

# Scrutiny Review: Responding to Drug Use in the Island

## Review of Research

### 1. The Government's Drug Policy: Is it working? Report of Home Affairs Select Committee (Westminster) May 2002

Key points -

#### a) Introduction:

- Committee took evidence from families of drug addicts about impact of drug use on their lives and the difficulties of accessing local services (4)
- Manchester Drug and Alcohol Action team hosted valuable visit to drug services in the area. (5)
- Importance of distinguishing policy as it is enunciated and policy as it is implemented - what actually happens in practice (8)

#### b) Prevalence/availability of illegal drugs

- United Kingdom has high prevalence rates - top of European league (17)
- Easy availability despite money pumped in to stem supply (18)

#### c) Level of drug related harm

- Most illicit drug users don't appear to experience harm nor do they cause harm to others. (20 and 34)
- 'Problematic' users - often dependent on crack cocaine and/or heroin; live extremely chaotic lives with high levels of risk to their health and that of others; and are often involved in crime - focus on this relatively small group could have significant impact on harm caused by drug use (21, 24, 36, 38)
- Most drug use is a symptom not a cause - need to tackle problems at root cause rather than simply targeting drug use (23)
- Drug related deaths: A young person who injects heroin has about a 14 times higher risk of death than someone who does not. (28)
- Risky drug-using techniques, particularly injecting drug use - leads to high levels of harm in United Kingdom.

#### d) Ten-year National Strategy (April 1998)

- Targets considered 'unrealistic and unworkable' - need to establish baselines; focus on outcomes. (41, 44)
- Success in bringing together disparate professions and fields of expertise (43)
- View that 'prohibition-based, criminal justice-orientated drugs policy is due to failure' - others see a failure in commitment not principle (45, 46)

#### e) Options for change

- Legalisation and regulation of all drugs - conclusion (65) - would lead to increase in drug abuse; would send wrong message to young people
- Decriminalisation of personal possession rejected for same reason (74)
- Possession with intent to supply (no change recommended - 77) and 'social supply' (should remain an offence but also create new offence of 'supply for gain' - 83)
- Reclassification - time has come to reconsider existing classification for less harmful drugs - 88)

#### f) CANNABIS

- Innovative policing
- Reclassification from Class B to Class C - supported by Committee (121)

g) **ECSTASY**

- Relatively safe in short term; low addictiveness (125) however still dangerous and not socially acceptable (129) - recommend reclassified as Class B (135)

h) **COCAINE**

- Upward trend in use since 1994
- Small number of treatment places for stimulant users - more needed (139, 147)
- Significant health risks; associated with unpredictable and violent behaviour (143)

i) **HEROIN**

- Small proportion of population but enormous damage to individuals, families and communities (149)
- If used in a sanitary and controlled way heroin itself does not cause health problems - apart from a high level of dependence. (151)
- If managed properly heroin use need not prevent an individual from having a relatively normal life. (152)
- The main harm to health - overdose and risks associated with unsanitary using techniques, particularly injecting. These are both risks which can be managed. (153)
- Year after year heroin misuse is making the major contribution to drug-related deaths. (154)
- Deaths from impurities present in street heroin - minor problem in comparison (155)
- Methadone treatment - strong evidence for effectiveness but number of places for treatment is limited (157) - benefit more than pays for the costs (158)
- Addiction and Treatment Units should be rather like a family planning clinic - discuss sensibly range of options (161)
- Effective work done by residential centres - particularly for homeless people. (162)
- Effective Treatment needs to be combined with other measures such as help with housing, education and employment to help put back otherwise chaotic lives (165)
- Appropriate treatment should be mandatory part of custodial sentences - offenders should have access to consistent treatment approaches within the prison estate as well as outside it (169)
- Diamorphine provision - need to investigate effectiveness; strengthen guidance and training (177 -9) support controlled programmes for treatment of heroin users making clean heroin legally available together with sanitary equipment and sound advice (187)
- Introduction of safe injecting houses (Shooting galleries) bringing heroin use above ground enable those who do not wish to be helped to at least indulge their habit at minimum risk to their own health and that of the public (184)

j) **Other issues**

- Drug education and preventative work with young people
- Health and social care for users - evidence that a large proportion of GPs appear to be unwilling to treat drug users (215) minimal training for GPs (217)
- Community drug treatment services - problems in accessing treatment, including lack of appropriate services, long waiting lists and inflexible services - 'shame and blame' culture (221)
- 'Myth of over-concentration on prohibition and criminal justice and enforcement measures as against treatment measures' Minister
- For every extra pound spent on drug misuse treatment, there is a return of more than £3 in terms of cost savings associated with victim costs of crime and reduced demands upon the criminal justice system (National Treatment Outcome Research Study) (227)
- 'It should be possible for anyone who wants treatment to get it within a week' Prof Nutt and supported by Committee (235)
- Quality of service needs to be improved - more effort to involve families and carers of drug abusers and listen to what they have to say rather than simply tell them what is good for them (236)

- Harm reduction - *pragmatic action taken to reduce harm caused by drug use without the necessary predication of abstinence as an end goal or imperative* (238) - includes needle exchange, provision of safe injecting rooms, advice on safer injecting and using techniques. Harm reduction based on *idea that improving the health and lifestyle of the users who poses a danger to him/herself or to others is more important than abstinence* (240)
- Unacceptable number of overdose deaths called by illegal drug use should be additional key objective of strategy (241, 243)
- Injecting drug users being denied treatment for Hepatitis C (246)
- Paraphernalia - recommend allowing provision (252)
- Dispensing - difficulty for community pharmacists to dispense controlled drugs in a sensible and efficient way (258)
- Drug Treatment and Testing Orders - community sentences requiring offenders to undergo treatment (261)
- Arrest Referral schemes - drug workers visit police custody suites to offer advice and services to drug users (261)
- Drug Abstinence Orders - should have conditions of treatment (263)

k)        **Conclusions**