

The thorny issue of drug policy has a history of causing fear and panic among government ministers and in Whitehall. So have things changed?

Mike Trace, former deputy drug czar, with the inside story on how politicians are slowly learning to make sense of the sensational

Haunted House

1994
Criminal Justice
Act targets
raves

GOVERNMENTS do not give any thought at all to the detail of drug policy. The default position is to treat the issue as a no-win situation politically. In other words, people are generally concerned or outraged about the problem, but its causes and solutions are complex and poorly understood. There is no clear course of action that can be trumpeted as an unqualified success, so the media and political opponents can easily characterise your position as either weak or unrealistic.

HEADS DOWN

The best a politician can hope for is an association with a minor success such as a big seizure, or the backing of a broadly sensible strategy that people will see as a nice try. In these circumstances, it is easy to see why the option of least risk is to declare one's deep concern about the problem, one's commitment to fight and fight until it is eradicated and to keep your head down when progress is reviewed.

This has been the dominant trend internationally over the last 30 years, and is still prevalent, although I must say that the UK is one of the countries where national policy, and the politicians responsible for it, are becoming comfortable with a much more sophisticated approach. This is in no small part due to organisations like DrugScope constantly reminding politicians and the electorate that, in the face of a growing understanding of what works, simplistic rhetoric is not good enough.

Despite this general rule, the development of UK government thinking on drugs, in the last 30 years, can be tracked using key points at which cabinets were forced to confront the issue. In the early 70s the then government had just confirmed the direction of our legislation by enacting the Misuse of Drugs Act 1971, which represented the end of the last period when the legalisation at least of cannabis, was discussed as a serious policy option in the debates on the recommendations of the Wootton Report. The rest of the 1970s, while a crucial period for the development of the drug-using subcultures that we recognise today, was pretty quiet in terms of high-level political attention on the issue.

The 1980s saw the launch of the 'Heroin Screws You Up' campaign, which in addition to effectively establishing in most people's minds the link between 'heroin user' and 'degenerate', represented political support for the view that something must be done

about hard drug use. This view developed over the next few years, based on the broadly humane perspective that the government should provide funding for services that advised and helped people with drug problems. The main tangible result of this policy was the Central Funding Initiative, launched in 1983, which allocated £17 million to the development of drug services. It may seem a small amount now, but at that time it enabled the development of a wide range of street agencies, clinics and residential projects, that together formed the foundations of the broad-based treatment industry we have now.

AIDS PANIC

The scale of concern in Whitehall and Parliament about the drug problem grew dramatically in the mid-80s with the onset of panic about an AIDS epidemic. The view that the disease could be quickly spread through shared injecting equipment and into the general population through sexual contact deeply resonated with politicians and the general public. Through a combination of this fear of the unknown, and the vision and understanding of key ministers at the time, (a bravery award to the health minister who had to tell Margaret Thatcher that the government was going to pay for injectors to get clean needles), the UK became one of the first countries in the world to embrace what we now refer to as 'harm reduction' approaches to drug use. The result stands as one of the most significant public health successes of our time, with levels of HIV transmission through drug injecting at a fraction of those that were being realistically projected at the time.

This episode had two longer-term political effects. It established a level of acceptance in the mind of politicians and the media that it was sometimes worthwhile supporting initiatives that acknowledged people will continue to use drugs. It also raised awareness that investment in preventing or treating drug problems could lead to significant expenditure savings in other areas, a realisation that has been evident in political thinking since.

The spectre of drugs again entered the political radar with the much-hyped visit of Bob Stuttmann, a senior Drug Enforcement Administration (DEA) official from the USA, who came over to warn us of the impending disaster that could befall our inner cities with the arrival of crack cocaine. We sophisticates in the profession laughed into our sleeves at the time, but his warnings have been proved to be broadly accurate

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in content, if wildly off beam in size and timescale.

The government, however, took the threat seriously, and reacted with the attitude that prevention was better than cure – if we could intervene early enough with those likely to grow up to be crack users, then we could save a lot of misery and taxpayers' money. The result was the Drug Prevention Initiative, which later became the Drug Prevention Advisory Service – now the drug section of the government offices in the regions. I will leave you to decide whether that development is cause for celebration, but the initiative represented the first example in this sector of central government preferring to develop services itself, rather than leave it to the independent sector. This instinct has clouded many positive developments since.

CZAR EXPERIMENT

Which brings me to my time. Throughout the early 1990s, the prevention, treatment and supply reduction sectors continued to grow in size and sophistication, the Advisory Council on the Misuse of Drugs (ACMD) started to chronicle the links between drugs and crime, and government (largely at official level) began to develop co-ordination mechanisms to make sense of this range of activity. The estimable Stephen Rimmer took over a small unit in the Cabinet Office, the Central Drugs Co-ordinating Unit, and produced a half-decent, if slightly abstract, national drug strategy in 1995. Then came the new Labour landslide and Tony Blair's visionary and statesman-like decision to appoint Keith Hellawell and myself as 'drug czars'. Below are my main observations of this period:

- The dominant government motivation at the time was entirely genuine: a concern about drug use in the context of social exclusion; a passion for approaching old problems in new ways and a commitment to invest heavily in what could be shown to be effective.
- Key ministers at the time were surprisingly unconcerned if we didn't offer to 'win the war on drugs', but wanted a sensible programme based on 'what works'. They accepted then, and still do now, that most government expenditure should be targeted at the most harmful forms of drug use.
- This led to a concentration on treatment and prevention issues, although the idea that effective supply reduction could solve the problem remained strong with some key individuals.
- Although reducing harm has been a comfortable general concept, ministers in the Home Office, Department of Health and the Treasury have been far more enthusiastic about reducing crime than improving the health of drug users. While harm reduction activities have not been curtailed under this

strategy, very few senior figures have much interest in the issue.

- While this focus on crime concerns me, it has to be acknowledged that the current programmes of investment in treatment are based on this link. This has resulted in a more sophisticated and humane policy than those motivated purely by a drive to eradicate all drug use in society or constantly increasing resources to reduce supply – which remain priorities in many parts of the world.

RHETORIC

So, despite it all, I remain broadly a supporter of the current government position. I think, however, they have two big dilemmas coming into the next election:

- The extent to which they openly promote this more modern, evidence-based approach to the electorate – or continue to implement it under a tougher rhetoric. The almost apologetic introduction of cannabis reclassification – a sensible and evidence-based measure – was a disappointment in this regard.
- How to maintain momentum. There are clear signs that the enthusiasm for drug policy around five years ago, has waned. The implementation of the treatment strategy is slow and there is a need for innovation in order to learn lessons: a clear push from politicians would have seen the piloting of new ideas such as heroin prescribing or consumption rooms by now.

A brisk canter through the last 30 years of drug policy therefore shows, in my view, that the UK government has broadly made the right moves at the right time, however frustrated we may be at some of the rhetoric, disinterest and sloppy implementation. There is much more that I would wish to see done, but a quick review of some other parts of the world would show how much worse it could be. ■

The main players: Dr Dick Lee, Richard Kemp, undercover officers (and undercover) at the

