paul Holmes: To ask the Secretary of State for Work and Pensions what estimate he has made of the cost to the public purse for the requirement of drug users to undertake (a) rehabilitation plans, (b) substance related assessment and (c) relevant tests under the proposals contained in schedule 1(a) to the Welfare Reform Bill in their first full year of operation.

Tony McNulty: We aim to pilot and evaluate the new approach to employment support for problem drug users set out in the Welfare Reform Bill in a small number of Jobcentre Plus



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districts. The detail of those pilots, including any additional resources that will be made available, is still in development at this early stage.

Neil Gerrard: To ask the Secretary of State for Work and Pensions what sanctions would apply if an individual refused to participate in (a) a substance-related assessment, (b) an interview, (c) other relevant tests and (d) rehabilitation plans under provisions contained in Schedule 1 (a) of the Welfare Reform Bill.

Tony McNulty: Under current plans the sanctions that will apply will be similar to those in place for refusing to take the steps necessary to tackle other barriers to work. Currently, for failing to comply with a Jobseeker Direction, the claimant will incur two weeks benefit loss in the first instance, followed by four and 26 weeks loss for repeated failure to comply. Those on employment and support allowance can lose up to half of the work related activity component of their benefit for four weeks if they fail to meet with conditionality requirements. If they still fail to cooperate they can lose their work related activity component in full.

Mike Wood: To ask the Secretary of State for Work and Pensions how many drug users have been placed on a training course through progress2work; and how many have completed such a course.

Tony McNulty: Since September 2004, the number of customers entering further education or training both for progress2work and for progress2work-LinkUP is 12,203. Providers can not claim for completion of further education and training as an outcome and therefore we do not collect that information. The number of customers undertaking specialist training or provision, which could include training courses is 7,620. The number completing specialist training or provision is 4,966. "Notes:" "1. Figures are correct at the end of January 2009" "2. Numbers are rounded up to the nearest 10 to avoid the risk of identifying individuals." "3. Information is only collected if the customer signs a consent form for their information to be collected on the web based Management Information collection system."

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; (2) what the average waiting time was for referral of a drug user for residential treatment 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.

John McDonnell: To ask the Secretary of State for Work and Pensions what estimate he has made of the likely annual costs to (a) his Department and (b) other Government



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departments and agencies of the information sharing provisions in Schedule 3 of the Welfare Reform Bill.

Jonathan Shaw: The details of the administrative and IT costs of data sharing are still under discussion with the Home Office and Ministry of Justice.

Paul Flynn: To ask the Secretary of State for Justice (1) what the average cost of a drug rehabilitation requirement was in the latest period for which figures are available; (2) how many drug rehabilitation requirements are in force; (3) how many drug rehabilitation requirements were (a) made, (b) successfully completed and (c) breached by non-compliance in each of the last three years for which figures are available.

David Hanson: Drug rehabilitation requirements (DRRs) as an element of community orders came into force in April 2005, in effect replacing and building upon Drug Treatment and Testing Orders (DTTOs). A total unit cost of £6,000 per order for DTTOs was calculated from the experience of the pilots run from 1998 to 2000. This was split into approximately £2,000 for offender supervision/management costs and £4,000 for treatment costs, with the latter paid into the Department of Health pooled treatment budget and the remainder met by probation areas from main funding. Significant regional variations in Drug (and Alcohol) Action Team (D(A)AT) commissioning practice and costs of treatment modalities have made it difficult to establish unit costs for DRRs since the pilots. The National Offender Management Service plans to undertake a piece of analysis, informed by work on treatment costs being undertaken by the National Treatment Agency, to establish more accurately the unit cost of a DRR. The most recent analysis of the drug rehabilitation requirements (DRRs) caseload was carried out at the end of 2007-08. At that time there were 10,519 DRRs and 187 Drug Treatment and Testing Orders (DTTOs) in force. The following table shows the number of starts, completions, orders where breach proceedings were instigated and revocation of orders for drug rehabilitation requirements (DRRs) or Drug Treatment and Testing Orders (DTTOs) in each of the last three financial years for which full information is available. The proportion of offenders successfully completing DTTOs/DRRs has risen significantly from 28 per cent. in 2003 to 43 per cent. in 2007-08. This is encouraging because we know from research that offenders who complete orders have significantly lower reconviction rates (53 per cent.) than those that don't (91 per cent.), although it is not possible to attribute this difference entirely to the programme.

	DRR/DTTO starts	DRR/DTTO completions	Orders where proceedings instigated	breach were	Revocation of the order for failure to comply
2005-06	14,001	3,978	10,433		3,222
2006-07	15,798	5,939	11,286		4,441
2007-08	16,607	6,253	11,554		4,791



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Mike Wood: To ask the Secretary of State for Health (1) how many residential drug treatment places his Department funds; and what the average waiting time for a place in such a setting is; (2) how many residential drug treatment places his Department plans to fund in (a) 2010 and (b) 2011.

Dawn Primarolo: The Department does not directly fund any residential rehabilitation. Decisions on how many residential drug treatment places to fund are made by local commissioning partnerships based on assessed local need and individually assessed client need. This information is not available centrally. However, the national drug treatment monitoring system (NDTMS), managed by the National Treatment Agency for Substance Misuse (NTA), does collect data on the number of individuals receiving residential treatment. Latest figures show that in 2007-08, 4,306 adults were recorded in residential rehabilitation and 6,742 adults received in-patient services in hospital. It is important to note that there is known under-reporting of referral data to the NDTMS, and so any figures regarding this sector are likely to be an under estimate of activity. As such, the data the NTA collects through the NDTMS is not a complete or accurate picture. Waiting times data for residential drug treatment places has been supplied previously and I refer the hon. Member to the answer I gave him on 5 March 2009, Official Report, column 1765W.

EDM 1273 Supply of Harm Reduction Products to Drug Users 20 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

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Cohen, Harry
Dobbin, Jim
Flynn, Paul
Hemming, John
McDonnell, John
Wareing, Robert N

Caton, Martin
Corbyn, Jeremy
Drew, David
Gerrard, Neil
Hopkins, Kelvin
Riordan, Linda

Clapham, Michael
Cryer, Ann
Etherington, Bill
Hancock, Mike
Jones, Lynne
Vis, Rudi



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