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DRUG POLICY RESPONSES TO COVID 19: ESSENTIAL FIRST STEPS

The COVID-19 crisis has, very quickly, highlighted a range of critical risks faced by both people who use drugs problematically and the providers of substance use services. Many in the drug policy and harm reduction community have moved swiftly to propose ways to address these issues in both the short and medium term. It has been encouraging to see that the UNODC has also sought to very clearly assert the needs and rights of people who are facing both an acute health risk and the additional effects of stigma and marginalisation.[1]

As part of this effort, Transform and Release submitted a joint response to a call from the Treasury Committee to advise on how dedicated COVID-19 funding might best be spent. This briefing summarises that response, and sets out some of the interventions we think are needed to help alleviate the risks. It can be read alongside our recent blogs which discuss specific issues and principles in more detail.

There are an estimated 320,000 people in the UK who use drugs problematically, many of whom suffer from the kind of underlying health issues that put them at increased risk from COVID-19. In recent years, we have already experienced a public health crisis which has seen drug-related deaths soar to record levels. Criminalisation of people who use drugs has also contributed to an overcrowded prison system, which has put both prisoners and prison staff at high risk of infection. The measures proposed below will not only help reduce drug-related mortality and other harms, but also significantly reduce the risk of increased COVID-19 infection rates among people who use drugs.

Tackling these issues is not only a matter of compassion and support for a vulnerable community, but of reducing the risk – without such interventions – of placing much greater pressure on the NHS, prisons, and other service providers.

Funding shortfalls for drug treatment services should be reversed and new resources made available to implement innovative measures necessitated by the COVID-19 crisis.

Funding for treatment services has been decimated in recent years. It was already the case that the 4% increase in public health funding announced in March 2020 was in no way sufficient to make up for the £850 million lost in funding since 2014/15.[2] Now, as the crisis

1 UN Office on Drugs & Crime (@UNODC). Tweet, 1 April 2020. https://twitter.com/UNODC/status/1245244505114030081

2 Collective Voice (2020). Collective Voice Responds to the Budget 2020. https://www.collectivevoice.org.uk/news/collective-voice-responds-to-the-budget-2020/

emerges, we urgently need additional funds to provide increased capacity. This is partly because we are almost certain to see a reduction in drug supply, which may lead to increased adulteration – potentially with the lethal synthetic opioid fentanyl – as well as people going into involuntary withdrawal. Services need to be able to respond quickly with both detox provision and much more flexible prescribing in order to prevent unnecessary pressure on acute health services.

To deal with the destabilised drug market, services must have the support and capacity to get more people into treatment, with rapid, lower threshold prescribing of methadone and buprenorphine. They will need to be able to implement procedures for these clients that potentially operate outside of existing guidelines, including no longer requiring drug testing of clients and supervised daily consumption, in order to reduce social contact and protect clients and service providers. Safe supply of alternatives to illegal drugs (not just opioids, but stimulants, and benzodiazepines) must be facilitated and there should be a move to electronic prescriptions where feasible.

With an increased strain on services, we must also ensure continued sufficient supply of harm reduction equipment, including safe injecting equipment. If this provision is undermined, it again places huge additional risks on individuals and the health system. We must allow flexibility for the way harm reduction services are delivered to ensure physical distancing rules are observed. In addition, a significant supply of the anti-overdose medication Naloxone must be made available for people who use opioids, as well as all emergency responders.

Funding should be made available to drug treatment providers to ensure that they can fund innovative approaches, including peer outreach programmes, mobile services, and exploring the possibility of using existing and new premises to dispense equipment and medication. Further, additional resources must be provided to allow for remote counselling services, including phone appointments.

Guidance should be issued to police forces to end the arrest of individuals for possession of drugs, and to de-prioritise drug supply enforcement, to focus staff resources on protecting public safety.

Under the current lockdown it appears fewer police are arresting people for the possession of drugs — partly because fewer people are on the streets, but also to minimise transmission risks of physical interactions. However, even after lockdown ends, arresting individuals for drug possession should not be treated as a priority given the immense challenges that will remain as a result of COVID-19. Instead, people who use drugs should be diverted into treatment, education or support. These types of ‘diversion’ schemes have been successfully implemented by a number of police forces already. There is no evidence that such schemes lead to a rise in consumption of drugs.[3] The Government should encourage the National Police Chiefs Council to issue guidance to all police forces to reduce searching or arresting individuals for possession of drugs to the lowest police priority while emergency measure are in place. Drug supply enforcement also needs to be deprioritised, to further free up police resources to focus on protecting public safety. This will also help maintain some stability in

3 Stevens, A., Hughes, C.E. Hulme, S. et al. (2019). Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. European Journal of Criminology 0.0. https://doi.org/10.1177/1477370819887514

the drugs market, which may in turn reduce the risk of more harmful substances like fentanyl entering the supply chain.

Non-violent offenders should be released from prison where feasible and where there is low risk to society. Funding and wraparound services should be provided to ensure safety upon release.

Overcrowded and unhygienic conditions create an acute risk for infection, and prison populations are especially vulnerable given an ageing prison population, poor physical and mental health and high levels of drug use. As of 1 April 2020, 69 prisoners in England and Wales had tested positive for

COVID-19 and three had died, while over 8,000 staff (a quarter of the workforce) were already self-isolating.[4] Due to limited resources, emergency service provision is being rolled out which includes the cessation of cell searches and drug tests, as well as the suspension of visits.[5]

There needs to be a safely managed release of individuals, including those detained for non-violent drug and drug-related offences, in order to address this problem.[6] This is particularly the case for individuals serving short sentences (or with a short time remaining), and those who are being held on remand — groups which disproportionately include women. Alongside this, prison recalls (including for licence breaches related to drug use) and further incarceration of non-violent drug offenders should be halted. On 31 March 2020, the Justice Secretary announced that pregnant women and prisoners held in mother and baby units (roughly 70 prisoners in total) would be temporarily released 'within days'.[7] However, more needs to be done. The release of thousands of prisoners has already been facilitated in other countries.[8]

There are already existing powers to manage early release, including Home Detention Curfew. However, it is vital that funding is provided to ensure that wraparound services are accessible upon release. We know that recently released prisoners are at a considerably higher risk of overdose than the general population of people using drugs. Such services, therefore, need to include housing security, access to treatment and harm reduction services (including opioid substitution treatment) and provision of Naloxone. It is also essential that those remaining in prison have even greater access to harm reduction services.

4 Shaw, D. (@DannyShawBBC). Tweet, 1 April 2020. https://twitter.com/DannyShawBBC/status/1245356027115167748; https://twitter.com/DannyShawBBC/status/1245419729310883844

5 Hymas, C. (2020).Cell searches and drug testing face axe in prison coronavirus outbreaks. The Telegraph 20 March. https://www.telegraph.co.uk/politics/2020/03/20/cell-searches-drug-testing-face-axe-prison-coronavirus-outbreaks/; BBC News (2020). Coronavirus: Prison visits suspended during outbreak. BBC News 24 March. https://www.bbc.co.uk/news/uk-scotland-52023665

6 See: Penal Reform International (2020). Coronavirus: Healthcare and human rights of people in prison. https://www.penalreform.org/resource/coronavirus-healthcare-and-human-rights-of-people-in/

7 Ministry of Justice (2020). Pregnant prisoners to be temporarily released from custody. 31 March 2020. https://www.gov.uk/government/news/pregnant-prisoners-to-be-temporarily-released-from-custody

8 See, among other countries, Iran: ITV (2020). Iran releases 85,000 prisoners amid efforts to combat spread of coronavirus. ITV 17 March. https://www.itv.com/news/2020-03-17/iran-releases-85-000-prisoners-amid-efforts-to-combat-spread-of-coronavirus/

There should be security over accommodation, including the provision of hotel accommodation where necessary. Welfare benefits should be provided unconditionally for those who qualify.

There is an urgent need to house everyone who is living on the streets, and we are pleased to see that there has been some action to address this. There is a high level of problematic drug use among people who are homeless — in 2018, 40% of deaths were drug-related. It must also be recognised that many of the individuals requiring accommodation are not ready or able to stop using drugs at this time. This means finding practical ways to allow housing providers to be tolerant of substance use where possible.

Suspension of eviction proceedings for tenants should be extended indefinitely, beyond the current 3 months and local authorities should be provided with additional funds to support those with a shortfall in rent.

Further, conditionality for entitlement to welfare benefits should be suspended and no sanctions applied. All social security tribunals should be immediately suspended, and all of those who are currently in receipt of reduced benefit payments should be switched to full entitlement for 12 months.

People who use drugs problematically, including alcohol, should be categorised as a high-risk population in relation to COVID-19.

People who use drugs problematically often have respiratory illnesses and comorbidities, and suffer from impaired immunity due to a variety of different factors, including lifestyle, nutritional status, and from the immuno-suppressive effects of opioids. Despite these vulnerabilities, at present the Government and NHS guidance does not categorise people who are dependent on drugs, including alcohol, as a high risk group in relation to COVID-19. They should immediately be recognised as such to encourage the development and delivery of appropriate measures to protect them, including around increased treatment provision and housing tailored to their needs. We recognise that much of the additional support to 'high-risk- groups assumes stable housing (e.g. calls for self-isolation) and access to phones or the internet. However, we feel that any move to provide additional security, and recognise additional risks, is vital.

We need to act to support everyone.

COVID-19 is a threat to everybody, especially those working in essential health provision. However, in order to protect society at large we need to maintain a focus on the most vulnerable and marginalised. Failure to act will not only have dire consequences for the individuals directly affected, but for the wider health service. To keep the numbers of people falling seriously ill as low as possible we need to take decisive steps now, and give the drug service providers working on the frontline the funding, support and flexibility they need.

Making these changes will not be easy, especially in the context of the wider public health crisis we are all facing. We recognise that there are challenges for all concerned in dealing with COVID-19. Finding the right answers will be difficult, but as a first step we need the flexibility and capacity to prevent acute harms in the short term. Given the emergency we face, such adaptations cannot be delayed.

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