# Framing the Non-offender

**Adam Sampson** surveys the development of a criminal justice emphasis in providing treatment for drug users.

As soon as I finish writing this article, I am due to catch a train to address the inhabitants of a former pit village in North Nottinghamshire, where we are planning to establish a residential addiction treatment facility. The local residents have seemingly decided that a proposal to site a project for 20 or so recovering addicts in the middle of their hamlet is not going to help win them the best kept village award, a view that has thus far defied the blandishments of an effete, suit-wearing Londoner.

To be fair, the issue is not one of resistance to the concept that drugs projects are necessary. Local people are more than willing to acknowledge the level of drug abuse in the village and surrounding area and do not appear to find the idea of services for drug users too threatening. However, RAPt works in the criminal justice system and the villagers seem to be defining our clients by their offending rather than their drug-using behaviour.

In recent years, the concepts of addict and offender have become increasingly inter-linked. Addiction used to be seen as primarily a health issue; now it is seen as a law and order one. Indeed, we are in the middle of a significant take-over of the drugs issue by the criminal justice system. Power has moved from the Department of Health to the Home Office, with funding following obediently behind.

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Take the history of the Drugs Czar initiative. For many years, drugs policy had been the preserve of the Department of Health. After the 1998 election, Government decided to create a central coordinator to oversee both the supply and demand reduction aspects of drugs policy. Nominally a cross-departmental body – the Drugs Czar reported to the Cabinet Office – the identities of the Drugs Czar and his deputy were significant: Keith Hellawell, a former Chief Constable, and Mike Trace, my predecessor at RAPt. Their use of the argument that investment in drug treatment would lead to a reduction in crime prompted ministers to begin to pump significant resources into treatment. Much of this increase went directly into the criminal justice system; the Prison Service alone saw a trebling in its drugs spend. Funding for treatment through the usual community and health system was much slower to arrive.

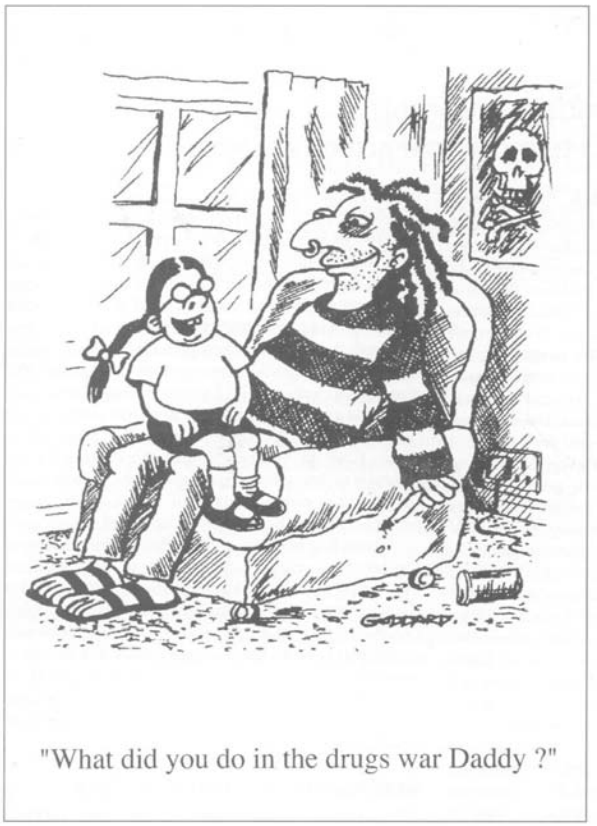
When last year the Drugs Czar's office was quietly abolished, the responsibility for coordinating Government drugs policy was absorbed wholly within the Home Office. The National Treatment Agency, a new cross-departmental body to oversee treatment, was created, with a management board including representatives from both the Department of Health and the Home Office. Although nominally a Special Health Authority, The NTA's Chief Executive was again from a criminal justice background, in this case a former Chief Probation Officer. However, direct oversight over the Drugs Action Teams, the local bodies who oversee the spending of the majority of drugs money, was not given to this new cross-departmental body but was passed instead to the Drugs Prevention Advisory Service, part of the Home Office.

It is true that the dominance of the criminal justice perspective in drug policy is still more apparent than real. The vast bulk of drugs money still goes to health authorities and local government. However, for the first time, agencies such as the police, probation and the Prison Service are being given significant control over which drugs services are commissioned and how the drugs money is spent. And that is having some significant effects.

First, the definition of the primary harms caused by drug use is undergoing a fundamental change, which is leading in turn to changes in the sorts of interventions which are being supported. In the 80s and early 90s, the drug debate was dominated by concern about the dangers that drugs posed to the individual user. The work which was done at the Prison Reform Trust at that time, for example, centred on the risks of spreading HIV infection via needle sharing. That period saw a massive expansion in the number of low-level street agencies teaching safer injecting and harm reduction. The argument for substitute prescribing was also framed in terms of the reduction in the risk to the health of the user.

That picture is now changing. The drug debate is now framed in terms of the risk posed by the user to wider society. For agencies such as the police and the Prison Service, the health of the user is not the important issue; it is his or her behaviour which matters. Types of intervention which concentrate on stopping or reducing use of illegal substances are what they want to see, not services which teach individuals to use more safely.

This has led to some tension between the aims of the commissioners of drugs services and the



"What did you do in the drugs war Daddy ?"

Clive Goddard, www.cartoonstock.com

assumptions of the providers themselves. The Prison Service requires all providers of drug treatment programmes to offer programmes which aim at abstinence, not controlled use, which is the aim of most community drug services. The Home Office accreditation process, compulsory for all providers in prisons, is not interested in evidence that a particular programme has an impact on continued drug use; for the accreditation panel, that is interesting but not compelling proof of effectiveness. To get accreditation, the programme has to prove that it has an impact on offending. What providers consider to be drug treatment is being redefined as tackling offending.

The involvement of criminal justice agencies with drug service providers has required significant cultural shifts on both sides. On the one hand, providers used to working to a health agenda are used to a system of absolute client confidentiality and unused to the requirement that they be willing to disclose information which indicates risk of reoffending. The client-centred approach which they espouse is at odds with an approach which puts the interests of the wider society above those of the individual user.

On the other hand, some criminal justice agencies are responding very positively to the opportunity to work creatively with drug using offenders. In the Thames Valley, police are working with RAPt to identify high risk drug users and enable them to be fast-tracked into treatment. There is no question that the involvement of uniformed staff in the delivery of drugs services in prison, particularly where they work in partnership with external agencies, has provided an opportunity for many prison staff to broaden their skills and develop more positive relationships with prisoners.

Much of this is welcome. However, the increasing emphasis being placed on creating services for drug using offenders may penalise those users who are not criminal justice clients; non-offenders have as much right to treatment facilities as do offenders. We must also be careful not to neglect entirely the harm reduction agenda in pursuit of abstinence; many addicts will defy the best efforts of treatment providers and will continue using, and the inexorable rise in diseases such as Hepatitis C is a serious challenge.

Most concerning is the fact that the sublimation of the drugs issue to the criminal justice agenda carries with it the risk of extending the punitive reach of the criminal justice system into yet another area of public life. Drug use and crime are closely linked, but that fact should not be used as an excuse to legitimise the testing of all arrestees for drugs. Nor should the fact that an individual has been using illegal substances be used as a rationale for denying them bail, as has recently been proposed. Not all users are criminals, and tackling the scourge of drugs should not require a further erosion of our basic rights.

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