

# Are We on the Road to a Healthier Drugs Policy?

Roger Howard surveys the current direction of UK drug policy.

When, on becoming Home Secretary in the post-election reshuffle, David Blunkett called for an 'adult, intelligent debate' on drugs he may have underestimated where such a debate might lead. When he followed this up by announcing that he wanted to reclassify cannabis from a class B to a class C drug, it seemed to many that the Home Secretary had opened a Pandora's box of drugs policy which would inevitably bring more radical changes; this was especially true given the wider context of his words and actions - the Police Foundation's Independent Inquiry, chaired by Vicountess Runciman, had already recommended large-scale modernisation of the UK drugs laws; an experiment in Brixton was underway where people caught with small amounts of cannabis would get just a warning; and the Home Affairs Select Committee started to investigate the current drugs strategy.

Drugs policy has always been such a political hot potato that sentiment, moral outrage and public stereotyping have played a large part in decision-making. Now, with a government committed to a 'what works' doctrine and a Home Secretary willing to debate the matter, is the UK entering a new era in the way it responds to drugs?

There does seem to be a growing willingness to admit publicly that the real question we need to tackle is not how hard can we be on drug users, but how effectively we can address the drugs problem

in all its complexity - considering all the issues such as harm to individuals, treatment, crime, community damage, availability on the streets, international cultivation and supply, education and prevention.

There is certainly no doubting the scale of the problem. The Home Office recently controversially announced that the economic and social cost of drugs to the UK is between £10.9bn to £18.8bn per year. Over half of young people (20-24) have now tried drugs at least once; the number of people using drugs in the last year continues to rise steadily; the number of people seeking treatment for drug dependence has risen by around 16% in just two years (1998-2000); cocaine use is going up steeply - from 1.2% of 16-29 year olds in 1994 to 4.9% in 2000; and there are at least 280,000 problematic drug users who can no longer control their dependence. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) places Britain at, or near the top, of most Europe-wide drug misuse tables.

But it is the questions around the law on cannabis, which, rightly or wrongly, currently dominate agendas. The evaluation report on the current Lambeth experiment - where cannabis possession for personal use is punished by a warning and confiscation instead of prosecution - has recently been published. And recent research by Professor Mike Hough on the policing of cannabis reveals the significant amount of police time devoted, or as many would say wasted, on enforcing the cannabis laws (see report summary, this issue). The aim in Brixton has been to attempt to deploy resources in a more effective way so as to target the drugs that do most harm. But what the experiment also signalled was that strict adherence to the law was becoming discredited and if the government did not lead, those charged with implementation would develop their own responses instead. Blunkett was left with little choice but to welcome the scheme and now looks set to change the law so that possession of cannabis is no longer an arrestable offence.

The pressure for reform is further heightened by the Home Affairs Committee's current inquiry into the UK's drugs strategy. The cannabis move, which David Blunkett chose to announce at one of its meetings, would be the most radical reform of drugs laws for thirty years. But at the same time he also hinted that other more enlightened (and, DrugScope would argue, long overdue) thinking might be on the cards, such as the possible modest expansion of heroin prescribing and a plan to reduce drug-related deaths. The committee is likely to report in the spring and its recommendations could be more radical than the reforms David Blunkett has already announced.



Julie Grogan

Accupuncture therapy demonstration, Westminster Drug Project.

DrugScope is hoping that what has been described above may be a prelude to a more fundamental shift whereby the entire drug policy nexus will change from a criminal justice based approach to an approach founded more in public health. We are concerned that the proposed merger of Drug Action Teams with Crime and Disorder Reduction Partnerships reinforce the message that drugs equal crime. Many observers, including DrugScope, argue that by treating drugs as a health issue, society can attain better outcomes in terms of crime reduction as well as health improvement. We would like to see ministers examine the example of other European countries who have

rising numbers in need. The new National Treatment Agency has a mammoth task on its hands to ensure there is the right sort of treatment for all those who require it. While we still do persist in prosecuting drug users for possessing small amounts of drugs, we need to concentrate on practical ways of dealing with them post conviction. DTTOs and other alternatives to prison for drug misusers needs to be made to work so that magistrates and judges have the confidence to apply them wherever possible: we have got to call a halt to the increasing number of people, women in particular, who are in prison with a serious drug misuse (and/or mental health) problem or who have been jailed for drugs offences. However, we also need to beware

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chosen to adopt less criminally focused policies.

In Portugal for example they have recently changed their laws so that people caught possessing small amounts of any drug for personal use, instead of being prosecuted, are referred to a commission or board of professionals who ensure that those who need treatment get it quickly. Across Europe we are seeing a shift towards health based drug policies with the extension of heroin prescription, safe injecting rooms and harm reduction information. Enforcing criminal penalties on those found possessing small amounts of drugs is an outdated approach that not only excludes that person further from society, deepening their problems, it also provides a very real barrier to getting those people into treatment or off drugs altogether.

At the very least we must look at alternative ways of dealing with as many drug misusers as possible outside of prison and ensure the best possible care for those who do need to be detained. The Drug Treatment and Testing Orders (DTTOs) scheme that provides offenders with a community sentence has not been without its teething problems, but is a brave attempt to break the revolving door of drug use and jail.

There have been questions over the amount of training the probation service has received in order to run the orders, the variation in frequency of testing, problems over inter-agency working and concern around the different supervision arrangements put in place. Careful observation of the national implementation of the scheme must continue so that weaknesses of the system can be identified and remedied. And what is more, DTTOs rely on there being enough appropriate and good quality treatment with fully trained, competent staff available: a situation which, as an Audit Commission report has just forcefully highlighted, we are still far from achieving. The treatment sector is facing huge pressures with many convinced it is only just doing enough to 'stand still' given the

of creating a bizarre two-tier system whereby it is easier to receive drug treatment if you are convicted of a criminal offence.

Contradictions in drug policy remain. Consequently the debate shows no sign of abating, which is perhaps progress. For example, cannabis possession will almost certainly be a non-arrestable offence yet growing one cannabis plant in your loft will remain arrestable with a possible five-year prison sentence. There are other serious anomalies: the government seems to be encouraging harm reduction activity and more and better treatment for drug users but recently widened Section 8 of the 1971 *Misuse of Drugs Act* in a way that mitigates against services offering support to chaotic or homeless users (see Buckland *et al* in this issue).

DrugScope believes these contradictions and many of the factors that exacerbate our current drugs problem can be lessened by a better balanced public health/crime policy based on the evidence and an effective and more realistic rating of the relative harms of different drugs. The Home Secretary has the opportunity to lead changes in the UK that are already happening apace across Europe.

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