

# Same difference? Evidence versus 'common sense' in the Coalition Drug Strategy

David Nutt and Sophie Macken introduce the themed section of *cjm*.

The Coalition's Drug Strategy, published in December 2010 after a brief consultation period, set out the government's plans for drug policy and also revealed much about the attitudes of those now in power towards this often contentious and emotive field. It set out to be a 'major change to government policy'; a way to differentiate the Coalition from the previous Labour government's Strategy – an aim that was met with mixed results. There are indeed some striking differences from Labour's approach: **Eric Carlin** highlights a welcome reduction in the jargon and meaningless targets that marred many a Labour strategic document and a new emphasis on recovery, but also the worrying absence of harm reduction measures and a lack of discussion of educational measures. **Patrick Hargreaves** explores the types of drug education that might produce the best outcomes and the difficulties in measuring those outcomes. **Alex Stevens** notes similarities with the very first UK government Drug Strategy – not only was it devised by a Conservative government but it similarly does not tally strategic goals with any tangible targets or means of funding initiatives. However, as Stevens notes, even Thatcher was persuaded by the Advisory Council on the Misuse of Drugs (ACMD) of the merits of harm reduction. The UK's early pioneering of needle exchanges resulted in a correspondingly low HIV transmission rate, in marked

contrast to much of the rest of Europe. Some of Labour's more ethically dubious notions, such as financial support of addicts being dependent on drug testing, are still present. **Emma Wincup** explores how the linking of benefits to drug treatment could potentially isolate and pressurise addicts to their detriment. **Stuart Taylor** also comments on how an ostensibly admirable focus on vulnerable drug users in fact runs the risk of further marginalising them and reinforcing stereotypes regarding drug use.

One new contributing factor in the Coalition Strategy is the emergence of so-called 'legal highs'. The rapid rise in popularity of mephedrone in 2009-2010 thanks to its purity, ease of online purchasing and media hysteria raised new questions about the way in which existing legislation deals with a much changed drug landscape. **Fiona Measham** critiques the measures proposed in the Strategy to tackle these new substances, namely Temporary Class Drug Orders and possibly something along the lines of the US Federal *Controlled Substance Analogue Enforcement Act 1986*, and debates the issues raised regarding the regulation of the internet and the powers of trading standards authorities. **Jonathan Birdwell** and **Nicola Singleton** question whether the *Misuse of Drugs Act 1971* is still fit for purpose and consider whether an overhaul of the myriad regulations relating to drugs might be well overdue, and **Neil McKeganey** suggests a



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controversial move towards overt acceptance of ethics or morality in drug treatment that might also nudge drug use towards the unacceptability of drink-driving.

A curious area of both similarity and differentiation between the Coalition's Drug Strategy and that of the previous government is their attitudes towards evidence in policymaking. Labour's ostensible support for evidence-based policy sharply contrasted with the ideological viewpoint that became plain to see, particularly under the leadership of Gordon Brown. Brown talked of believing that sending a message regarding the unacceptability of cannabis use was the right thing to do and announced intentions to reclassify cannabis from C to B in 2007 before the ACMD's (second) review of the evidence had been published (Scotsman, 2008). The Coalition's Strategy does away with even that pretence – no supporting data or corroborating evidence to justify the Strategy is provided and the results of a number of differing drugs policies from around the world are ignored. Indeed, when Baroness Neville-Jones, then Minister of State for the Home Office, was asked in the House of Lords on 9 March whether the government would consider a review of policy to date, her reply was that the Coalition wanted to give

the Strategy 'a good try', on the basis of the newness of the policies contained rather than because of any evidence of their efficacy (Hansard, 2011).

A theme that runs through the Strategy is the use of 'common sense' thinking in lieu of solid evidence, 'common sense' here being shorthand for uninformed assumptions, cultural prejudices and lazy stereotyping. It places emphasis on drug free goals which, while admirably ambitious, is combined with a move towards residential programmes that are somehow to be run on at most the same budgets as methadone clinics, despite the costs being many times higher. 'Common sense' here tells us that the only acceptable outcome is complete abstinence from harmful drug use. In an ideal world this would, of course, be the case. However, the evidence shows us that addiction can dramatically and in some cases, irreversibly, change brain chemistry so that for an unfortunate proportion, being completely drug free may never be an option. 'Common sense' here also shifts the blame onto the user by not recognising that addiction is a major health problem in which the individual, thanks to a combination of internal and external factors that are not yet fully understood, may not be able resist. Addiction is then somehow their fault; a case of weakness in character or greed that less merits the help it in fact needs.

'Common sense' tells us it is important for international relations and the rule of law that we honour our obligations under international law, particularly here the 1961 Single Convention on Narcotic Drugs, 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These obligations are often used by government to block attempts to review or revise drugs legislation and regulations. However, the United Nations Office on Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB) have both explicitly stated that the UN Conventions allow for alternatives in criminal justice for drug use and

addiction: 'In order to allow for the humane treatment of drug addiction, the conventions allow Member States to apply alternative measures to imprisonment and sanction for drug use, such as education, social care, treatment, reintegration and aftercare' (UNODC and INCB, 2010).

'Common sense' tells politicians that drug use is always harmful and unwanted by those thinking rationally. However, this doesn't take into account the myriad reasons that prompt drug use that can include benefits to the individual as well as pleasure and self-medication. This is not to say that drug use is not harmful: all drugs can be harmful to a greater or lesser extent and entail a certain level of risk. However, it does miss the point that achieving abstinence across the board will be blocked by the motivators behind drug use. Understanding underlying reasons for use helps to effectively tackle misuse.

With the issues of drug use and control mired in emotion, belief and prejudice, evidence offers a rational way through based on peer reviewed scientific experimentation and rigorous assessment of existing measures. Only then will effective and fair drugs policy triumph against 'common sense'. ■

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