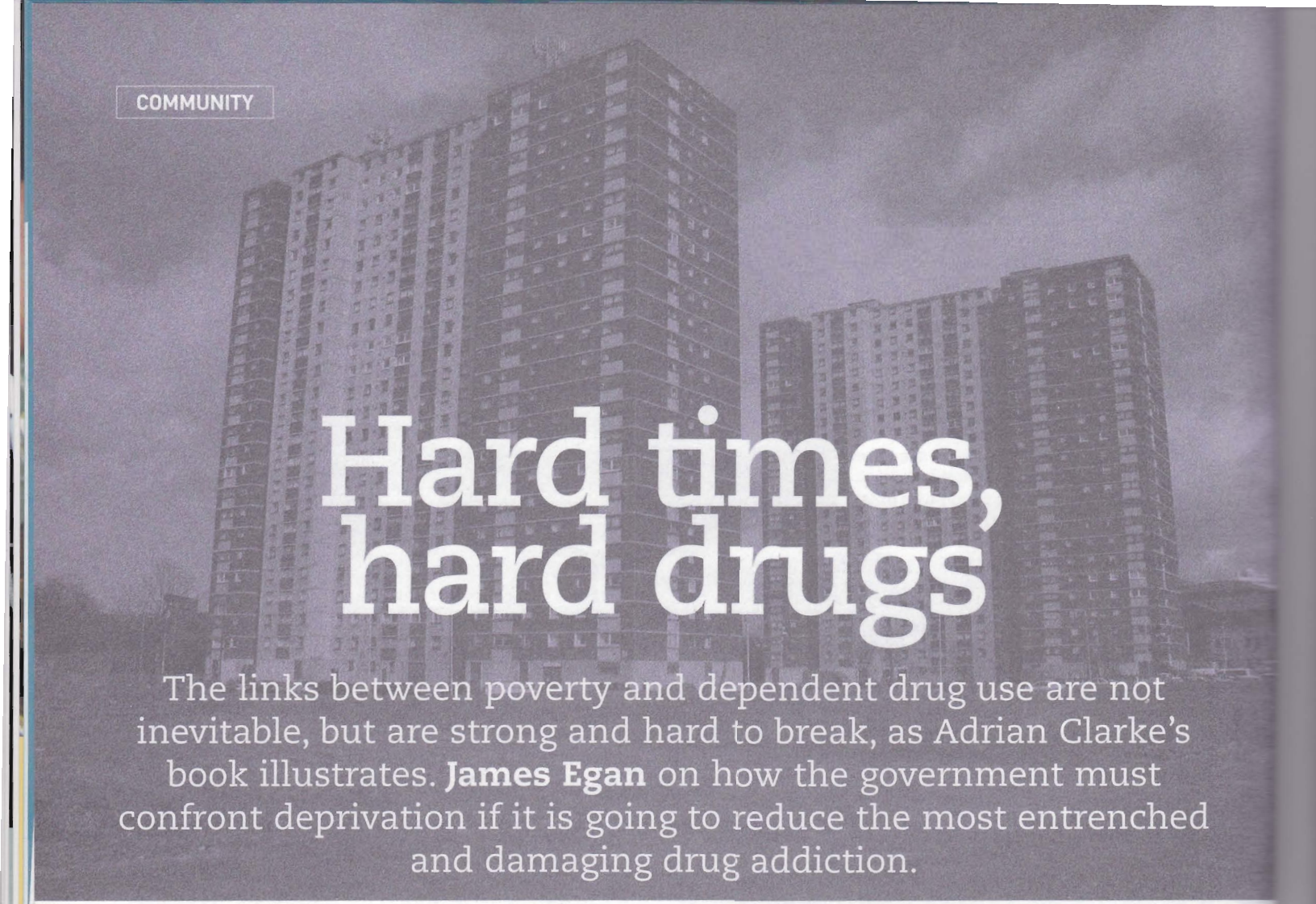

Hard times, hard drugs

The links between poverty and dependent drug use are not inevitable, but are strong and hard to break, as Adrian Clarke's book illustrates. **James Egan** on how the government must confront deprivation if it is going to reduce the most entrenched and damaging drug addiction.

According to a recent Joseph Rowntree Foundation (JRF) report, the gap between the rich and poor has reached levels last seen in the late 1960s.

The total amount of bonuses paid out last year to big city earners in London was £21bn – one fifth of the government's health budget for this year – yet, on the other side of the coin, about 6.2 million working age adults in the UK are languishing in poverty.

Against this disconcerting backdrop there has been the steady rise in the number of dependent heroin users over the last 30 years – from around 5,000 in 1975 to about 281,000 in England alone.

With drug policy debates often dominated by the health versus criminal justice agenda, discussing poverty and inequality has become deeply unfashionable in today's culture – dominated by the consumer and the celebrity.

Like the proverbial elephant in the room, it's best to ignore it or to point out that it's too big a problem – and anyway, not everyone who's poor develops a drug problem…

There are, however, signs that things may be changing. In launching the consultation to shape the next ten year UK drug strategy, new Home Secretary Jacqui Smith acknowledged that it is the most 'vulnerable' and 'deprived' who are hardest hit by the damaging effects of illegal drugs. When families and communities are in the grip of drug use, she states, efforts to lift children out of poverty, to reduce crime and to promote equality of opportunity are held back.

But what exactly does equality of opportunity really mean for people struggling to cope with daily grinding pressures of damaging drug use – the ex-injector with chronic liver disease, the unemployed pregnant woman or the granny raising the youngsters because of mum's or dad's drug problem?

Certainly, the consultation paper correctly describes 'wraparound services', such as housing and employment support, as having a crucial role to play in re-integrating people with drug problems into the mainstream society, although there is no specific mention of new money for this, at least at present.

And current form does not bode well in other areas of service provision. The Government has also been criticised for a £6 million reduction for services in England working with young people at risk of developing drug or drink problems. No surprises, then, that the notion of equality of opportunity may have a hollow ring for those working in frontline services.

In some instances, families are living on £19 a day, according to Save The Children, but inroads have been made on tackling child poverty over recent years. The amount of children living in poverty has dropped by 700,000 from 4.1 million to 3.4 million between 1998 and 2005. We are also witnessing record levels of people in work.

But scrape beneath the surface and we can see that in-work poverty has dramatically increased. Almost half of the 6.2 million adults living in poverty have someone within their household doing paid work. This is a staggering yet barely-

talked about statistic, which demands more attention and debate in its own right, never mind in the context of solutions to the UK's drugs problem.

There are parts of London, the north of England and Scotland where one in five working-age adults are on some type of benefit. But these figures pale into insignificance, though, when compared to unemployment levels among people with drug problems. For example, in Scotland on average, eight out of 10 drug users seeking treatment are unemployed, many long-term.

So, can even the best wraparound services even begin to tackle the myriad obstacles facing drug users clawing their way into mainstream life in areas blighted by huge unemployment and drug problems? Can more Progress2Work initiatives really overcome the lack of decently-paid jobs in a work landscape that has changed so radically since the closure of the pits, car factories or steelworks? Or meet the brutal demands of a global economy which requires much more than basic numeracy and literacy skills?

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The painful reality, therefore, is that being on benefits for long spells will be the only option for the majority of unemployed drug users seeking treatment. This is especially true among working age adults without children, a group normally regarded as most able to work, yet who are the biggest rising poverty group in Britain. And, in Scotland at least, a very significant group seeking treatment for drugs.

Yet their benefits have been cut in real terms by 20 percent in the last 10 years, which takes them far below the poverty line, according to another JRF report.

And, as the government continues to try to move one million people off sickness benefits by 2016 (that's 100,000 each year) there is a risk that these welfare reforms have unintentional consequences.

For instance, there's the question of survival. If large groups of drug users are moved onto lower benefit payments which take them below the poverty line – and then parked there – there's a strong chance they may resort to criminal activity such as theft and trading in stolen goods to get by.

The equality of opportunity – or lack of it – goes right back to before birth too. With this push on reducing benefits, it's difficult to see how a 20-year-old unemployed pregnant drug user – struggling on a weekly jobseeker payment of £46.85 – can have a healthy diet over nine months and deliver a bouncing baby while trying to deal with a drug problem.

Dr Mary Hepburn, an obstetrician who runs a specialist service for disadvantaged women in Glasgow, including drug users, has found babies born to local disadvantaged women are on average of lower birth weight than babies born to disadvantaged women from other countries who are in the UK as asylum seekers or refugees. Such low birth weights can impair childhood development – with obvious implications for the cycle of deprivation to continue.

But it's not the mother's failure to attend antenatal care or her lack of maternal commitment which has led to this disturbing trend. In fact, drug-using women attending her service on average book in earlier than in mainstream hospital services and on average they attend twice as often as women attending mainstream services. Dr Hepburn is adamant that it's poverty-related – and indeed, chronic poverty-related – illness which lies at the root of the issue.

Yet debates about child welfare, especially in Scotland, have lead to a climate where fears are growing that children of drug users will be taken into care more readily and that the introduction of parental drug contracts – with yet-to-be articulated sanctions – are being considered. Well-intentioned these measures maybe, but they smack of applying sticking plaster to much more serious social, economic and welfare wounds.

Alternatively, when family breakdown occurs because of a drug problem, grandparents and others are quietly stepping in as kinship carers – a term coined for family, friends or relatives taking over as the main child carer. The true extent of kinship care in the UK because of parental drug problems is unknown although research carried out last year by Professor Jane Aldgate from the Open University found that parental problems with drugs, drink or both were the main reason for 20 out of 30 children being looked after by a kinship carer.

Given the huge issues involved in tackling the UK's drugs problems, what's really needed now is to move discussion away from ghettoised health versus criminal justice drug debates.

We must consider the wider social and structural inequalities which can lead to the creation and perpetuation of drug use, which damages the most vulnerable individuals and communities.

We must recognise that individual drug users – more than most of us – are on the harsh receiving end of powerful globalised influences and decisions over which they have no control yet which shape life in modern Britain.

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And we must face up to the fact that we can never ever solve society's problems until we narrow the gap between the haves and the have-nots. The establishment of a Royal Commission on a Minimum Income Guarantee for all (including working age adults without children) would be a start.

Of course it would be naïve to underestimate this challenge, especially in today's fast-moving globalised economy. There is more public support for increasing health and education spending than on 'wasting it' on welfare spending.

However, this should not stop us from getting involved in the inequalities debate if we are serious about reducing the UK's high levels of damaging drug use.

And if we're not sure how we could do it, we could do worse than take a look at the situation in the Netherlands and Sweden. Levels of damaging drug use there are much lower and poverty rates are almost half those of the UK. No coincidence, surely?

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