

Blunkett's forward vision for drugs

The drug strategy is now half way through its ten-year cycle. What are you most pleased about in terms of progress – and what has not gone so well in your view?

I am pleased about the change in public attitude and awareness – people's ability to debate rational issues like harm minimisation and prescribing and to recognise that if we are going to get the message across it has to be one that young people in particular are prepared to hear. In practical terms, I most welcome the establishment of the National Treatment Agency and the fact that we now have a coherent avenue for being able to deliver treatment and rehabilitation services linked to the local Drug Action Teams and the Crime Reduction Partnerships.

There are two big challenges. First is to build capacity, because it's not just a matter of money, it's a matter of being able to skill people to develop facilities and to make sure that the quality is right. Second is to get the interface between the criminal justice system and drugs right, so we are not just making access to service dependent on people having committed a crime.

What are the top priorities in the revised strategy?

What we have tried to do is to set out a coherence about the reduction of supply and treatment and rehabilitation and harm minimisation all focussing on the 250,000 or so problematic drug users. We are looking to help families as well as the drug user – and we are placing an obvious emphasis on drug testing and treatment, developing arrest referral so that people can actually choose treatment rather than finding themselves in jail. We need to ensure that what is taking place in prison, which has improved enormously, is actually followed through, so that when people leave, they don't return.

Where do you start with this, getting the right people in the right place?

We are going to concentrate initially on the very high drug abuse areas linked to high rates of criminality. If we bring together money and resources from the increased policing budget and resources from the updated drug strategy, then we can actually have an impact. I suppose the awful word is to 'roll it out' to develop the programme by taking action next year, recognising there are only so many people you can recruit and train at once – get that right and then accelerate it in 2004 and 2005.

Is this then a policy of targeting 'hot spots' of high criminality linked to drug use?

Yes – and to try and ensure that the whole community

plays its part. We recently announced that we wanted to up the ante on the middle market – on the gap between tackling international trafficking on the one hand – and the dealers on the street dealt with by operational policing. I don't want to lose that, but I want to ensure people feel that they are all part of this, rather than just local or central government or the police. Because this is the big social policy challenge of the early 21st century for the whole of society.

Home Secretary

DAVID BLUNKETT talks exclusively to *Druglink* about the revamped 'tough love' drug strategy – harm reduction on the ascendant and more people 'sentenced' to treatment.

INTERVIEW BY HARRY SHAPIRO

In his evidence to the Home Affairs Select Committee (HASC), Keith Hellawell said the targets were only aspirational and he didn't expect any of them to be met. What's your view on target setting?

Aspirational targets in 1998 might have been a suitable way of motivating and focussing people's attention. I think it is more realistic to give people the kind of benchmark they can achieve. We are fighting a tide here as well as the massive tide of supply. We have doubled the amount of heroin seized this year and yet the supply on the streets seems not to have diminished, so there are some very interesting questions that we all need to ask ourselves.

Looking at some of the harm minimisation issues and specifically at drug deaths. The latest figures show that the UK has about 40% of the EU total for drug-related deaths. What's in the strategy to reduce this figure?

A real concentration on harm minimisation, ensuring drug users are using safe equipment, that they are being given proper advice, that we can have a controlled way of engaging prescribing, for instance of heroin. It needs to be managed in a way that doesn't allow 'seepage' and we need to be very clear how we are going to deal with that. And there seems to be a new spirit abroad that is prepared to take this on, including from GPs. There is also some international evidence too, of being able to tackle crack – a major problem in terms of recovery programmes.

Which leads to the next question – the issue of safer injecting rooms. On the basis of the international evidence, these would be a major step forward in reducing not only drug deaths, but drug nuisance to the wider community. Why don't we have them?

Where there are controlled prescribing facilities attached to proper GP or clinic facilities, I am not ruling it out. Where there are 'shooting galleries' I am ruling those out because at the moment we need much stronger evidence that firstly, they would ease the problem and secondly that they wouldn't cause such a backlash and undermine our progressive step-by-step policy in terms of prescribing. And thirdly, that people wouldn't try and develop these as a type of attraction.

This is the big social challenge for the early 21st century

Isn't there a growing contradiction between government support for harm reduction measures and some of the other policies actually being pursued. For example, you will be aware of the grave concerns in the drugs and homelessness fields about the recent extension of Section 8 of the Misuse of Drugs Act. What is your response to these concerns?

We've agonised over this because we are very sympathetic to the situation and we genuinely want to find a way through that doesn't lead to the kind of contradictions that allow people to abuse Section 8, to be able to claim protection when they were not legitimately engaged as many are in providing a supportive environment. So it's not that we don't want to help, but we just don't think a loosening of the reins in the long run would be helpful.

Are you mindful to make a distinction between those who are clearly bone fide agencies trying to help people and those just using premises for illegal activities?

And also where people aren't skilled in supportive work, even if they are well-meaning. But yes, it would be a different matter and we are considering the results of the consultation exercise on this.

What is the point of reclassifying cannabis as a Class C drug and retaining the powers of arrest? What is the concern that warrants the extension of arrestable drug offences to benzodiazepine tranquillisers? Doesn't this undermine the ideas of focussing the enforcement effort on Class A drugs, bringing a whole new group of people into the criminal net?

We wanted to reclassify to get the message right to young people. We shouldn't pretend that cannabis is the same as crack or heroin. But at the same time there isn't another Class C drug which offers the potential for disorder or for challenge to law enforcement agencies. There is a potential to make a monkey out of the police in circumstances where the person is not consuming for their own use but is on the edge of dealing the drug or flagrantly



demonstrating their use of an illegal drug in front of police or young people. There will be guidance issued in the New Year which I think will clarify the situation. I don't think there will be a contradiction there. There won't be a whole new group of people caught up in the law, because we are just talking about aggravating circumstances. The arrest element is to do with the behaviour, how people are displaying or behaving under the influence of those drugs.

How confident are you that the guidance on special or aggravating circumstances under which people might be arrested will be consistently applied and we won't have post-code policing?

That's exactly what is happening at the moment. There is a post-code lottery. Some forces were effectively carrying out a policy that we have ratified whereas others were not and if it differed from one Basic Command Unit to another even within the same Force.



We thought that as politicians to say, 'well, you do whatever you think fit' was both inappropriate and irresponsible. So we thought that by getting the reclassification right and having guidance on the back of it and very clear messages underpinning that, this made a lot more sense and we hope that there will be greater consistency and not less.

The question of cannabis reclassification was referred to the Advisory Council on the Misuse of Drugs. Why did you not do the same with ecstasy following on the recommendation of the HASC?

Ecstasy has been a drug that has been dangerous to peoples lives and we believe that would have sent the wrong signal out. We have a different view from the HASC on this. I believe that it is very important that we don't get into a tangle on this – there should be clear differential between drugs that kill and drugs that don't.

More generally, what do you say to those who think that the current drug laws cause more problems than they solve – the violence, corruption and huge wealth associated with an unregulated market dominated by organised crime?

I say there are real contradictions in dealing with this problem. We are bedevilled by measures that eventually lead to the next set of contradictions. For example, when the Dutch allowed the retail of cannabis, but not its production and supply. But if you legalise the supply, you have to manage it and you have to accept it is a legal product and you immediately run up against all the international agreements. You can't legalise retail or supply unless you legalise production. So the three elements go hand in hand. I am painfully aware that the criminality behind the production and supply of these drugs makes life very difficult. But I can't see a way round it that doesn't lead to something worse. ■