

Where is the morality in UK drug policy?

Neil McKeganey considers the rationale behind the strategy.

Within the UK we have a new Drug Strategy that represents a radical break with the past in emphasising for the first time the importance of ensuring that services are working towards individuals becoming drug free. Whilst many people might be surprised that such a focus should be a recent innovation, the reality is that past drug strategies have been rather more focused on reducing the harmful consequences of drugs misuse, than reducing the overall level of drugs misuse within society (McKeganey, 2011). Harm reduction, the principle that has underpinned previous UK drug strategies, is barely even mentioned within the current UK Drug Strategy in its focus on reducing demand, restricting supply, and promoting recovery. There is, though, a notable absence within the Drug Strategy itself in its failure to engage in any sense with the moral dimension associated with the response to drugs misuse.

The lack of any discussion of morality within the Drug Strategy is in some respects hardly surprising and may be due in part to three linked reasons. Firstly, there is the overwhelming sense of the UK as a secular society within which public policy documents rarely engage with the moral or religious dimension – recognising no doubt the dangers of polarising the debate between the various faith groups as well as between those with faith and those who do not subscribe to any faith. Secondly, there is a sense in which the current elements of how we are tackling the drugs problem

(treatment, enforcement, and prevention) are sufficient in and of themselves and do not require us to delve into the realms of morality and spirituality in how we may further address the drugs problem. Thirdly, there is the current emphasis within public policy debate of stressing the importance of ensuring that public policy initiatives are based, wherever possible, on evidence rather than belief and that the rational mind in weighing evidence is one that should have expunged any reference to or use of a moral dimension.

Moral dimension

The issue of the moral dimension of drug policy is never that far from public and policy debate on the topic of illegal drugs. In October 2009, the sacking of Professor David Nutt from the position of chair of the influential Advisory Council of the Misuse of Drugs (ACMD) led to charges that ministers were being driven more by an unacknowledged moral view of drugs misuse than evidence of the relative harm of different drugs (Aitkenhead, 2010; Nutt, 2009). Similarly, in January this year, the ACMD has reappeared

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in the national news media in response to the announcement that a general practitioner with strong religious beliefs had been appointed to the Council.

The media controversy that followed that announcement had to do, in part, with what were seen to be the controversial views expressed by the general practitioner, in an academic publication, that predated his appointment to the Council (to do

with a possible link between child sexual abuse and homosexuality). There was also an implicit concern that an influential government advisory panel should have within its midst an individual whose religious beliefs might assume a precedence over any assessment of the scientific evidence which ought to be the sole basis of the advice provided to government (Easton, 2011a, 2011b; Harris, 2011).

But why should one consider the lack of a moral dimension in our thinking around illegal drug use to be a significant gap in policy? There are, it seems to me, a number of reasons why we might wish to invigorate a debate about morality in this context. First, in terms of drugs misuse treatment, there is the question of whether those working within services have a moral obligation to help individuals reduce and overcome their drugs misuse, even where those individuals are not seeking to overcome their drug dependency?

For example there is clear evidence that prescribing heroin to addicts who are unable to overcome their dependence upon the drug is associated with a number of health benefits (Strang et al., 2010). However, whether health services are under a moral obligation to prescribe a drug to individuals who have a pre-existing dependency on that drug is a moot point. Prescribing heroin to a heroin addict, irrespective of the particular benefits to the individual, may be tantamount to the state taking on the responsibility for continuing the individual's addiction. Alternatively one might say that, irrespective of the answer to that question, health services are under a moral obligation to do all they can (including prescribing heroin) to individuals whose own health may be enhanced as a result of that prescribing. There is then an ethical dimension to drug treatment that is rarely discussed but which may attain a legitimate prominence in the light of the current Drug Strategy's focus on recovery.

Drug prevention

Alongside the moral questions that may underpin some forms of drug

treatment, there are also a set of moral questions that bear upon the issue of drug prevention. Presently, within the UK the major thrust of drug prevention efforts consist of advising young people, and others, of the various health harms that are associated with ingestion of different substances, e.g. informing individuals of the risks of overdose if they are using heroin, or the risks of blood borne infections if they are sharing injecting equipment.

Coupled with the drug prevention effect associated with such knowledge based interventions there is also a degree to which drug prevention efforts involve encouraging individuals to recognise the risks they face of acquiring a criminal record where they are arrested and prosecuted for a drugs offence. As the main thrust of our drug prevention efforts both of these approaches are relatively dilute in their impact. The likelihood of experiencing the various health harms associated with various forms of drugs misuse are statistically very rare, i.e. only a tiny minority of users of cannabis are going to go on to experience mental health harms associated with cannabis use at a population level. Similarly whilst being arrested and prosecuted for a drug offence certainly does have a variety of negative consequences for the individual involved nevertheless, the likelihood of being arrested as a result of cannabis use for example is very small.

In the face of the rather weak effect associated with these drug prevention approaches there may be a strong argument for stimulating a moral discussion around illegal drugs; emphasising the view that drugs misuse is pre-eminently about satisfying individual desires (curiosity or pleasure) to the potential cost of the wider society. A moral-based approach to drugs education may

orient less to the question of the health harms associated with such use and rather more to the social undesirability of the behaviour itself.

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drink driving campaigns that stress to motorists their heightened risk of being caught if they are driving under the influence of alcohol, public education campaigns targeted at drivers have also sought to create a sense on the part of the individual, that it is socially wrong and immoral to drive whilst under the influence of alcohol, a sense that no reasonable person could be so reckless with other people's safety as to drive whilst under the influence of alcohol. It is arguable that the success in tackling drink driving has been as much about changing the perception of the drink driver in moral terms, as it has been about increasing individual's sense of the likelihood of being caught in the event that they are driving under the influence of alcohol.

Successive drug strategies within the UK have avoided engaging in any debate around the issue of morality of drugs misuse. It may be that confronted by the limited success of approaches towards drug prevention coupled with the current emphasis on recovery that there is a need to stimulate a debate on precisely this issue. ■

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Drink driving

Perhaps the clearest indication of the value that might flow from such an approach is the experience of the various drink driving campaigns in the UK and elsewhere.

Although it is a commonplace to witness seasonal

References

Aitkenhead, D. (2010), 'The government cannot think logically about drugs', *Guardian*, 6 December.

Easton, M. (2011a), *Another ACMD Member Threatens to Quit*. www.bbc.co.uk/blogs/thereporters/markeaston/2011/01/another_acmd_member_threatens.html (accessed 17 March 2011).

Easton, M. (2011b), *Why Was Dr Raabe Sacked?* www.bbc.co.uk/blogs/thereporters/markeaston/2011/02/why_was_dr_raabe_sacked.html (accessed 17 March 2011).

Harris, E (2011), 'What is happening to our expert advisory committees?', *Guardian*, 26 January.

McKeganey, N. (2011), *Controversies in Drugs Policy and Practice*, Palgrave: Macmillan.

Nutt, D (2009), 'The governments should get real on drugs', *New Scientist*, November, Issue 2733, p. 5.

Strang, J., Metrebian, N., Lintzeris, N., Potts, L. and Carnwath, T. (2010), 'Injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial', *The Lancet*, 375 (9729), pp. 1885-1895.

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