

What No.10 didn't want you to know about UK drug policy

Earlier this month the government attempted to withhold part of a report that would have highlighted a dramatically failing UK drug policy, according to the Transform Drug Policy Foundation. Shouldn't we be putting reform before the government's fear of embarrassment? asks Steve Rolles.

➤ Live 8 weekend witnessed a hugely significant drug story breaking, one that in any other week would have dominated the news, but that sadly was eclipsed by the momentous and tragic events of that week (Live 8, G8, winning the Olympics and the London bombings).

The story concerned the partial release of a 2003 report from the Prime Minister's Strategy Unit (titled: *Phase 1 - understanding the issues*) which provided a detailed economic and social analysis of international and domestic drug policy, showing how attempts to prevent the production supply of drugs (into the UK) had failed historically, would never succeed and was actively counterproductive. The emergence of the report into the public domain has immense implications for everyone in the drugs field.

The most sensitive part of the report, the second half – primarily concerned with supply controls – was subsequently leaked to the *Guardian* who published details of the complete report on 5 July, making the complete report available online (see below).

In summary, the report details:

How efforts to reduce crop production have failed historically, explaining why they are ineffective and will remain so:

'Western influence in production areas is limited because a drugs economy thrives where the rule of law has failed, or where international norms have been breached.' (p.60)

The historic failure of attempts to reduce drug trafficking (and related money laundering), explaining why they will not be any more effective in the future:

'Over the past 10-15 years, despite interventions at every point in the supply chain, cocaine and heroin consumption has been rising, prices falling and drugs have continued to reach users. Government interventions against the drug business are a cost of business, rather than a substantive threat to the industry's viability.' (p.94)

How prohibition has failed to reduce use of the most problematic drug use – specifically since the Misuse of Drugs Act became law in 1971:

'Over 3 million people in the UK use illegal drugs every year, with more than half a million using the most serious drugs.' (p.5)

'The use of high harm causing drugs has risen dramatically over the last 30 years.' (p.38)

How prohibition creates high levels of property crime. This analysis is focused specifically on problematic users of heroin and cocaine – drugs that are both highly addictive and, because of prohibition, highly expensive:

'Heroin and/or crack users cause harm to the health and social functioning of users and society as a whole, but users also commit substantial amounts of crime to fund their drug use (costing £16bn a year).' (p.2)

'Drug use is responsible for the great majority of some types of crime, such as shoplifting and burglary' (including 85 per cent of shoplifting, 70-80 per cent of burglaries, 54 per cent of robberies). (p.25)

It further demonstrates how this crime will always be created by the underlying economics of the completely deregulated illegal drug market. When increasing numbers of users have to pay street prices grossly inflated by prohibition, the exploding levels of crime described in the report are inevitable:

'The high profitability of the drugs business is derived from a premium for taking on risk, as well as from the willingness of drug users to pay high prices.' (p.66)

'profit margins for traffickers can be even higher than those of luxury goods companies' – (cites Gucci as an example). (p.69)

The report goes on to show that even if supply side interventions were more successful, the result would be increased prices that could force addicts to commit more crime to



support their habits:

'There is no evidence to suggest that law enforcement can create such droughts.' (p.102)

[but even if they could...] 'price increases may even increase overall harm, as determined users commit more crime to fund their habit and more than offset the reduction in crime from lapsed users.' (p.99)

The Prime Minister commissioned the report in late 2002 from his personal strategy unit of policy experts based in No. 10, still smarting from highly critical reports on the failure of UK drug policy by the Police Foundation (2000), and the Home Affairs Select Committee (2002). The report was presented to the Prime Minister and a small number of cabinet colleagues in July 2003 and is, as described above, a detailed guided tour of the failures of supply side prohibition. It does not, however, contain any advice or policy recommendations, limiting itself purely to analysis and critique.

What happened next remains somewhat cloudy. It appears that John Birt, one of Blair's unpaid strategic advisors, took the findings from the phase 1 report (with which he was not involved) and produced phase 2 which contained the policy recommendations that then went on to become the basis for the Drugs Bill 2005. The Phase 2 report, or 'Birt report' remains under wraps, but some details have emerged. Acknowledging that government could do nothing about drug supply, Birt opted to focus on demand (and crime) reduction amongst the 'high harm causing users' of heroin and cocaine through a roll out of coerced treatment administered by the criminal justice system.

The report raises a series of important questions. Transform's requests for the release of the document under the Freedom of Information Act were denied on the three part basis that: it compromised national security, it contained advice to ministers, and that it would

compromise the ability of ministers to freely discuss sensitive policy issues. The report, when it finally emerged, clearly contained no information that compromised national security and no policy recommendations or advice to ministers.

It appears to have been withheld primarily because it was politically embarrassing – revealing that a major plank of UK drug policy, one that the government pours enormous political, military, policing and financial resources into – is a counterproductive failure, and will remain so. The release of the first half of the report unannounced on the Friday evening before Live 8 also appeared to be a – reasonably successful – attempt to bury and embarrassing story, as noted in a *Guardian* editorial titled 'burying bad news' (5 July 2005). Transform have complained to the Parliamentary Information Commissioner about the timing of the release.

This whole saga does not inspire confidence in the drug policy-making process. It demonstrably lacks transparency, critical analysis is suppressed, and it puts the views of non-experts such as Birt above those of Select Committees or expert NGOs. Anyone who reads the report will be mystified at how the analysis could ever have been twisted into the ill thought through, populist mess that was the Drugs Bill.

Transform believe that drug policy should be led by evidence of effectiveness not political expediency. We now know that the government clearly understands what many reformers have been saying for years; that supply side prohibition has failed. That they continue to enthusiastically support it should seriously concern everyone in the drugs field.

Steve Rolles is information officer at the Transform Drug Policy Foundation.

Further information, including briefings, media links and the report are in full at their website: www.tdpf.org.uk

Methadone and beyond notes from the Alliance

Too many hard-working employees are suffering discrimination because of their past drug use or their need for a regular script, says Daren Garratt, the Alliance's Development Manager.

In this edition of *DDN* there is a letter from Simon in Brighton raising the issue of past drug-user status and future employment options (Q&A, page 19). This remains a pertinent, problematic obstacle for many users, despite the fact that there is no two-year rule in national policy, and employment has been identified as a key aspect of the NTA's treatment effectiveness strategy.

In fact, at the recent launch of the new strategy, the NTA explicitly stated that:

'[it] is designed to deliver a more dynamic treatment system by focusing on service users' "treatment journey", together with a focus on an individual's holistic needs (including housing, employment) to maximise the benefits of treatment.'

This is a laudable and long overdue addition to the drug treatment experience, but the question remains as to how truly effective this aspect of a user's journey can reasonably be, when so many potential employers (both within and outside the drug treatment field) continue to adopt discriminatory, socially exclusive employment policies.

And even if we do see a welcome, necessary cultural shift that enables and encourages the reintegration of users into the workplace, what policies and procedures are going to be implemented that protect and support them once they're in gainful employment?

Will long-term methadone maintained users find that their care plan is immediately revised, and that they'll now be deemed motivated and trustworthy enough to be reduced from daily, supervised consumption, to a weekly pick-up at a time that's most convenient for them?

Will ex/current service users and non-problematic users have the confidence to know that their employers will defend them from gossip, conjecture or anonymous complaints should they arise? Too many effective, dedicated drug-using workers face having their careers destroyed in this field because a lot of employers are too quick to respond to unfounded, anonymous allegations concerning an individual's perceived/assumed lifestyle choices, relationships, friendships and professional conduct; whether ongoing or firmly in their past.

Sadly, we receive many calls from workers who have found themselves unreasonably, and possibly even illegally, under investigation or suspended from work on the basis of these allegations, with no thought or consideration given to the possible motive behind such a complaint. Personal and professional jealousies are largely the root cause for the majority of these unfounded, and often untrue, anonymous actions, yet these can be regularly overlooked, in favour of a swift, guilty-until-proven-innocent investigation procedure that simply underpins and reinforces the 'once a junkie always a junkie' attitude that the majority of users still have to live and deal with on a daily basis, often from the very people who are paid to care for and support them.

Treatment will undoubtedly become more effective as our culture evolves to embrace the NTA's aim of a fully integrated, holistic package of care, but we need to look beyond the easy win, quick fix gestures, and ensure that any programmes that seek to support a user's social reintegration into the workforce are successful, sympathetic, sustainable and supportive.