

# 'New' Strategy, usual suspects: a critique of reducing demand, restricting supply, building recovery

Stuart Taylor argues that the focus on the 'usual suspects' will not do.

*Reducing Demand, Restricting Supply, Building Recovery*  
(HM Government, 2010)

provides some welcome rhetoric and recognises a number of key issues within the drug and alcohol field. Simultaneously, however, it appears to adhere to the same principles of ignorance and stereotyping that were indicative of its predecessors. This article will attempt to draw attention to how this will restrict the Strategy's effectiveness whilst also ensuring that public perceptions and relevant policy and practice surrounding drug use will continue to be focused on a specific group of 'usual suspects' (Taylor, 2008). The consequences of this, it is argued, are that policy will continue to limit its own efficacy whilst concurrently drawing attention to the banal image of a feckless and feral drug user who is a drain on society.

## Enhanced education

One of the key aims of the 'new' Strategy appears to be the ambition to stop individuals from taking drugs in the first instance and to prevent drug use amongst young people. Whilst the methods of doing this appear to be based around the principles of enhanced education, availability of relevant information and support and advice for young people and their families, there is a glaring omission from the Strategy. There is no discussion of just why drug use is attractive to young people (or other groups) in the first place. Whilst the Strategy notes that most young people do not use drugs

(and the majority of those that do, do not become problematic users) it offers no reason or rationale as to why drugs are so appealing to the considerable minority of the population that have or do choose to use them. Ten million people of adult age have tried cannabis and close to three million cocaine (HM Government, 2010). With these figures being as considerable as they are, can we really continue to ignore the burning issue of what actually attracts people to using illegal drugs (even if it is just for one-off experimentation)?

The Strategy has a complete lack of recognition that drug use perhaps represents a rite of passage for many young people. There is no acknowledgement of the notion that people take drugs because they are

enjoyable, that they are fun and that they may provide an individual with a welcome release from the bonds of 'normal' society. There is no appreciation of the view that drug use may even be beneficial to the lives of people due to the pleasure and happiness that can be derived from it. Instead the Strategy follows the line that drug taking is bad and detrimental to society and therefore people must not take drugs. The Strategy believes this will occur if people are supplied with the appropriate information and support around drugs. It will not. Drug use is endemic and a staple feature of society and perhaps even normalised in contemporary times. This is due to reasons expanding far beyond the boundaries that simply providing additional information and support can reach.

## Holistic approach

The new drugs strategy should be applauded for its promise to expand treatment services and to provide a more joined-up holistic approach to the drugs and alcohol status quo. Its apparent recognition of social exclusion as a factor in drug use and its commitment to enhancing services for the most vulnerable individuals and communities within society is on the surface commendable. With further analysis however this focus on specific groups and specific types of people could perhaps lead



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to them being further excluded and further identified as representing an underclass that live on the cultural extremities of our society. The rationale for drug use espoused by the Strategy is not that they are used for enjoyment purposes or as a recreational and pleasurable leisure pursuit. Instead it is solely based upon 'the fallen'. Those members of society who have 'a host of educational, health or social problems', with a background 'of childhood abuse, neglect, trauma or poverty', who are from 'vulnerable families with multiple problems' and who are 'truanting or excluded from school' or 'looked after children' (HM Government, 2010).

I am not dismissing out of hand here the need to address this range of factors that lead to an enhanced risk of problematic drug taking amongst these specific groups. There are cultural sub-sections of society where these risks are real and evident. In no way, however, are these indicative of all drug users (see Aldridge, 2008). In no way are the motivations for use within these groups applicable to the whole of the drug using population (nor for that matter within the types of families and communities that the Strategy focuses upon). The danger of adhering to this sweeping line of thought is that a bifurcated drug policy ensues. The large majority of users are ignored and a small minority is focused upon. This has been a common feature of recent drug policy and results in a skewed and generalised perception of who drug users are, of the communities in which they live and of the reasons for use. This then has real implications for these people (and indeed for the whole drug using population).

### Enjoyable experience

With no recognition that drug taking is an enjoyable experience for many or the notion that drug use is evenly distributed throughout the social strata (Aldridge, 2008), the Strategy does little more than enhance the half-formed images and stereotypical perceptions that predominate and which policy and practice are systematically obsessed with. There



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is no discussion of the middle class drug user or of the person who uses drugs without them having a detrimental impact on their lives. There is no discussion, therefore, of the majority of the people who actually make up the drug using population in England and Wales.

Instead, the Strategy focuses on the fact that specific vulnerable groups are more susceptible to drug use. It gives the impression that drug use is associated with poor areas and lower class individuals. Whilst this may be welcome in the realisation that certain socially excluded populations require attention and enhanced support for their needs, the imagery that it supplies of drugs being an issue solely for those from deprived areas with weak family cohesion is not.

This stereotype is just one which both previous and the current drug strategy adhere to. Further stereotypes are littered throughout the document: drug use is associated with unemployment, poor parenting, poor education and results in users

being unable to positively contribute to society in any meaningful way.

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There is yet again no acknowledgment that the majority of illegal drug users do not fall into these categories. The majority of drug users take illegal substances sensibly and in a recreational manner. The majority of drug users (even heroin and cocaine users) have a degree of manageability around their drug use. The majority of drug users are employed and can be 'good' parents (see Shewan and Dalgarno, 2005; Warburton et al., 2005). The majority of drug users can (if they so wish) make positive contributions to society. The pure ignorance of these facets mean that we are focusing our drug strategy on a small subsection of society who's use of drugs (or enhanced likelihood of using them) is embroiled with a host of other (arguably more) pressing issues. The consequences of this are that we build a stereotype of 'a drug user' as being part of the underclass with nothing to offer society. This is not an accurate illustration of reality.

The adherence to this stereotype, however, means that policy develops that specifically focuses upon *these* people (Radcliffe and Stevens, 2008). The tough language used in the Strategy around unemployed drug users is indicative of this. The image of the drug user on the dole has been a consistent ideology since Thatcherite years and yet still prevails within this document. The Strategy even admits to this: 'Also, groups of people who would not fit the stereotype of a dependent drug user are presenting for treatment in increasing numbers. These individuals are often younger and are more likely to be working and in stable housing' (HM Government, 2010).

This admission clearly indicates that a stereotype of who takes drugs exists, and indeed prevails in policy making circles. There is no dialogue, however, that tackles the concept that the drug use of those not fitting the conventional image is hidden and less visible than that of other groups; that stop and search techniques mean that certain types of users are continually focussed upon therefore highlighting their use; that more affluent drug users can afford to fund their drug use (even if becomes problematic) and therefore do not come into contact with the criminal justice system; or that more affluent users can pay for private treatment and therefore avoid contact with the public services, that those with less financial security utilise. Certain drug users are more visible than others but it is wrong to have a drugs strategy that focuses upon just one element of this. In promising to provide more 'rigorous enforcement' for those drug users who are unemployed and who do not enter treatment the strategy does just that and makes it more likely that it is the activities of more visible drug using groups which are

officially recorded, documented and problematised in the public's imagination.

This article has identified that there are some positive developments within the new Strategy. Unfortunately, however, these are shrouded and overshadowed by the usual focus on a specific group of people at the expense of a more holistic

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discussion. Until we break free from the shackles that restrain current drugs policy, we will continue to restrict our own ability to address drug use and continue to draw attention to a socially excluded population who we burden with a

wide variety of society's ills. ■

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