The national drug strategy: what progress?

Mike Trace judges the government's record on tackling drug misuse and assesses its new strategy.

The most noticeable thing about the launch earlier this year of the government's 2008 drug strategy – Drugs: protecting families and communities – was the relative lack of fanfare and press interest. When we launched in 1998, ministers were falling over themselves to be involved, and the headlines of the strategy were pored over in the press for days. This time round, the complex and widely impacting contents of the national drug strategy have not received one tenth of the political and media attention as the (relatively minor) issue of which class within the Misuse of Drugs Act 1971 that Cannabis should be placed in. I find this focus on the symbolism of drug policy, rather than its substance, to be disappointing – the level of understanding of the nature of drug use and related problems in the UK has undoubtedly increased amongst professionals, policymakers and the general public over the last 10 years, so public debate should really be rising above the simplicity of tough versus soft 'messages' from politicians to potential users.

Even a cursory read of the new strategy document will demonstrate that policy and data analysis have improved significantly since 1998. We tried then to draft a strategy that looked across all aspects of society's drug problems (reasonably successful), and set out coherent objectives, targets and actions that would direct the allocation of resources over the lifetime of the strategy (less successful). The new strategy is much cuter on this: it has an excellently worded headline objective – to reduce the harm caused by alcohol and drugs – that is incorporated into one of the government's cross-cutting public service agreements (PSAs), and has avoided the setting of numerical targets that dogged the original strategy. Unfortunately, the definition of which harms the strategy will focus on, and how they will be counted, is not made explicit in the strategy. The Drugs Harm Index (DHI) is the method of assessing progress against the PSA objective, and it does make an attempt at bundling together a number of drug related harms, and taking an objective view of whether they are increasing or decreasing. However, this methodology is yet to become sufficiently sophisticated basis for major policy and spending decisions – its focus on direct costs to the public purse tend to give an undue emphasis to the reduction of drug related crime, allowing the DHI to report a clear downward trend in harms over the last 5 years, while other data indicates that drug related infections and overdose deaths are stable or increasing.

This points to another main omission from the strategy document – a clear review of progress against the 1998 strategy objectives. Of course the causal relationships between drug use and problem trends, and the impact of government policy and programmes, are hard to pin down, but attempts to understand these relationships are an essential basis for creating effective future policy, so I will try to summarise the situation in terms of our original four headline objectives here:

Availability

We aimed to reduce the availability of drugs to young people in the UK. There is no reliable national indicator of availability, but if this concept is measured through the proxy of prevalence of use, then the best that can be claimed is an overall stability in the scale of illegal drug markets over 10 years, after decades of increases. If the proxies of price, purity, or age of onset of use are used, then the only conclusion we can draw is that almost all of the main drug types, including cannabis, cocaine and heroin, are more available than they were ten years ago. There is little analysis of the challenges that arise from this reality in the new strategy, but there are signs that drug law enforcement programmes are increasingly being focussed on tackling the consequential harms of the drug market – such as violence, intimidation and the power of organised crime – rather than the seemingly futile attempts to 'stifle' the illegal market, create 'droughts', or raise the price of drugs beyond the willingness or ability of potential users to pay. The fact that we continue to invest so much in law enforcement activities in Afghanistan and the Andes – programmes that at least in part are predicated on the objective of reducing drug flows to the UK – must therefore raise questions, but on the other hand the clear articulation by the Serious and Organised Crime Agency (SOCA) that their role is to reduce the harm to law-abiding communities that is associated with the illegal drug market, is an encouraging sign of the new realism.

Communities

We aimed to reduce drug related crime, by which we meant the high volume of property crime committed by individuals in order to raise money to buy drugs. 10 years later, the analysis on which this priority objective was based seems to hold true – a high proportion of some types of property crime are indeed committed by drug addicts, these drug-driven offenders can be identified and assessed through their contact with the criminal justice system, and their offending can be

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reduced or halted by the delivery of effective drug treatment. All three Labour governments have poured resources into this process, to the extent that we now have national coverage of advice, assessment and referral services in police stations, courts and prisons, and more than double the number of treatment places that were available in 1998. This represents an impressive and unprecedented service development achievement but, infuriatingly, it is hard to tell whether the investment has delivered in crime reduction terms. Despite clear plans created in the last drug strategy to commission research that tracks trends in drug related crime, no such national study exists. We are therefore reliant on small studies of individual projects, or a recent Home Office survey of Drug Intervention Project (DIP) clients. These studies all point to generally positive conclusions, but the key question of whether the successes of individual programmes have been, or can be, replicated across the 100,000 offenders who go through treatment each year remains unanswered. There are associated concerns that some of the measures brought in to coerce drug driven offenders into treatment – such as mandatory drug testing, or mandatory attendance for assessment – constitute unwarranted invasions of privacy, or are ineffective. My view is that they add little to the battle to reduce drug related crime, and allocate valuable treatment slots to offenders with questionable motivation to change, when others with higher levels of motivation are unable to access the treatment they want.

Treatment

We pledged to double the number of people receiving structured treatment for problem drug use in 10 years. In fact, this milestone was surpassed three years early, and almost 200,000 people receive such treatment each year in England and Wales alone. This, once again, constitutes a successful scaling up of a hitherto neglected sector, but questions remain about the crime reduction or health gains achieved through this expansion. The rate of overdose deaths, infection risk behaviour, and continued drug use amongst people in treatment remains at worrying levels, and the number of people leaving the drug treatment system completely drug free is running at less than 10%. My view is that the massively increased engagement of problem drug users in treatment in this country has led to real improvements in their health, social relations and life opportunities, but a significant problem remains that for the majority, such engagement is not the life-changing experience that we would wish it to be. We all know that a part of this problem is the numeric objective – treat more people within limited budgets, leading to pressure on commissioners and providers to prioritise low-threshold, low unit-cost interventions. Unfortunately, most research points to the need for more intensive, structured programmes to break the cycle of addiction, offending and high risk behaviour. The new strategy does not seem to get to grip with this problem. It reaffirms the government's commitment to funding an integrated treatment system, and that is welcome, but it makes no serious attempt to tackle the institutional and budgetary structures that drive investment in ineffective services. There is broad mention of the need for a greater focus on abstinence as an outcome of treatment, but little in the way of practical action to change the way budgets are allocated, despite the fact that these issues have been the subject of debate within the profession for years. The result, I fear, will be several more years of continuing mixed results when treatment outcomes are examined, bringing pubic and political support for the value of treatment into question.

Protecting young people

The concept introduced in the 1998 strategy was to enable young people to resist drug use in order to be able to fulfil their potential. I think that this is still the right way to consider the issue, focusing effort on those young people at risk of social exclusion associated with their use of drugs. The drug education and prevention field seems to have learnt the lesson that education and publicity campaigns cannot fundamentally alter prevalence rates or trends and that, while universal and high quality drugs information should be widely available, it is the early identification of, and intervention with, young people in the early stages of developing drug problems that should be the priority. The priorities for drug prevention are therefore the same as in other areas of social exclusion work – to work with those most at risk of pursuing lifestyles that involve failure at school, family problems, and trouble with the law, to try to divert them in to positive lifestyles. I had hoped that the new strategy would come up with some creative new initiatives to engage and enthuse young people at risk (Positive Futures is one major legacy of the previous strategy, that now provides opportunities through sport to tens of thousands of young people), but have not seen any announced. The strategy does give some prominence to the need for communication and publicity campaigns, and these seem to be correctly focussed on the dissemination of information on the harms that can result from drug use and how to avoid them, but these will not touch those young people who are attracted to drug use through the family, social or emotional difficulties in their lives.

Overall, the new strategy builds effectively on the positive streams of activity that were initiated in the previous one, and in particular brings much more consistency and rigour to what were some half-formed ideas ten years ago. However, I feel that there is a tendency to avoid some difficult questions under a general tone of 'promising progress'. I understand that this is a result of the fact that drug policy is now a much lower political priority for the government, but I do think it is a missed opportunity to address some significant areas of weakness in current structures and programmes, and to launch some creative new initiatives. ■

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