

- We encourage as many people as possible to respond to the consultation, particularly if you have relevant personal or professional experience.
- Below we have outlined what we consider to be the overarching problems with the White Paper's proposals, and highlighted specific responses to the questions posed in the consultation which we hope can help inform your response.
- This document is based on discussions between Release, Transform and various colleagues, and represents our viewpoints only. We encourage you to use this analysis as a reference and guide where useful, but it is important that you put answers in your own words (avoiding any copying and pasting) informed by your own experiences - and based on a careful reading of the White Paper. Sharing your own stories and views is particularly important, and likely to increase the impact of submissions; a large number of generic responses can dilute the impact of any one submission.
- You can respond to the consultation online here: <https://www.homeofficesurveys.homeoffice.gov.uk/s/TTL3WJ/>
- The closing date for responses is **Monday, 10 October 2022**, by 11.59pm.
- Please note the numbering of the questions changes in the consultation depending on how you answer some of the initial questions e.g. are you answering as an individual or organisation, so please take care to ensure you are referring to the correct parts of this guide when responding.

The [Consultation](#) was launched on 18 July 2022 as part of the current Government's Drug Strategy and its aim to reduce demand for drugs, especially amongst 'so-called recreational users', with a particular focus in media statements on 'middle class drug users'. The reality is that if these proposals are introduced it will potentially result in an increase in policing and criminalisation, not amongst those at the higher end of the socio-economic ladder, but rather those who have always been overpoliced - economically and socially marginalised people, and Black and minority communities in particular.

It will increase harms related to drugs, as people will be less likely to seek treatment or emergency medical assistance if they need it, for fear of punishment. A recent [Higher Education Policy Institute](#) paper found that 16 per cent of students who had used illegal drugs and who had reported having a 'scary experience' did not seek support for fear of punishment. Current UK drug policies are exacerbating drug related risks, with the highest rates of drug related deaths on record - accounting for 1 in 3 of drug deaths in Europe. The proposals contained in the Consultation Paper will only increase the social and health harms faced by people who use drugs. It represents a ramping up of failed 'tough on drugs' law enforcement approaches. Whilst many parts of North America and Europe are moving away from the 'War on Drugs' ideology towards decriminalising people who use drugs, regulating cannabis markets, and a reorientation towards more pragmatic public health interventions, it appears the UK is moving backwards and re-embracing Nixon's 50-year-old slogan.

Our organisations are opposed to the proposals in the White Paper and we encourage members of the public to make their voices heard in Westminster by responding to the [online questionnaire](#). You should complete the questionnaire as you see fit but we thought it would be useful to guide you through the consultation response, and to provide an outline of why these proposals will not work and why they will create more harm for people at risk of over-policing and people who use drugs. We would also encourage you to share your own stories of how drug prohibition has negatively impacted on you, so that the Home Office can understand the scale of damage and trauma caused by the current system.

### Overarching problems

#### Proportionality

- While there is a nod towards the pragmatism we have seen in certain existing UK diversion models (where people caught in possession are 'diverted' into health-led interventions and avoid criminalisation) at least in some elements of Tier 1, the policy proposals have, at their core, the apparent intention to widen police powers and substantially increase individual encounters with the police and criminal justice system. The Home Office has failed to justify the implicit infringement of human rights is proportionate.
- The Home Office seeks to justify this infringement on two grounds - the prevention of criminality and the protection of health. Increasing police powers and punishing people that use drugs has harmful effects and this cannot be justified by aims that are not supported by the evidence. The Home Office tellingly asks its consultees for evidence throughout its questions and cites research papers that frequently fly in the face of its proposal and objectives, while ignoring the overwhelming body of existing evidence that contradicts the continued criminalisation and punishment of drug possession for personal use.
- The various punitive sanctions the Home Office proposes are grossly disproportionate and do not take into account the impact that they will have on the enjoyment of fundamental human rights and freedoms, particularly on those from Black, minority ethnic, or disadvantaged socioeconomic backgrounds.
- The Home Office retain police discretion to charge for possession offences at each of the three tiers, meaning that the same areas and sections of the population are at risk of continued over-policing and disproportionate criminalisation.
- Many of those that are charged following nonattendance at proposed drugs awareness courses may have been unable to attend due to a lack of means, childcare or working responsibilities, while those with means are incentivised to pay a Drug Enforcement Notice and evade the three-tier system altogether.
- The Home Office's proposals for Drug Reduction Orders either lack an evidence base or a discernible link to reducing drug use or reoffending. The White Paper recognises that the evidence supporting exclusion orders is weak and that policing drug use in private places is problematic. In addition, the Home Office recognises that 'drug tagging' technology simply does not exist and that there is no evidence to support its efficacy, or that it is a proportionate sanction to accompany a criminal conviction. Finally, the Home Office fail to justify how passport confiscation or driving bans would impact drug use or the circumstances in which these would be proportionate measures alongside a criminal conviction for possession.

#### Discrimination

- The disproportionate policing, sanctioning and imprisonment of black and minority ethnic populations, and those from lower socio-economic backgrounds, is well documented. [Black people are nine times more likely to be stopped and searched for drugs](#), despite the fact that drug use is more prevalent amongst the white population, and [receive harsher penalties](#). Despite The Home Office stating that the reform aims toward "better assessing impact on harm and on protected characteristic groups, particularly race", the proposal is silent on how it will contribute to eliminating the discrimination endemic in the current system.
- The proposed framework only applies to adults. It is unclear what will happen to children caught in possession of drugs. [61 per cent of people who use drugs are below the age of 30](#). Expanding the policing of drug use will inevitably result in more young adults and children coming into contact with the criminal justice system, undermining their life chances and increasing the risk of future offending.

#### Failure to reduce demand

- The stated aim of these proposals is to reduce the demand for drugs. This has been one of the main metrics the Home Office has used historically to determine the success of the UK's drug policies, despite clear evidence of growing harms associated with a criminal justice approach, not least the record levels of drug related deaths. The continued focus on demand (measured with prevalence survey data), rather than social and health harms, will inevitably result in a continuation of the damage that has been caused by current drug laws, with people unlikely to seek emergency help or support for fear of punishment.
- The [Home Office's own research](#) has stated that the £1.6 billion a year spent on drug law enforcement has had little impact on the availability of drugs. In any event the 'so-called recreational use' which this proposal is supposed to target, accounts for only [nine per cent of the drugs market](#) so even if successful, reducing demand amongst this group will have a marginal impact on the drugs trade as a whole. The paper suggests there will be a different process for managing people who are deemed to be dependent on drugs. This raises the issue of how police distinguish between someone who uses occasionally, or even frequently, but is not dependent - this is clearly beyond the capacity or knowledge of police and it would be highly concerning if police officers were undertaking health screenings. This would also raise issues related to Article 8 of the Human Rights Act.
- The stated rationale behind this white paper is that substantially increasing the number of people caught with drugs for their own use will be a significant deterrent. Yet no evidence is provided to substantiate this assumption. In reality, the evidence nationally and internationally shows that , criminalisation and punishment do not deter use, but can create a myriad of harms to individuals and their families. [Decriminalisation of drug possession](#), the ending of criminal sanctions for such an activity, does not result in increased levels of drug use but is associated with better outcomes for individuals across health, social and economic indicators. Decriminalisation of drug possession also reduces the risk of (re) offending and reduces the financial and social costs for the state.

#### Consultation Process

The consultation questions do not allow for meaningful engagement, it assumes that the policy outlined is the only approach that can be taken and therefore it is more concerned with the implementation of the policy rather than the principles/ direction of the policy, and whether it will be effective or lead to greater harms.

Question	Suggested Response	Explanation
<b>Tier 1 Questions</b>		
<p>13. Do you agree with our proposals that for a first offence of possession of a controlled drug an individual should be required to attend a drug awareness course designed to make them consider their behaviour? Please select one option.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>• The proposals outlined at the first tier, and subsequent tiers, in practice will represent a significant expansion in the policing of drugs. Drugs already account for two thirds of all stop and searches, with 100,000s of people being stopped every year.</li> <li>• Those who will be the most impacted by this expansion in policing will be those who have always been overpoliced - people from minority groups and those from deprived areas. This reality is well known to the Government - evident in the analysis in the white paper, and references it contains (including work on disproportionate impacts of policing by Release).</li> <li>• The public’s relationship with the police is at an all time low, with trust and legitimacy severely damaged, especially amongst people from minority communities. Ramping up policing in this way will only damage that relationship further.</li> <li>• In paragraph 19 of the Consultation document it is stated that the UK will “build an evidence base for a particular intervention”. Yet the proposals in the white paper - to expand punitive policing - move in the exact opposite direction to the overwhelming body of evidence in the UK and internationally. Research demonstrates that punishment and criminalisation do not deter drug use but do increase health harms (including drug related deaths) and marginalisation, while fuelling stigma and undermining life opportunities and personal/community relationships. All the emerging evidence - by contrast - points towards the efficacy of public health led interventions, free from coercion and punitive sanctions.</li> <li>• Paragraph 20 states that this framework will not apply to people who are drug dependent. In practice it is hard to see how this will work. Police officers lack the necessary qualifications and knowledge to make a determination on drug dependency.</li> <li>• Referring everyone caught in possession to a drug awareness course is disproportionate and not supported by evidence it will be effective. The intervention specifically seeks to target ‘recreational users’ who, by definition</li> </ul>

		<p>do not have a drug problem that mandates a medical intervention. The main risks faced by this group is the unknown strength and purity of illegal drugs, and the risk of a criminal record.</p> <ul style="list-style-type: none"> <li>● Referrals to awareness courses will place unnecessary additional pressure on already limited resources in the drugs field. After a decade of austerity, the workforce is seriously depleted and under-skilled. The focus should be on rebuilding provision of evidence-based drug services for those experiencing problematic use (as recommended by the Black review) rather than sending thousands of people on courses they do not need.</li> </ul>
<p>14. Do you agree that the individual should pay for the cost of the drug awareness course? Please select one option.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● The proposal to require people to pay for the awareness course, or an enhanced fine for non-attendance, will disproportionately impact on people on low incomes, who are already suffering due to the cost of living crisis, many simply will not have the means to pay. It is essentially the criminalisation of poverty.</li> <li>● It will create an economic lottery as opposed to a postcode lottery as the rich will simply pay the higher fine.</li> </ul>
<p>15. Do you agree that there should be a consequence in the form of a financial penalty for those who refuse to attend the drug awareness course? Please select one option.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● This will negatively impact people who cannot afford to take time off or pay to attend a course, who will then have to pay an additional fine.</li> <li>● Non-attendance at training or failure to pay a Drug Enforcement Notice (DEN) increases the chance of being charged and prosecuted. This will disproportionately impact the most economically marginalised members of society - already more likely to be stopped and searched, and arrested for drug possession.</li> <li>● The White Paper states that the tiered approach should be followed to reduce racial disparities, although it also states that police discretion is still retained allowing officers to refer someone to a higher tier if appropriate. This is likely</li> </ul>

		to result in people from minority communities facing harsher penalties within the proposed regime, given this is what currently happens in practice.
16. Do you think that current police-referred drug awareness courses have a positive, negative or no impact on illicit drug use and re-offending rates? Please select one option for each answer.	<p>illicit drug use</p> <p>d. Don't know</p> <p>re-offending</p> <p>d. Don't know</p>	
17. Do you know of available evidence on police-referred drug awareness courses (not educational settings) and their effectiveness in reducing drug use and re-offending? If yes, please share any evidence.	c. Don't know	
18. Do you think that the drug awareness course should be a standardised national offer across all police forces? Please select one option.	c. Don't know	

<p>20. In your experience, on average, what proportion of proven drug possession offenders do you think are currently referred to drug awareness courses?</p>	<p>f. Don't know</p>	
<p><b>Tier 2 Questions</b></p>		
<p>23. Do you agree that those who are caught in possession of drugs for a second time should be offered a caution with rehabilitative conditions, (where their alternative option is to face arrest and charge)? Please select one option.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● A conditional caution is a criminal record (as it will appear on certain background checks) which we know can limit people’s life opportunities, increase the likelihood of re-offending and progression into more problematic patterns of drug use.</li> <li>● It will place unnecessary additional burdens on already overstretched local services who may be required to deliver some of the conditions.</li> <li>● Opinion polls consistently show that the public do not support the criminalisation of people who use drugs. Ending criminal sanctions for drug possession has been positive in other countries; there is no evidence it increases drug use, but compelling evidence of improved health outcomes.</li> <li>● If someone is caught for a second time, does that indicate they are more likely to be drug dependent and therefore should be excluded from this framework as outlined in the consultation document? How are the police expected to manage this?</li> <li>● Nothing outlined in the white paper will address the racial disparities in the policing of drugs, yet the expansion in policing implicit in the proposals will significantly worsen these problems and related community-police tensions.</li> <li>● A more pragmatic and genuinely evidence-based approach would be, in the short term, to develop and deliver best practice diversion schemes, based on</li> </ul>

		<p>evidence from the 14 police authorities already implementing such approaches for possession offences. This should be seen as an important step towards formal decriminalisation of drug possession; essentially the ending of all criminal or punitive sanctions. Evidence shows this policy does not lead to increased drug use and results in better outcomes across health, social and economic indicators.</p>
<p>24. Do you agree that, where proportionate, the Tier 2 conditions should include:</p> <p>i. A mandatory drug testing requirement?</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● Drug testing is abusive, disproportionate, expensive and ineffective. Testing is an invasive intrusion on people’s right to privacy, and would incur substantial personal costs in terms of time, problems with employment or family responsibilities and so on. As such it is clearly disproportionate.</li> <li>● The evidence for mandatory drug testing for people who are arrested (whether for drug offences or trigger offences) almost all relates to people who have been assessed as drug dependent - so any inferences to the people who use drugs recreationally - nominally the target of these proposals - is highly questionable.</li> <li>● The existing evidence base on mandated drug testing is, at best, ambiguous. There is no evidence to suggest that coerced treatment (under threat of sanction for positive tests) is more effective than voluntary participation. The best that can be said is that coerced treatment has better outcomes than incarceration - but this is a very low bar. None of this research is directly relevant to demand reduction outcomes of mandatory testing for people whose use is recreational/non-problematic.</li> <li>● There is evidence that testing for certain drugs can displace people’s use to other potentially more dangerous drugs that are not tested for. This has happened, for example, in prisons - where random testing for cannabis displaced use to much more risky synthetic cannabinoids (not tested for) or heroin (which is detectable for a much shorter time period). Testing on a mass scale would be yet another unnecessary resource burden on police and</li> </ul>

		forensic services, incurring huge albeit unspecified costs (especially if private actors had to become involved as seems likely).
24. ii. Attendance at a further drug awareness course?	e. Strongly disagree	<ul style="list-style-type: none"> <li>• Please see comments at Q13.</li> <li>• It is unclear what the benefit of a further attendance at a course would do, and if a condition of a caution, this would be a criminal record.</li> </ul>
25. Do you agree that drug awareness courses should be different for first time offenders and repeat offenders? Please select one option	f. Don't know	
28. Do you think that mandatory drug testing could have a positive, negative or no impact on reducing illicit drug use and re-offending?  <b>Drug Use</b> <b>Re-offending</b>	d. Don't know for both drug use and reoffending.	<ul style="list-style-type: none"> <li>• There is no evidence that drug testing of this nature will reduce drug use or re-offending. However (as noted in question 24 above) there is some evidence that testing could lead to displacement to use of other drugs associated with greater levels of risk - potentially increasing, rather than reducing drug harms (even if negative tests are held up as a positive outcome)</li> <li>• The proposals suggest that a positive drug test would lead to automatic charge and criminalisation (assuming this has not happened already). Unlike the absence of evidence that testing reduces use of reoffending we do know that the undermining of life chances and stigma (potentially made worse by the disruption of random drug testing) associated with criminalisation are likely to increase the chances of reoffending and progression into problematic patterns of drug use.</li> </ul>

Tier 3 questions		
<p>30. Do you agree that those caught in possession of drugs for a third time should attend a drug awareness course? Please select one option.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● On the basis that there is no evidence drug awareness courses are effective for the target population, there is no reason to think they will become more so if repeated. However, the critique of this response for other tiers remains the same - regards the disproportionate nature of the sanction, and the disproportionate burden of costs it would place on socially marginalised individuals and communities.</li> <li>● Being caught on a third occasion would indicate a reasonable probability that a person's drug use is problematic or dependent. As the white paper is clear, people who are drug dependent should not be subject to this regime - it is unclear what the implications of this would be; are they diverted into treatment at this point? Are previous criminal records accrued in tier 1 and 2 expunged/deleted? This seems confusing and ill considered.</li> <li>● If the person is not drug dependent, then it is likely their detection is as a result of over-policing, this is likely to disproportionately impact marginalised/ethnic minority communities and, therefore, the proposed framework has failed to reduce racial/class disparities.</li> <li>● At tier 3 a person would be subject to attendance at an awareness course, a criminal penalty, <i>and</i> a civil order. These multiple sanctions, unavoidably delivered in combination, are extremely disproportionate, with no evidence that they would deter drug use, but considerable evidence suggesting they will increase social and health harms. At this stage they would also have a criminal record from Tier 2.</li> <li>● Criminal records can have a negative impact on health, social and economic factors, and evidence has shown that it can reduce someone's earning capabilities hence reducing tax receipts for the Government.</li> </ul>

<p>31. Do you agree with the proposal to include a drug awareness course in each tier? Please select one option.</p>	<p>e. Strongly disagree</p>	<p>See answers to questions 13 and 24ii above.</p> <p>More courses would entail more costs. There is, however, no evidence that they are effective, or would become more so if repeated, different content or not.</p>
<p>32. Do you agree that those caught in possession of drugs for a third time should receive a Drug Court Order, which includes one of the following interventions:</p> <p>An exclusion order</p> <p>A drug tag</p> <p>Passport confiscation</p> <p>Driving license disqualification</p>	<p>e. Strongly disagree for an exclusion order, a drug tag, passport confiscation and driving licence disqualification</p>	<ul style="list-style-type: none"> <li>● Please see responses at Q30 for ideas of how to respond.</li> </ul> <p>Specific responses for each intervention:</p> <ul style="list-style-type: none"> <li>● <b>Exclusion orders</b> - this is a disproportionate response to simple drug possession, undermines civil rights, and, depending on the area/ location of restriction, could negatively impact a person’s ability to work, look after their children, engage with their family. There is no evidence such orders would be effective at reducing demand for the target group, or act as a deterrent.</li> <li>● <b>Drug tags</b> - there is no technology which will achieve this, and no evidence to support the use of drug tags for non problematic users not linked to other forms of offending, as acknowledged in the White Paper. This is a disproportionate response to simple drug possession and undermines civil rights.</li> <li>● <b>Passport confiscation</b> - this is a disproportionate response to simple drug possession, undermines civil rights, and could negatively impact a person’s ability to work, look after their children, and engage with their family - all of which make re-offending and progression into problematic use more likely, not less</li> <li>● <b>Driving licence disqualification</b> - this is a disproportionate response to simple drug possession, undermines civil rights, and could negatively impact a person’s ability to work, look after their children, and engage with their family,</li> </ul>

		all of which make re-offending and progression into problematic use more likely, not less.
33. Should there be circumstances where an offender receives a Drug Court Order without having first received a Tier 1 and Tier 2 intervention? (in essence, skipping to Tier 3 straight away) If yes, please outline what you think those circumstances should be.	c. Don't know	
34. Do you think the minimum and maximum periods proposed for each Drug Court Order intervention are appropriate? Please select one for each answer.	For all sub questions on length of intervention, answer:  c. No too long for all	
35. Do you think there are other conditions that should be available to the court to include as part of a Drug Court Order? If yes, please provide details	b. No	<ul style="list-style-type: none"> <li>The proposed conditions are already disproportionate and the Home Office have failed to propose any alternatives with demonstrable value.</li> </ul>

<p>36. Do you agree that the consequences for breaching a Drug Court Order are appropriate? The consequences we propose are considering the breach as a separate criminal offence which may attract a custodial sentence.</p>	<p>e. Strongly disagree</p>	<ul style="list-style-type: none"> <li>● Prison is grossly disproportionate for minor possession offences, costly, ineffective and profoundly harmful.</li> <li>● Hundreds of people a year in the UK are already sent to prison for drug possession offences. Incarceration is grossly disproportionate for a minor possession offence - there is no evidence it would serve as a deterrent, or bring any benefits to the individual (rehabilitative) or wider community (protection, retribution) despite the high cost incurred by the state/taxpayer.</li> <li>● There is significant evidence that short prison sentences are harmful and stigmatising - undermining life chances, exposing individuals to trauma violence, and making progression to problematic and high risk drug use (both in prison and on release) and re-offending more likely, not less.</li> </ul>
<p>39. What impacts, if any, do you think this new regime will have on:</p> <p>a. Police</p> <p>b. Courts</p> <p>c. Employers</p> <p>d. Third sector]</p> <p>e. Other</p> <p>f. Don't know</p> <p>g. No impacts Please describe these impacts</p>		<ul style="list-style-type: none"> <li>● <b>Police:</b> increased resource burden/costs, undermining of police-community relationships.</li> <li>● <b>Courts:</b> increased resource burden/costs on an already overstretched court system.</li> <li>● <b>Employers:</b> disruption from random drug testing appointments, potential labour supply bottlenecks from increased criminal record related exclusions</li> <li>● <b>Third sector:</b> drug treatment agencies could face increased burden/costs at a time when the labour market in this field is severely stretched. Even with funding for delivery of diversion courses, there are simply not enough qualified staff to meet the demand of current service provision.</li> </ul>

<p>40. Do you believe that our proposals to create a tiered drug possession regime will have an impact (both positive or negative) on individuals with a protected characteristic under the Equality Act 2010? If yes, please describe the potential impact. Protected characteristics under the Act are disability, gender reassignment, age, pregnancy and maternity, race, marriage and civil partnership, sex, sexual orientation and religion or belief.</p>	<p>a. Yes, please describe the potential impact</p>	<ul style="list-style-type: none"> <li>• The proposals will have a negative impact on a number of groups with protected characteristics. The burden of punitive drug enforcement falls most heavily on socially and economically marginalised individuals and communities, undermining health and increasing inequalities. There is a particularly acute issue regarding over-policing and disproportionality in drug related stop and search, arrest, prosecution and sentencing of the UK’s Black community (briefly noted in the white paper, described in detail in the white paper referenced Release report ‘The Colour of Injustice’)</li> <li>• Drug policing is widely acknowledged to drive racial disparities in the criminal justice system - a problem that these proposals will exacerbate. They propose a significant roll out of policing and criminalisation of vulnerable minority communities when all independent, and much government analysis, strongly suggests movement should be in precisely the opposite direction. It is impossible to see how an honest impact assessment of these proposals could be signed off as compliant with the requirements of the Equalities Act.</li> <li>• Groups within other protected characteristics are also likely to be disproportionately negatively impacted by these proposals - notably young people and members of the LGBT community - who both use drugs at higher rates than the general population and will correspondingly be subject to greater levels of punitive drug enforcement and the harms of criminalisation.</li> <li>• From a gender perspective, women who are parents and who use drugs are less likely to seek support from services if they are having issues with their drug use for fear of criminalisation, costs, and social service involvement (even in the absence of risk to children). These proposals will exacerbate that fear and will cause more harm than good.</li> </ul>
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<p>41. Where you have identified potential negative impacts, could you suggest ways to mitigate them?</p>	<p>a. Yes, please suggest potential mitigations</p>	<ul style="list-style-type: none"> <li>• Decriminalise possession of drugs and support harm reduction approaches e.g drug safety checking, evidence based and targeted risk education in social settings.</li> <li>• Explore, research and debate options for the responsible legal regulation of drugs, and licensed venues and events where they can be consumed for recreational/non-medical adult use.</li> </ul>
<p><b>Questions on operational best practice and new reforms for Drug Testing on arrest</b></p>		
<p>42. Do you agree with our proposal to expand the range of <u>illicit drugs</u> which can be tested for under Drug Testing on Arrest legislation? Please select one option.</p>	<p>e. Strongly disagree</p>	<p>See answer to question 24 - on the basis of this critique of drugs testing (that it is expensive, abusive, and ineffective) we see no basis for extending it further.</p> <p>Given the high prevalence of use, testing for cannabis would entail a particularly expensive, harmful and unevidenced extension of this flawed policy.</p>
<p>43. Which drugs do you think are important to be able to test for under Drug Testing on Arrest? You can select more than one option.</p>	<p>g. Other, please specify</p>	<p>- None. See response to 42</p>

<p>44. Do you agree with our proposal to expand the range of <u>offences</u> which police can drug test for under Drug Testing on Arrest legislation (“trigger offences”)?</p>	<p>d. Strongly disagree</p>	<ul style="list-style-type: none"> <li>• The Police and Criminal Evidence Act (PACE) already gives police the power to test an individual arrested or charged for a non-trigger offence, but only when authorised by an officer of the rank of Inspector or above. This officer must have reasonable grounds for suspecting that the individual’s misuse of any specified class A drug caused or contributed to the offence.</li> <li>• There is no discernible justification for automatically testing on arrest for a wider class of offences than those already permitted. Drug testing is invasive and there is no evidence that it will reduce drug use or re-offending. However (as noted in question 24 above) there is some evidence that testing could lead to displacement to use of other drugs associated with greater levels of risk - potentially increasing, rather than reducing drug harms (even if negative tests are held up as a positive outcome).</li> </ul>
<p>45. The current trigger offences are: theft and attempted theft, robbery and attempted robbery, burglary, attempted and aggravated burglary, handling stolen goods and attempting to do so, taking a conveyance without owner’s consent/authority and aggravated taking conveyance without the owner’s consent authority, going equipped for burglary or theft, fraud and attempted fraud, possession of</p>	<p>b. No</p>	<p>As above for Q44.</p>

<p>articles for use in frauds, begging and persistent begging, possession of a specified class A controlled drug, production or supply or possession with intent to supply of a specified class A controlled drug.</p>		
<p>46. Do you believe that our proposals to expand the Drug Testing on Arrest programme will have an impact (both positive or negative) on individuals with a protected characteristic under the Equality Act 2010? If yes, please describe the potential impact. Protected characteristics under the Act are disability, gender reassignment, age, pregnancy and maternity, race, marriage and civil partnership, sex, sexual orientation and religion or belief.</p>	<p>a. Yes, please describe the potential impact</p>	<p>see answer to Question 40</p> <p>Drug testing on arrest will disproportionately negatively impact vulnerable and marginalised communities, particularly Black people.</p>

<p>47. Where you have identified potential negative impacts, can you propose ways to mitigate these?</p>	<p>a. Yes, please suggest potential mitigations</p>	<p>Do not adopt a widening of testing on arrest as policy and, more generally, stop criminalising people who use drugs.</p>
<p>48. Do you have any other comments on our proposed changes to Drug Testing on Arrest?</p>	<p>b. No</p>	
<p>49. Do you have any further comments on the white paper you would like to share with us?</p>	<p>a, Yes, please provide any additional comments</p>	<p>At this point we would ask respondents to share your stories, your views and what policies you support. Personal stories can be really powerful. The main thing to get across here is that punishing drug use is harmful, creates stigma and has contributed to so many of the harms we currently see - as well as the observation that there are better alternatives.</p>