

# UK Drug Policy Under Challenge



UNIVERSITY  
*of*  
GLASGOW

Neil McKeganey  
Professor of Drug Misuse Research  
University of Glasgow



# UK Drug Policy

- Treatment Prevention Enforcement
- 10 year drug strategy ends in 2008
- New strategy currently being drafted



## 3 recent challenges to UK drug policy

1. Development of a Rational Scale to Assess the harm of Drugs of Potential Abuse Lancet Article
2. Drugs: Facing the Facts: Royal Society of Arts
3. An Analysis of UK Drug Policy: UK Drug Policy Commission

# UK Drug Policy Assessment

- Drugs policy in its present form has largely been a failure. (RSA 2007)



# Drug Classification



# Misuse of Drugs Act

- A B C Classification of Drugs



# Mean Harm Ranking

- Heroin A
- Cocaine A
- Barbiturates B
- Street Methadone A
- Alcohol O
- Ketamine O
- Benzodiazepines C
- Amphetamines B
- Tobacco O
- Buprenorphine C
- Cannabis C
- Solvents O
- 4 MTA A
- LSD A
- Methylphenidate B
- Anabolic Steroids C
- GHB C
- Ecstasy A
- Alkyl Nitrates O
- Khat O

# RSA Drug Harm Recommendation on Alcohol and Tobacco

- Fully conscious of being moved by pragmatism rather than rigorous logic, the commission does not recommend that alcohol and tobacco should be regulated as strictly as their objective harms might seem to indicate. (RSA 2007)

# Normalise Drug Use

- We believe that a single spectrum of substance use and abuse should then be viewed as part of a broader continuum of health related choices that people make. The choices of whether or not to use cannabis or cocaine whether or not to smoke, whether or not to drink, and if so how much, and how often to drink, should not be regarded as wholly unlike the choices of whether or not to eat fast food and processed food to avoid exercise or to have unprotected sex....Under this rubric drug use could more easily be regarded as “normal” not of course in the sense of being something that everybody does or should be but as being within the range of ordinary human behaviour. (RSA 2007)

# Harm Reduction and UK Drug Policy

- The arena where government drug policy needs to focus further effort and where it can make an impact is in reducing the levels of drug related harms (crime, death and disease and other associated problems) through the expansion of and innovation in treatment and harm reduction services. (UKDPC 2007)

# Drug Prevention Under Harm Reduction

- We believe that the only sensible message for universal drugs education in the later years of secondary education at least is one that has harm reduction as its main objective (RSA 2007)
- Avoiding drug use altogether is obviously the surest way of avoiding incurring or causing drug related harms. But if people nevertheless insist on using drugs then the aim of policy should openly be to encourage them to use the least harmful drugs and to use the drugs they do use in the least harmful ways (RSA 2007).

# Enforcement Under Harm Reduction

- Drug use is normal so you can't stop it
- Do not criminalise the user
- Target the Supplier



# Treatment

- Provide the means to inject
- Provide the drugs to inject
- Provide the setting to inject



# Morality

- Treat drug use as morally neutral



Where are we now?



# UK Harm Reduction

- 97% of DAT areas have harm reduction services
- 87% have sub substitute prescribing
- 50% of 500m treatment budget spent on substitute prescribing
- Millions of needles and syringes provided

# Recent Drug Abuse Prevalence

- 2003 51,000 problematic drug users in Scotland (Hay et al 2003)
- 2006 327,000 problematic drug users in England (Hay et al 2006).
- 2006 192,999 Crack cocaine users England (Hay et al 2006)

# Recent HIV Prevalence

- December 2005 21,898 AIDS cases in the UK (1,234 associated with injecting drug use).
- December 2005 76,765 cases of HIV infection (4,381 associated with injecting drug use).
- Health Protection Agency HIV 2.3% in London 0.5% elsewhere.

# Hepatitis C

- In 2004 41% of injecting drug users in UK thought to be Hepatitis C positive.
- In Glasgow 60% of injectors thought to be Hep C positive.
- In 2003 38,352 cases of Hep C in England 90% of which amongst injecting drug users.

# Deaths

- In 2001 235 AIDS deaths amongst injecting drug users.
- In 2001 1,528 drug related deaths in England.



# Children with Addict Parents

- 205,300 to 298,900 dependent children with addict parents in England
- 40,800 to 58,700 dependent children with addict parents in Scotland
- 77,928 drug dependent parents surveyed in Hidden Harm 54% had children living elsewhere

# Crime

- 70% of crime connected to drug use



# Cost of Drugs Trade 2006

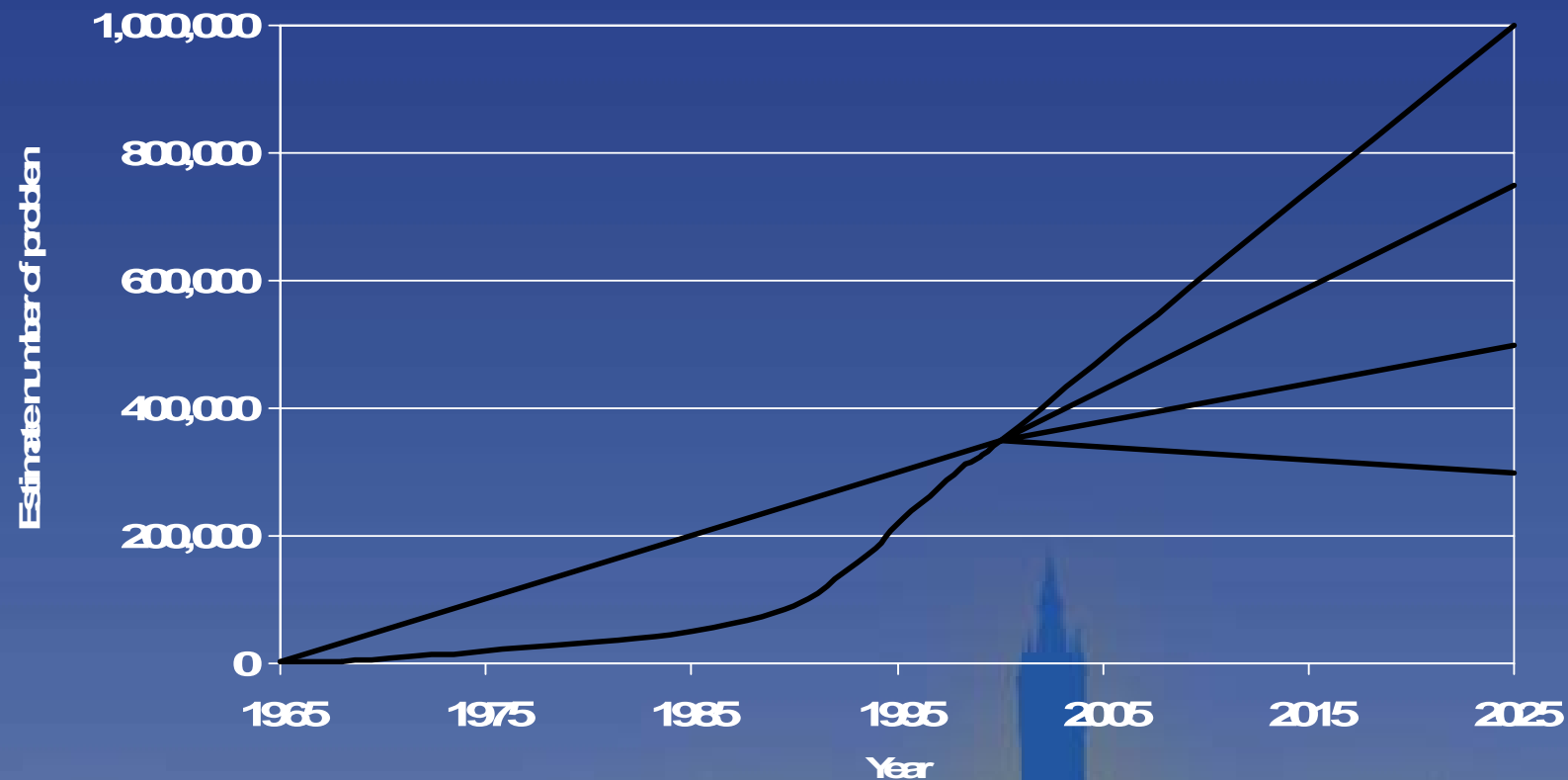
- Drug use in England and Wales estimated to cost in excess of £15B a year
- Drugs trade in England valued in excess of £6B a year



Where are we going?



# Growth in the Prevalence of Problematic Drug Use in the UK and Possible Forecast



# Possible reasons for a 3x Increase in Drug Prevalence

- Narrowing of gender divide with women approaching men in prevalence of drug use.
- Increasing rates of drug use in rural areas.
- Decreasing age of onset of illegal drug use.

# Future

- Society may not be able to cope with much beyond 2% to 3% of its population addicted to hard drugs.
- Containment may not be enough.



# Conclusion

- As a priority we have to reduce the scale of our drug problem
- We have to make drug prevention rather than harm reduction the primary thrust of UK drug policy and provision.
- We have to reward remaining drug free
- We need to ensure that treatment enables drug users to become drug free
- We need to ensure effective enforcement.

# Conclusion

- We must not be seduced by the idea that in tackling the drug problem it is enough to reduce the harm of on going drug use.

