

# UK drugs strategy: off-balance as before?

**Eric Carlin argues that the failure to refocus from criminal justice to public health means the Strategy will ultimately disappoint.**

According to the United Nations, national and international drug policy should be based at the 'intersection of health, security, development and justice' (UNODC, 2010a). With the new UK Drug Strategy, has the Coalition government got the balance right?

To varying degrees, both in its style and content, the UK Drug Strategy is justified in its claim to set out a 'fundamentally different approach and an entirely new ambition to reduce drug use and dependence'. For one thing, in contrast to so many New Labour policy documents, this Strategy is concise and easy to read. Content-wise, there are also some useful improvements on what has gone before. It is good not to have to read lists of meaningless targets and performance indicators to which no one is ever held accountable. The new emphasis on recovery is also welcome, but it needs to take into consideration the wide range of journeys that people need to be supported along, as opposed to being seen as an 'abstinence or nothing' package.

## Lack of attention

At a strategic level we need to capture the energy and innovation with which people who are in recovery themselves are challenging the mindset of how treatment services are designed and delivered. The Strategy also fails to back up declarations about the importance of prevention and education for young people with commitments which could make sure that prevention and education services, particularly vulnerable at times of financial constraints, will be improved and

expanded. As well as this, the lack of attention paid to harm reduction services, which are essential components to maintain health and support recovery, is a cause for concern. The underlying political agenda to this Strategy requires critical attention and ultimately the continuing focus on criminal justice rather than public health disappoints.

The new emphasis on recovery is welcome, though rather than emphasising in particular the responsibilities of individual drug users, a more revolutionary recovery approach might have been described, reframing the relationship and interdependence between the individual and society: 'We speak of the individual and his environment, of the child and his family, of individual and society or of subject and object, without clearly reminding ourselves that the individual forms part of the environment, his family, his society' (Elias, 1978). Within this reframing, a strategy based on recovery would not require only people with drug problems to change; it would require us all to change. Understanding drug dependence as a long-term, chronic and recurring health condition, we could all work together to help people participate in drug treatment as a contribution to their recovery, reshaping how a range of public services, not just 'traditional' drug services, support that. In Scotland, which adopted a national recovery-focused Drug Strategy in 2008, the concept is still developing.

## Campaign vigorously

Whole communities are taking up the challenge of transforming their addiction care systems to be based on personal recovery, helping people (re)build meaningful and valued lives, where they can realise their aspirations, be treated with respect and dignity, and contribute to society. In this context, recovery illustrates how we can provide a continuum of care for people that involves prevention, harm minimisation and abstinence. A recovery approach necessitates a major transformation of systems of care, shifting away from systems based on pathology and symptom management to ones that promote wellness and recovery. The 'drug free' life that the Strategy advocates should be regarded as one of a range of goals for individuals who should be supported to achieve recovery over a long period of time, with setbacks regarded as part of the journey, rather than failures to be punished with financial and other sanctions, as has been threatened. I hope that the 'Recovery Champions' will, for example, campaign vigorously against threats

to cut off welfare benefits, should people's recovery trajectories fail to be linear and consistent.

Although, as stated earlier, the brevity of the Strategy is welcome, there is a worrying lack

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of detail about primary prevention and early intervention for young people. Despite fine words, prevention and early intervention have been neglected by successive previous governments. As chair of the English Drugs Education Forum, I was delighted when the last government agreed to make personal, social and health education (including drugs education) part of the national curriculum and I was outraged when, just before the election, the three main parties shamefully colluded to ditch the commitment. It remains vitally important to invest in raising

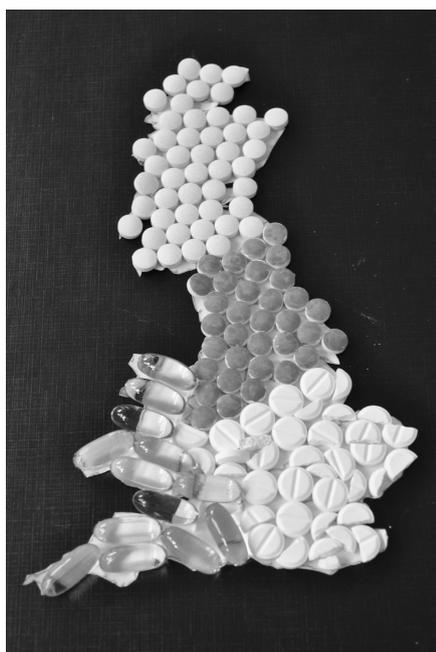


Photo courtesy of Melinda Kerrison

the status and coverage of drugs education in schools, to improve training for teachers and standards of delivery.

My understanding last year was that there was opposition among some religious groups to the provision of compulsory sex education, whereas the importance of making drugs education compulsory was broadly appreciated. However, the new Strategy makes no commitment about drug education; in contrast, it explicitly emphasises the criminal justice-focussed approach by introducing a new system to police 'legal highs', despite emerging evidence that new bans are having limited impact on young people's risk taking in relation to drug use.

### Ideological signal

As mentioned in the introduction, the Strategy does not mention harm reduction once. Let's hope that this is an omission, rather than an ideological signal. Many who have worked in the drugs field for years have fought to challenge the idea that 'one size fits all' when dealing with drugs issues. Of course, it would be safest if people did not take drugs at all or if when dependent, they can be supported to achieve abstinence. However, the reality is rarely so simple and it is essential that harm reduction services, such as needle exchanges and provision of

substitution therapies are maintained and valued as vital contributors to individuals' recovery journeys.

It is really disappointing that the opportunities presented by working as a Coalition have not inspired a fresh approach to dealing with drugs, with a refocusing on public health rather than criminal justice. The Home Office published and leads the strategy, while the policy shift at international level is in the opposite direction. For example, while defining drug dependence as 'a health disorder (a disease) that arises from the exposure to drugs in persons with these pre-existing psycho-biological vulnerabilities', the United Nations Office on Drugs and Crime (UNODC) has recently suggested that punishment is not the appropriate response to persons who are dependent on drugs; indeed, 'imprisonment can be counterproductive to recovery in vulnerable individuals who have already been "punished" by the adverse experiences of their childhood and adolescence, and who may already be neurologically and psychologically vulnerable' (UNODC, 2010b).

### 'An evidence-based approach'

Despite the UK Strategy asserted commitment to 'an evidence-based approach', this is undermined in the Home Secretary's introduction where she states the government's firm opposition to 'liberalisation' and 'decriminalisation', while she also muddles the latter term with 'legalisation'. The point is made: this government is tough on drugs. This despite little evidence in any country that fear of arrest and sanctions is a major factor in an individual's decision on whether to use drugs. For example, drug use patterns in Amsterdam and San Francisco have been found to be remarkably similar, despite the significantly different law enforcement regimes in these two

cities (Mena and Hobbs, 2010).

There is much in this new Strategy that is welcome and seems perfectly acceptable and reasonable but there remain concerns about the underlying ideology and politics that inform it. For example, the emphasis on encouraging people with drug problems to become drug-free might lead to an intolerance of and practical sanctions against those for whom recovery is a long-term and challenging (and often costly) process. As well as this, the government's emphasis on localism in the delivery of education and health services may serve to

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reinforce social inequalities, entrenching people with problematic drug use at the peripheries of our society, increasingly stigmatised and blamed for their own predicaments. You

only get the chance to re-think policy in an area such as drugs once in a generation. In the end, the failure to use the new Coalition politics to take the opportunity to refocus drug policy around public health rather than criminal justice must be regarded as a disappointment. ■

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### References

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