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UK drugs strategy: promised new approach is identical to previous strategies

Front line drug policy has long been driven by populist law and order showmanship, and not enough by evidence, writes Steve Rolles

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The UK government's new drug strategy, and the media and political debate that has accompanied it, provides a stark illustration of the tensions between enforcement and public health led responses to drugs. The strategy includes a welcome new focus on long neglected drug treatment services, but continues the same populist law and order posturing on drug enforcement that has proved so ineffectual and counterproductive over the last half century.

The strategy is divided into chapters detailing commitments on reducing drug supply, treatment provision, demand reduction, and organisational management and evaluation.¹ The foreword by Boris Johnson, the UK prime minister, acknowledges that: "It's clear that the old way of doing things isn't working. So this plan is different." But the promised "new approach" in the drugs strategy—the UK's seventh since 1995—is, in reality, conceptually identical to previous strategies.

Hopes were raised among many in the drugs field by the Review of Drugs commissioned by then home secretary, and now health secretary, Sajid Javid to inform the government's thinking. The review was led by an independent expert, Carol Black. Black's phase 1 report provided a forensic, often brutal assessment of the systemic failures and dismal outcomes of UK drug policy, highlighting the inability of punitive enforcement to curtail rising demand or availability of drugs, and an under resourced, crumbling treatment sector unable to meet growing needs as drug related deaths soared to new record levels.²

The phase 2 report then made a series of pragmatic recommendations for reforming drug service provision, but the narrow terms of reference prevented Black from proposing reforms to supply side drug enforcement practices, and specifically precluded her from looking into the legislative framework.^{3,4} Frustratingly, this meant any discussion of formal decriminalisation—advocated by many including the World Health Organisation (WHO) and the Royal College of Physicians—or the legalisation and regulation of drugs that is being debated and implemented across the world, was off limits. Any acknowledgment of wider failings in the UK's antiquated prohibitionist legal framework, or its role in fuelling criminal drug markets and drug-related health harms were similarly absent, or only tangentially hinted at, in her analysis.

However, the new strategy does appear to have taken Black's service sector proposals on board. It details new funding totalling £780 million over the next three

years, significantly reversing the cuts of the past decade and notably including dedicated resources for employment and housing support for people who use drugs, and community care for people with drug problems leaving prison. While concerns have been expressed about proposals for extending court mandated and coercive abstinence based treatment regimes for offenders supported by drug testing—it would be churlish even for the government's critics not to welcome these new commitments and funding.

But if the service provision elements of the strategy showed welcome, if long overdue, signs of listening to the advice of experts and following best practice, the enforcement elements feel more like groundhog day for the war on drugs. There is nothing remotely new about the calls for "preventing drugs from reaching the country," "securing the border" with "a ring of steel," "disrupting drug gangs" or targeting "local gangs and street dealing" and "restricting the supply of drugs into prisons." These efforts, which already receive around twice the funding of all drug-related health services combined (and another £300 million promised in the strategy), have all been pursued for generations, without success. Indeed Black's phase 1 review highlighted how:

"Even if these [police, border forces etc] organisations were sufficiently resourced it is not clear that they would be able to bring about a sustained reduction in drug supply, given the resilience and flexibility of illicit drug markets."

Black also notes that "*evidence suggests that enforcement activity can sometimes have unintended consequences, such as increasing levels of drug-related violence and the negative effects of involving individuals in the criminal justice system.*"

Black was reiterating what a seemingly endless series of expert reviews and inquiries have highlighted for years; where health led approaches can deliver positive health and social outcomes, enforcement approaches rarely, if ever, do, but often exacerbate existing problems and create new ones. Policy formation was not helped by the anomalous lack of any formal consultation process.

The government's position on diversion schemes exemplify the often tortured contradictions implicit in the strategy's messaging.⁵ Under these schemes people caught in possession of drugs for personal use are "diverted" from the criminal justice system into a health intervention—thus avoiding the stigma of a criminal record. Such schemes, recommended by Black, are already in place in over 10 UK police

authorities. Perhaps because diversion represents a form of *de facto* decriminalisation (functionally similar to how possession has been “decriminalised” in Portugal), or perhaps because the government recently criticised Labour and the SNP as being “soft on drugs” for supporting such approaches, significant effort appears to have gone into distracting attention from their role in the new strategy.⁶ Far from referring to them as “decriminalisation,” or even “diversion,” under the new strategy they are instead called “tough consequences out-of-court disposals.” And while the reality of non-criminal sanctions under existing diversion schemes—predominantly treatment assessments or referrals to drug awareness courses (similar to road safety awareness courses for minor speeding offences)—are mentioned in the strategy, the media messaging was all about seizing passports from recreational drug users, which is in fact merely mooted for discussion in an upcoming white paper on demand reduction.

So, while there is much to welcome in the strategy on the drug service front, it can be hard to see through the thicket of drug war polemic. More seriously, the strategy fails to engage with the wider systemic problems of the overarching punitive legal framework, instead doubling down on the failed “tough enforcement” approaches of the past, while claiming to be doing things differently. There is no acknowledgment of the growing cross party calls in Parliament for a comprehensive review of the 50 year old Misuse of Drugs Act.⁷ Until this changes, the positive elements of the strategy are likely to remain symptomatic responses to problems in large part fuelled by the laws they operate under.

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