



Back to the future – drug strategies and deja vue

DrugWise hasn't 'spoken' for some while because to be honest, there hasn't been that much to speak about regarding UK drug policy. Now we have the Dame Carol Black review and the government's response. This is not a detailed resume of the contents of either as I'm sure many of those reading this will be well acquainted with both documents. This is more by way of some personal top line observations.

The government-commissioned report into the drug situation in the UK by Dame Carol Black and published last year received relatively little media coverage. Apart from more tales from the county lines, the media interest in the subject has trickled away in recent years. But it must have made for some uncomfortable reading at the Home Office especially about drug enforcement.

There was always a finger in the air calculation based on little more than air that the enforcement agencies seized about 10% of the drugs coming into the country. For the Black review, MDMA is calculated at 14%, but for cocaine 8% and for heroin, a measly 1%. Why should this be when in total some £680m is being spent trying to put the lid on drug importation and dealing? The startling reason given in the report is that possibly traffickers are getting even smarter and there is 'limited intelligence about the domestic UK heroin market'. Yet we have known for years where the source country is, the routes to the UK and who controls the UK market for heroin. Dame Carol concluded that "overall the evidence base on the impact of enforcement activity is poor. Despite considerable expenditure on enforcement activity, the impact of these interventions is rarely evaluated". This has been the conclusion of previous reports on enforcement effectiveness none of which is that surprising. How can you evaluate success in this area when you have no real idea the true tonnage of drugs coming into the UK and only an estimation of the number of drug gangs and where and how they operate? There are no solid baselines to work from and probably never will be. Drug enforcement remains complex, messy and expensive.

But there appears little public support for doing anything much different even though according to a recent YouGov poll extrapolating from a small sample of 2000 people, most thought the government was doing badly on the issue of drugs, not doing enough to tackle the problem but roughly split on whether the laws were too strict or too lenient plus a hefty percentage of don't knows. Another YouGov poll for 2018, revealed something like 20% of those polled had no opinion on cannabis law reform despite the drug being in common usage since the late 60s. Over half of the later poll thought there isn't enough discussion about drugs in the media. This makes sense for example on the issue of law reform; a national *debate* demands more than a welter of op-eds, reports, commentary pieces, blogs and twitter feeds from just one side of the argument.

Generally, though a quite confused picture of the public response to drugs and in the main no overwhelming support for radical change. This may also relate to the fact that most said they had never used drugs suggesting that apart from those immediately affected by the problem – users, families and those living on drug-drenched housing estates afraid to go at night – the worst effects of drugs do not impact on most peoples' daily lives. Those who use drugs recreationally generally come to no harm and don't need treatment.

<https://yougov.co.uk/topics/lifestyle/articles-reports/2022/01/24/yougov-big-survey-drugs>

When Sadiq Khan proposed that the police in three London boroughs stop arresting those in possession of cannabis, the moral froth flew. You would think police otherwise were being tough on drugs. But leaving aside squeezed police budgets, the police in the main have not prioritised simple drug possession over other crimes for decades. Every so often a Metropolitan Commissioner will make the headlines about ‘cracking down on middle class cocaine users’ but such pronouncements have no more on-the-ground reality than the idea that recreational drug users are likely *en masse* to lose driving licenses or passports.

The government response press release to the Black review mentioned this right at the bottom. No doubt as intended, it went right to the top of the news story accompanied by a photo of the PM in a police hat. To be honest though the assertion in the Black review that it’s time to deal with recreational drug use was in my view, the least achievable recommendation of an otherwise well thought out evidenced-based review.

As far as I know, there is no evidence of a national prevention strategy from any country that has made a sustainable dent in the prevalence of the use of drugs like cocaine, cannabis or MDMA. The report cites evidence from the Covid pandemic proving people can be encouraged to change behaviour. But the public response to Covid addressed an immediate threat to personal health and loved ones from a life-threatening virus rampaging through the community. Similarly, the use of condoms by gay men when HIV took hold in the 1980s is another example of a community acting swiftly to preserve the health of self and others in the face of an incurable and frightening disease. Back in the early 2000s, the Vice-President of Colombia made two trips to the UK and the rest of Europe under the guilt-tripping slogan, ‘A line of coke in Europe is a bullet in Bogota’. Since when cocaine imports, purities and use have risen sharply.

It is true that drugs do go in and out of fashion, but that is everything to do with wider social and cultural forces (like rave) and the response of the drug market to supply the accompanying drugs than anything to do with government policies.

What received far less attention in a wide-ranging ten-year strategy – From Harm to Hope - was the commitment to invest in the treatment system – at last. Dame Carol’s stunning indictment of the treatment system in England and Wales was that it was ‘not fit for purpose’. This has become something of a cliché when describing a failing public service, but nonetheless true for all that.

The huge investment in treatment under Tony Blair to break the link between drugs and crime may not have resulted in the perfect system – misguided targets, overbearing bureaucracy and micro-management to name but three. But for all its faults, waiting times to get into treatment were slashed, budgets were ring-fenced to protect money spent on unpopular people and many thousands were helped to move on in their lives however they personally defined improvement.

And then there was the perfect storm of austerity and the Recovery Agenda. I make the distinction between Recovery and recovery. There should be no argument that everything should be done to help people break the chaos and misery of a life out on the streets dominated by heroin and crack. And those pathways will be different for different people – from a maintenance script through to abstinence-based residential rehab and beyond to community peer-led initiatives, social enterprises and self-help groups.

However, the incoming Conservative government adopted a moral agenda based on ‘Full Recovery’ with a doomed Payment by Results scheme aiming to turn off the methadone tap until disabused by

civil servants and the treatment experts on the ACMD. Ironically, the calls for investment in abstinence-based residential rehab fell on deaf ears because it was deemed too expensive with a sketchy evidence-base.

Since then, the pooled treatment budget has gone, ring-fencing has gone, local authorities left to pick up the tab with much reduced central funding and expected to use the local business rates to make up the short fall. Except that the poorest areas with the most need for services also offered up the lowest amount of rate payments.

The quality of commissioning standards has varied enormously. There are experienced commissioners who know the sector and are highly supportive of the agencies and the challenges they face. Others have no experience of the sector, have little appreciation of the problems faced by either agencies or the people they care for. When issues arise with a contract, they go for retendering rather than trying to sort them out. For years now with budgets strangled everywhere, commissioners have been expecting more for less. Only the larger agencies have had the capacity to put in bids of Proustian dimensions while smaller agencies went under or were taken over.

Understandably agencies tended to circle the wagons (and sometime shoot inwards) trying to capture the services in one location having lost them in another. Some senior treatment managers I have spoken to hold up their hands and admit that maybe the sector could have demonstrated some better collective strategic leadership rather than engage in the race to the bottom. However, to their credit some agencies have refused to tender for services because they knew it would be impossible to offer anything resembling a decent service for the money on offer.

In line with the health and social care sector, recruitment has been very difficult while caseloads have soared. Agencies have naturally focused on those they regard as the most vulnerable, in need of a prescription which, for example meant other services like outreach have suffered. Alongside the continuing narrative about an aging cohort, the lack of comprehensive outreach services, trying to help people where they are, may have contributed to the rise in drug-related deaths among those not in treatment.

Even within services, the amount of time a key worker, juggling a caseload of 70 or 80 clients, can give to any one person is going to be very limited. Around half of those potentially who could benefit from services are not in treatment. It is difficult not to conclude that many people don't think it is worth coming forward for treatment and for many who are, a quick chat once a fortnight, probably doesn't cut it. Bad news travels fast.

Not surprisingly the service worst affected in recent years is residential rehab. Phoenix Futures have produced a report demonstrating how it is virtually impossible to get a rehab place these days unless you can pay for it. Some rehabs have advertised success rates which didn't stand up to much scrutiny, but I have been to enough graduation ceremonies to know how much these services are valued.

"Currently fewer than 2,000 of the approx. 270,000 people in treatment for substance use in England have been able to access residential treatment. That is 0.8% of the treatment system. In 2010/11 more than 4,000 of the 200,000 people in treatment for substance use in England were able to access residential treatment, 2% of the treatment system"

<https://www.phoenix-futures.org.uk/about-phoenix-futures/spotlight-on-recovery/making-rehab-work/>

So good news that there will be additional funding, but reading the Black review and the government response, I am filled with a sense of déjà vu. The word 'rebuild' comes up time and again, proof if proof were needed of what has been lost in the last decade.

Flash back to the era of the drug czar. The Labour government set up the Anti-Drug Coordination Unit. Responsibility for the drug strategy was taken away from the Home Office and given to the Cabinet Office to oversee the implementation of the drug strategy. But officials came from different departments and brought with them, their departmental priorities and agendas which didn't necessarily square with those of the drug strategy or those of their colleagues in other departments. A new joint departmental unit has been set under the auspices of the Home Office, but the funding from the Treasury is coming through the Department for Health. Let's hope not too much blood is spilt over the coffee and croissants (did somebody mention cheese and wine?).

We had Drug Action Teams and Drug Prevention Teams with the task of joining up the drug effort at a local level. Initially, much enthusiasm with support from the centre. But goodwill drained away, those around the local tables diminished in seniority as the prospects for funding faded and the deck chairs swivelled towards Crime and Disorder Partnerships.

As well as new national and local cross-government initiatives, we read again about national outcome frameworks, commissioning standards, target setting, diversions from criminal justice and more.

It may be true of most areas of public policy, I don't know, but drug policy seems to be particularly prone to re-inventing the wheel depending on where on the wheel drugs sits politically. The Carol Black review reveals just how far drug policy, especially helping the most vulnerable, has moved down the wheel. The effort needs to be not just in treatment, but in all the areas of need; early intervention and youth services, housing, mental health, employment and training. I was hearing on the radio how the mental health of children and young people in the most deprived areas have worsened considerably during the pandemic – anxiety, depression, suicidal thoughts and self-harm. Child and adolescent mental health services are at breaking point if not already broken. A new generation self-medicating with drugs and alcohol is not implausible. Ten years is a long time to sustain a robust commitment to a strategy. All that matters is that those who can make things happen ensure the wheel turns to the top for those in most need and they don't instead get thrown under the bus of failed ambitions and false promises.

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