

THE PHONEY WAR ON DRUGS

Despite this government spending £10billion – £1.5billion a year – on its drugs policy, the numbers emerging from government treatment programmes are the same as if there had been no treatment at all, revealed Kathy Gyngell in a recent document from the apolitical Centre for Policy Studies. We share its seminal facts.

This summer saw the release of *The Phoney War on Drugs* by researcher Kathy Gyngell, chair of the Centre for Policy Studies' Prisons and Addictions forum and editor of the 400-page *Addictions* section of *Breakthrough Britain*. It is a devastating critique of the failure of the UK's drugs policy, the waste of valuable resources and lives.

Many experts implementing good practice will have witnessed the reality of the conclusions Gyngell arrives at, but perhaps not known the exact statistics.

Truth gives power. Not only might counter-productive policies and practices be reduced, but Gyngell offers some tried-and-tested solutions.

The UK is compared with Sweden and the Netherlands throughout *The Phoney War*. Both countries were chosen because they have adopted drug policies which are markedly different to those of the UK and their drug use is lower. It is noteworthy that, despite the perception that the Netherlands has a liberal drugs policy, 76% of dutch municipalities now operate local zero-tolerance drug policies. Coffee shops are now increasingly tightly regulated and policed. A third have been closed in recent years.

Sweden and the Netherlands also have more effective prevention strategies.

BLIGHTING THE NEXT GENERATION.

"Trae-blue Lane had just turned three when she died from an overdose of methadone, the heroin substitute supplied to her mother," reported the *Sunday Telegraph* in January 2009.

A Channel 4 Freedom of Information request found that between 2005-2006 police caught over 6,000 children selling drugs from class-A substances to cannabis, and caught a further 53,497 children in possession of drugs.

The deaths of infants are small windows on the UK's worsening and chaotic drugs culture which Labour's drug policy has, inadvertently, promoted. Consider these trends:

- the number of babies born to drug-addicted mothers has almost doubled in recent years
- the number of children of addicts in England

THE STORY OF DRUG 'TREATMENT'

- As statistics on page 25 show, the UK has the worst drug problem in Europe. Below is the story of the events leading up to this ...
- The election of the Labour government in 1997 marked a new direction for drug policy. It developed a 'harm reduction' strategy which aimed to reduce the cost of problem drug use.
- The focus was switched from combating all illicit drug use to a smaller sector: problem drug users, depersonalised as "PDUs".
- Cannabis was reclassified downwards.
- Spending on methadone prescriptions tripled between 2003 and 2008.
- The aim of 'treatment' for drug offenders was no longer abstinence but 'management' of their addiction with the aim of reducing their reoffending. In practice, this meant prescribing methadone.
- Government targets were imposed on new quangos such as the National Treatment Agency for Substance Misuse in an attempt to increase the number of PDUs in treatment – which for most people meant getting a methadone prescription.
- Of the 200,000 or so problem drug users currently claimed to be in 'treatment', only 6,700 have undergone "inpatient treatment" (ie, brief detoxification, a physical first step before treatment). Only 4,300 have had residential treatment.
- A Drug Intervention Programme was introduced to direct those guilty of drugs-related offences into 'treatment' – again, in practice this meant prescribing methadone. There is little evidence that this has been effective.
- This disproportionate harm-reduction focus has failed. It has trapped 147,000 people in state-sponsored, taxpayer-funded drug use.
- At the same time, the numbers of recorded offences for importing, supply and possession of illicit drugs have all fallen in the past decade.

was estimated in 2002 at 200,000-300,000, with a further 41,000-59,000 in Scotland

- these children, and those uncounted, are at high risk of neglect, chaotic routine, truancy, exposure to parents' drug use and criminality, as well as the obvious risk of early drug use
- many of these children are hidden from social services; the Home Office recommended that drug treatment agencies record drug users' full "parental status" but the NTA fails to do this – needle exchange and frequency of injecting is monitored but not children
- one third of families seen by social workers have substance-misuse problems; in 71% of these cases substance-misuse professionals are not involved
- these children are often from second- and even third-generation substance-misusing families.

The UK remains at the top of the european schoolchildren's cannabis league table: 29% compared with the european average of 19% – and they are using a stronger version than in the past. Schoolchildren's cocaine use has been rising since 2001. And age of initiation has lowered.

FROM CHILDHOOD TO ADULTHOOD.

"Substance use by young people is linked with substantial levels of psychiatric and other morbidities and, according to National Statistics data, levels of mortality in this age group vie with cancer," stated a 2008 document from the NTA.

Children's drug use impacts on their physical and mental health, education and welfare. It affects the non-drug using children around them, disrupting the classroom and school ethos, and adding to negative peer pressure. Furthermore, experimental substance use among very young people is widely recognised as a predictor of future dependence and other drug problems.

For example Espad analysed the relationship between substance use and antisocial behaviour including depression, anomie, thoughts of self harm and suicide and running away from home. There was a strong correlation between frequency of drug use and antisocial behaviour. It also found that the percentage of high-risk users in

the population corresponds to the prevalence of cannabis use in each country. In other words, the more cannabis users there are today, the more high-risk users there will be tomorrow.

So it is worrying that the UK has one of the highest rates of teenage cannabis use in Europe.

And there is no state-funded adolescent residential treatment in the UK. Middlegate Lodge, the only such centre, is closing due to lack of state funding for referrals. In lieu of treatment, children can be pushed onto substitute drugs. In contrast, Sweden's state-funded maria Ungdom programme sees 2,000 teenagers a year whose abstinence-based residential stays last between three days and three months, according to need. This is followed by regular outpatient clinic appointments and checks.

THE ADULT SHIFT TO HARD DRUGS.

Over the past decade of Labour drug policy (see story panel on opposite page), we have seen:

- in 1998, 3.8% of UK adults had tried cocaine but by 2007, 7.7% had – this is double the European average of 3.6%
- in 1998/99, there were 161 health emergencies caused by cocaine; this rose to 740 in 2006/7
- the European average for lifetime use of ecstasy is 3% – in the UK, it is 7.3%
- 5.6% of young European adults on average have taken ecstasy – 13% of UK young adults have
- heroin and opiate use are harder to establish; National Drug Treatment Monitoring System data tell us that in 2007/8, out of 202,666 problem drug users in contact with treatment services, 123,522 presented with heroin as their main drug of misuse – and 10,112 with methadone as their main drug of misuse.

THE UK'S RISING DRUG DEATHS.

In 2001, when the NTA was founded, the government set a target to reduce drugs-related deaths by 20% by 2004.

Methadone prescribing doubled in general practice between 2003 and 2008. Spending on methadone tripled in the same time. 147,000

people are listed as receiving prescribing services. The NTA estimates that the median cost for prescribing methadone is £2,020 per client. This suggests the state is spending almost £300million a year on methadone treatment.

The main aim of methadone treatment is to reduce the risk of overdose from illicit drugs. But not only has the 2004 target for drug deaths not been met – the number of UK drug deaths rose.

In fact, the number of drug deaths involving methadone rose consistently between 2003-2007 to 325 in the last year. This is an increase of 35% from 2006, or 62% compared to 2003. Drug deaths in the UK are also higher than the European average. The chances of dying a drug-related death in the UK are four times higher than in the Netherlands.

THE RISING DRUG-RELATED DISEASES.

The damage to the health of problem drug users is also increasing. The incidence of HIV among the 140,000 injecting drug users is higher than in the late 1990s. It is about one in 90 – or one in 20 in London. In 2002, it was about one in 400 people injecting drugs.

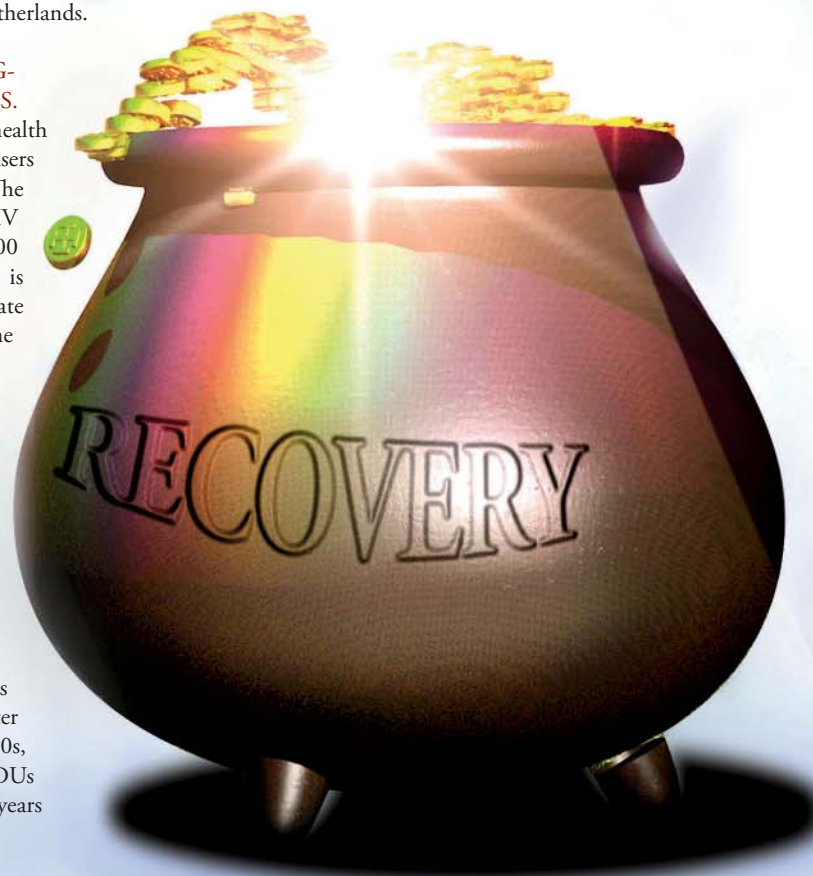
Despite nationwide needle-exchange units, almost half of UK injecting drug users are infected with hepatitis C. Hepatitis C transmission is greater than in the late 1990s, with a fifth of IDUs infected within three years of starting to inject.

MARKET FORCES PREVAIL.

The UK is one of the easiest and cheapest places to get drugs.

Prices have fallen to record lows since 2000, from £70 to £46 per gram today for heroin and from £65 to £49 for cocaine. Drug seizure quantities are down 60% on a few years ago.

The market has matured so dealers offer two grades of cocaine to buyers: heavily-cut £30/gram to students, pub users and those on low incomes and quality £50/gram to affluent consumers. There is a similar two-tier market for ecstasy-type drugs. And dealers have little fear of being arrested.



So how did we get into this mess?

THE HOUSE OF STRAW.

In 1997, the Labour government inherited a significant drug problem. But it was one which the previous Conservative government had begun to address by, for example, piloting a community-based drugs prevention initiative and supporting 2,000 prevention projects. They had also set up a countrywide network of interagency Drug Action Teams aiming for coordinated local law enforcement, accessible treatment, education and prevention. Treatment was set to become a more central part of the drugs strategy. Abstinence had been identified as the key treatment goal.

The arrival of Labour heralded a new approach based on harm reduction. Its vision was not to a society free from drugs but from drugs harm. It translated what had begun as a public-health strategy to prevent HIV into a broader drugs policy. Policy went onto two incompatible tracks: liberality for the masses but control and coercion for the socially excluded minority.

In 2001, Labour set up a Special Health Authority, the National Treatment Agency for Substance Misuse, to process as many problematic drug users into 'treatment' as quickly as possible. The actions of the NTA have been defined and driven by targets. Hundreds of commissioning edicts and care protocols were dictated to the 150 DATs. The NTA had the requisites of a national harm-reduction. Funding allocations became contingent on local needs assessments and treatment plans tailored to NTA demands.

Almost totally excluded from this new treatment funding was the existing network of charitable and private residential centres and programmes which provided time-intensive abstinence-based recovery and rehabilitation.

Similarly ignored, until recently, by the government and NTA were the countrywide 24/7 free fellowships (recovery groups) of Narcotics Anonymous and Alcoholics Anonymous.

Today the NTA is the pinnacle of monolithic bureaucracy. Its original staff of 30 expanded to

SOLUTIONS FOR DRUGS POLICY

● Both Sweden and the Netherlands have far more coherent and effective drugs policies.

These are based on:

- enforcement of the drug laws
- prevention of all illicit drug use
- provision of addiction care.
- All these principles have been lost sight of over the past 10 years in the UK.
- While the UK spends most of its drug budget on its so-called treatment programmes, both the Netherlands and Sweden spend most of their drugs budget on [effective] prevention and enforcement. Their drugs problems are a half and a third of the size of the UK respectively.
- So a successful UK drug policy would:
 - focus on the illicit use of all drugs, instead of differentiating between levels of harms caused by drug use
 - abandon harm reduction as the principal approach; it is only one part of the continuum of care
 - develop treatment support aimed at abstinence and rehabilitation
 - include a tougher, better-funded enforcement programme to reduce the supply of drugs.

FIGURES ARE WORSE FOR LEGAL DRUGS

AT note: Reports this year from the All Party Parliamentary Groups on Drug Misuse and Involuntary Tranquilliser Addiction (see *Addiction Today* nos 117 and 188) show that the problems are multiplied for those drugs which have been made legal and more widely available. Alcohol harms cost the country 322-25billion and 22,000 deaths a year. Tobacco has caused 5million deaths. Legalisation is not the answer; normal market forces will prevail, worsening the problems.

150. Its operating (administrative) costs stand at over £14.5million a year. On its advice, the pooled treatment budget of £655million a year is distributed to purchase 'treatment'. Senior staff are rewarded with performance-related bonuses if they meet their targets on paper.

THE EMPEROR'S NEW CLOTHES.

The number of clients in 'treatment contact' rose to over 200,000 by 2007/2008. 147,000 of them were prescribed opiate drug-substitutes even though some two thirds had been defined as crack cocaine addicts for whom there is no approved pharmacological treatment. According to the NTA, only 4,300 people, less than 2% of those in 'treatment', accessed residential rehabilitation. 6,700 had inpatient detoxification.

But the NTA could claim that it had beaten its target of getting 50% of PDUs into treatment.

The pointlessness of the bureaucracy was first exposed by BBC home affairs editor Mark Easton on the *Today* programme in 2007. He revealed that the numbers emerging from treatment free from addiction had barely changed from 5,759 to 5,829 despite £130million extra funding.

Not only were less than 3% of problem drug users drug-free after treatment but this had fallen from 3.5% three years previously. This is despite the fact that, between 1998-2007, the government spent more on its 'war' against drugs than on its combined operations in Iraq and Afghanistan.

MORE INFORMATION AND SOLUTIONS.

The 70-page *Phoney War on Drugs* is available for £10 from the Centre for Policy Studies, or can be downloaded free. Details at: www.cps.org.uk/cps_catalog/The_Phoney_War_on_Drugs.html#a681

KATHY GYNGELL chair of the Prison and Addictions Forum, a working group at the Centre for Policy Studies. Its aim is to challenge the prevailing wisdom on drug policy and to advocate practical, realisable reform of this area of policy. ARF CEO Deirdre Boyd is a member of the group.

Image: Dan Collier, Takus, Richard Rockwood