

Debunking the myth of drugs and criminal behaviour

Frank Warburton argues that government strategy does not reflect the complexity of drug crime.

The consultation document for the next UK drug strategy was published by the Home Office in July 2007. For the government, the cornerstone of the current strategy, to try and bring down crime by routing drug using offenders into treatment, remains central. Despite a number of contemporary studies suggesting that the link between drug taking and 'economic compulsive crime' or crime to pay for addiction was being overstated, the range of mechanisms for entry into treatment via the criminal justice system has grown steadily over the last 10 years. They have been consolidated under the banner of the 'Drugs Interventions Programme' (DIP) and now represent a significant proportion of all treatment expenditure. It is, according to the consultation document, credited with contributing to reductions in crime.

continued delivery of the criminal justice agenda'.

The statistic that is often quoted by both the government and its critics is that for every £1 spent on treatment, at least £9.50 is saved in criminal justice and health costs. (Department of Health 2004). It is likely that it is this statistic which resonated with the Treasury in funding the recent expansion of treatment. It might also be behind a certain end-of-term-report feel to the consultation document which could have been drafted with as much of an eye on the Treasury and the 2008 spending review as on Joe Public and the future strategy.

Many of the assertions which create quite an upbeat tone in the consultation document are challenged by a number of recent publications including reports from the RSA, the UK Drug Policy Commission and the Beckley Foundation. In

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An investment of over £500m in the DIP over the last four years has certainly achieved results in terms of outputs. The Home Office Department Report 2006 noted that it was 'on course' to achieve its target of increasing the number of drug misusing offenders entering treatment from 384 to 1,000 a week by 2008 with an outturn of 2,507 per month in March 2006. This had decreased to 1,900 as of August 2007 but the target is still deemed to be achievable. The report noted further that over 60% of those 'who require a further intervention' entered treatment. However, what counts as an offender entering treatment includes prison or contact in a custody suite.

These numbers represent a minority but a growing minority of all those in treatment. According to the National Treatment Agency (NTA) 19% of those entering treatment in 2003/4 were offenders who came via the criminal justice system (National Drug Treatment Monitoring System statistics 2004/5). In their business plan for 2006/7 the NTA bowed to the inevitable:

'Maintaining current levels of funding of the drug treatment system during the next spending review period, and any future expansion, depends on

particular the Beckley report (2005) confirms earlier work indicating that drug crime links are ones of association, are complex and shifting and are both strongly associated with socio-economic conditions. The insistence on a mechanistic causality between drug use and all crime has been described as 'voodoo criminology' (Jock Young 2004).

In order to establish a case on drugs and crime the consultation document uses the arrestee survey from 2004. Of those arrestees surveyed 15% admitting committing a crime within the last four weeks to buy drugs. Of the arrestees who had used heroin, crack or cocaine (HCC) 36% admitted to committing a crime compared to 2% who hadn't taken HCC. While these statistics indicate a group of offenders who are suitable for DIP programmes they also indicate a larger group who aren't. From these figures 'economic compulsive' crime is not committed by the majority of drug using offenders.

You don't have to have committed a crime to pay for drugs in order to need treatment. And one of the problems is that there are still significant numbers of problem drug users who are not accessing treatment of any kind. Currently a little over half of estimated problem drug users are in treatment.

There have been two government responses to this problem. The first is to try and get more and more offenders to enter treatment by tightening the 'grip' of the programme. But these kinds of developments are not proving to be successful in their initial stages. Evaluation of drug testing pilots for children and young people suggest limited or no impact on access to treatment and patterns of drug use (Home Office 2007).

The other response is to try and segment and narrow the target group and bring to bear increasingly forensic interventions. One example of this is the Home Office Prolific and Other Priority Offenders (PPO) scheme. It would be expected that PPOs have an increased involvement in drugs. According to probation data cited in Home Office Online Report 9/07 PPOs are more likely to misuse drugs but not more likely to misuse alcohol than offenders generally. However, even for the PPO group 38% did not have a problem with either drugs or alcohol.

Another example is the project on 'high harm causing users' from the Prime Minister's Strategy Unit (Prime Minister's Strategy Unit: Drugs Project Phase 2: 2003) which came up with the proposal to make heroin use illegal.

In conclusion the DIP and the reasoning behind it are now firmly embedded into what will become the future UK drug strategy. However, there are a number of potential problems with the DIP which need to be borne in mind:

- It reduces opportunities for taking up voluntary treatment which is still significantly under-resourced in parts of the country;
- Its 'success' precludes other explanations of falls in crime such as changes in the socio-economic environment;
- It can compromise the delivery of voluntary treatment services;
- It can amplify the 'revolving doors' problem for those engaging with its services.

In future drug strategy, attention should be given to ensuring that the DIP's valuable role is not overplayed as a result of rhetorical flourishes about the strength of the drug crime cycle, and that the broader role of treatment services in reducing the harm that drugs cause, is fully supported.

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