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UK drugs strategy promises to be tough on criminals, but evidence shows this doesn't work

We should invest in research, provision of new treatments, and safe injecting rooms, writes David Nutt

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The UK government's proposed new drugs strategy claims to offer a "once in a generation" revolution in drug crime and addiction outcomes in England.[1] These will come from two departments—firstly from the Home Office who will lead the policing approach, and secondly from the Department of Health and Social Care who will instigate the recommendations of the Carol Black review on invigorating addiction treatment services.[2] The fact that these two approaches are in conflict and may impede each other seems to have been ignored (or perhaps overlooked?) in favour of the current government's standard populist rhetoric about being tough on criminals. Fifty years on from the start of the international war on drugs, we have incontrovertible evidence that this approach has not only failed to reduce drug supply, but has been a vast waste of money. One UK example of this is that the massive increase in prison numbers over the past 40 years for drug offences (now totalling 20% of all prisoners) hasn't reduced use, but has wasted many billions of pounds that could be better spent on getting users out of the cycle of addiction that then drives crime.[3]

The Home Office press release extolling their new policing policy has just one line on social deprivation, blaming it on drug use. This is an ignorant reversal of evidence that makes me wonder if the Home Office actually read the Black review as this shows exactly the opposite direction of effect: deprivation drives drug use and harms.[2] The new proposals for testing every person convicted of a crime for drug use will only drive users to newer more dangerous drugs that are not yet in the testing screens and will perpetuate the cycle of punishment-driven despair that has driven the current crisis. The Scottish government's new approach of de-criminalising personal possession of all drugs makes much more sense.[4] It follows data from Portugal which show that keeping drug users out of the criminal justice system reduces drug use and harms.[5]

Another oversight is the absence of any mention of alcohol use and addiction which kills 10 times more people each year than opioids.[6,7] Is it a coincidence that the day after the drug policy paper failed to mention alcohol, the Office of National Statistics presented data showing the largest ever yearly increase in alcohol specific deaths?[8] Given that alcohol contributes to many opioid deaths we must hope that the planned Task Force for addiction will be allowed to consider alcohol as an addictive drug, even though this was not a specific topic of the Black report.

On a more positive note, many studies have revealed that investment in treatments do work and are much more cost-effective than investments in policing.[9] So we should celebrate the aspect of the plan to invest £700 million in treatments for drug addiction. This will restore the money that the Cameron government removed from these services—a politically motivated decision that is largely responsible for the current year on year record numbers of deaths from opioids. It seems unlikely that investment will do much more than put us back where we were in about 2010, especially if the current proclaimed focus on "recovery" continues to translate into abstinence-only approaches. The recent calls by senior Conservative MPs to reduce methadone use in prisons suggests that some still believe the dangerous idea that abstinence is the only acceptable form of recovery from addiction. Of course, abstinence is what almost all opioid and alcohol addicts repeatedly try for. But for most this is not immediately possible, and for opioid users it comes with a greatly increased risk of death from accidental overdose when they relapse (as almost all do). So other policies must be pursued in parallel. The three most important of these are:

1. Major investment into research for new treatments to promote abstinence. Currently there are no licensed treatments for opioid addiction other than substitute therapy with methadone and buprenorphine, two safer opioids that protect from the worst harms of intravenous opioid use, but at the price of maintaining dependence. Proven non-dependence-producing abstinence-promoting treatments for alcohol addiction exist (e.g. acamprosate, nalmefene) and modern neuroscience suggests similar approaches to opioid and cocaine addiction are possible. This research should be made a priority for the new Task Force and also involve the Medical Research Council whose addiction research portfolio is currently very sparse and who should be encouraged to invest more proportionately in addiction science.

2. The development and then provision of new approaches to treatment, especially the use of drugs that break down the brain circuits that perpetuate drug and alcohol seeking behaviour and cravings. When coupled with standard abstinence-based talking therapy these can offer greatly enhanced likelihood of abstinence. This is an area of major innovation with new findings suggesting enduring positive outcomes that exceed current therapies. Examples include psilocybin in the treatment of tobacco and alcohol addiction, and ketamine or MDMA in alcoholism.[10-12] Trials in opioid and cocaine

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addiction should be made a priority. Given that the UK leads the world in psychedelic research such addiction treatments studies should be commissioned here at once. In parallel, amending the Schedule 1 controlled status of these drugs would allow researchers easier access.

3. Encouraging pilot programmes for safe injecting rooms (drug consumption rooms). These are proven to save lives, but their other attributes are often not appreciated.[9,13] They can be used to promote entry into addiction treatments, facilitate other health interventions, and facilitate social integration and moves towards employment. They also help get needles and other drug paraphernalia off the streets, so improving neighbourhood quality and protecting children from accidental harms. Scotland is beginning to see the benefits of the safe injecting vehicle that has been set up in Glasgow, so there is no reason for England and Wales to hold back.[13]

Competing interests: DN is founding chair of the charity Drug Science. He also advises Awkan and COMPASSPathways, two companies with an interest in developing psychedelic medicines for the treatment of addiction.

Provenance and peer review: Commissioned, not peer reviewed

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