With the Home Office in the driving seat of UK drug policy, the *updated drug*

Home Rule

AT the start of the film *Trainspotting* (1995), the heroin using Renton on the run from shopping mall security guards sneers a voice-over jibe at society and its material concerns to 'Choose your future. Choose your life'. The message from the revamped drug strategy to drug users is 'Choose treatment or choose jail'. The government's political opponents and the media have made much of the reclassification of cannabis and the (mistaken) prospect of an NHS heroin free-for-all. The reality is a government determined to use the instruments of the law to tackle our deeply entrenched drug problems.

The headline statistic is on page 40 – the claim that 99% of all the costs of Class A drugs to the nation, both economic and social – anything up to £17.4 bn – are attributable to the activities of that proportion of chronic Class A drug users who engage in crime to fund their habit.

TARGETING USERS

Already, the police have been targeting crime and drug hotspots like Brixton to arrest not only the dealers, but also the core customer group who fuel the demand (see page 3). An earlier suggestion that the government might seek to differentiate between dealers and user/dealers has not materialised. Once in custody the proposal is to amend the Bail Act, so that those who test positive for Class A drugs but refuse an offer of referral forfeit any chance of bail. There are also plans to extend DTTOS to include 'those with less severe drug misuse and offending'.

But if users will increasingly be expected to demonstrate 'responsibility', they in turn can expect certain 'rights'. These include the extension of heroin prescribing as an option, substantial reductions in waiting times, help for their families and carers, new facilities for those with a primary crack problem and improvements in the provision of aftercare and job opportunities.

For drug treatment services there are concerns about an extension of Section 8 of the Misuse of Drugs Act which puts them under threat of prosecution should drug taking occur on their premises. Interestingly, the document highlights the success in Lambeth of shutting down 100 crack houses. If this operation was so successful, why the need to extend Section 8? Does it demonstrate that claims of a loophole in the law allowing crack houses to operate – and which led to revision of Section 8 – were flawed?

There are no signs of a 'U-turn' on Section 8, but the government is promising guidelines to ensure that the police act responsibly. But like the proposed guidelines on the criteria for arresting those in possession of Class C drugs, they carry no statutory weight. Acting in breach of the Department of Health guidelines on clinical practice, can however weigh heavily against a doctor up before the General Medical Council. So government guidelines can be made to have at least *de facto* teeth and many will be wondering about accountability should the guidelines fail to deal with 'post-code' policing.

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In the interests of harm minimisation, the government is seeking to amend the law on drug paraphernalia to allow the distribution of equipment currently banned under Section 9A of the Misuse of Drugs Act including citric acid. No move, though, on safer injecting facilities. David Blunkett is not ruling them out linked to supervised consumption of

Government believes crime costs society up to £14 billion

strategy firmly anchors drugs as a law and order issue. **Harry Shapiro** reports.

prescribed opiates, but we are a long way from facilities for users to inject themselves with street drugs however well supervised. The United Kingdom Harm Reduction Association welcomed the expansion of community prescribing, but the absence of public health targets in the strategy left them 'uncertain whether the talk of harm reduction is matched by a genuine understanding of what it means'.

CAPACITY BUILDING

But the key issue is going to be capacity on two fronts. The first is drug treatment services. If the flow of clients referred from the criminal justice system is set to increase, the treatment infrastructure must be in place first – and this is a major concern for treatment providers like Addaction. It isn't just a question of money, of which there seems to be lots, but also strategic planning. As Addaction's chief executive Peter Martin says, 'By the time the money has filtered down from government to the regional level, to the joint commissioning group and the DAT, the tender document goes out and you're expected to set up a service in two months'. The government says that it is looking for improvements in treatment provision in the prison service (over which the NTA remarkably has no jurisdiction). This will be vital, not only because referrals could easily outstrip capacity, but also because of the prospect of a higher proportion of users coming through who are not ready for treatment and find themselves back in court with a custodial sentence.

The second capacity issue will be around policing. One-off high profile headline grabbing operations are one thing. But can this be sustained over the long haul for the intensive policing activities promised in the Strategy? The initial plan is to target 30 'hotspots' and then, depending on the outcome, expand the programme across other areas. Police will hope to receive substantial support from the proposed Recovered Assets Agency to tackle not only street level dealing, but the much-heralded drive against 'cross-regional and middle markets'.

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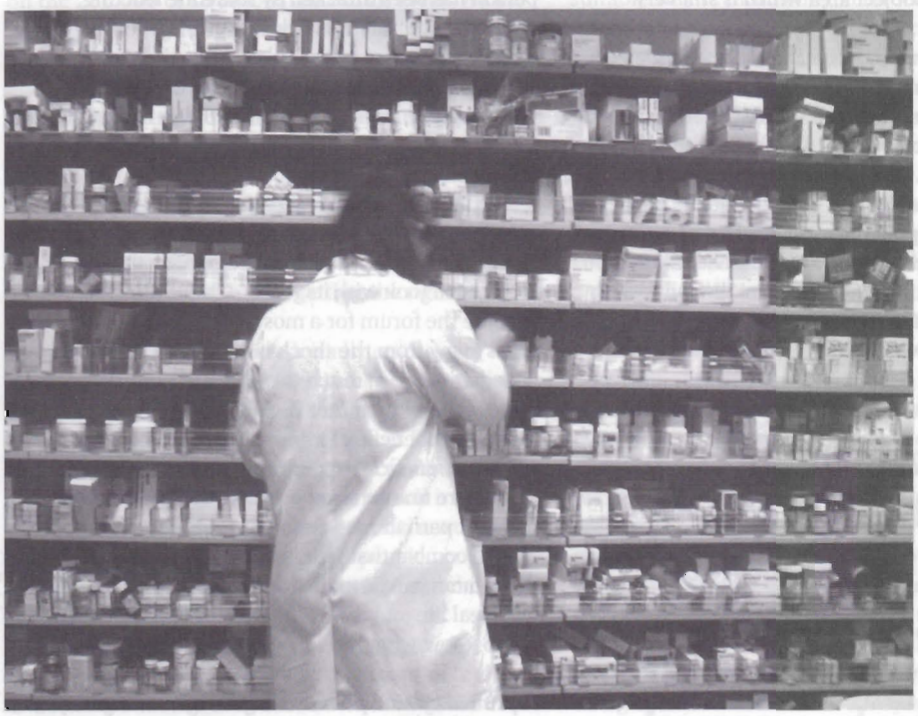

Community prescribing is welcomed by government

E POLITICS

The focus of the whole strategy is rightly on those drugs that cause the most harm to individuals, families and the wider community. That doesn't explain the *idée fix* about ecstasy. The rationale for reclassifying cannabis is to enhance the credibility of the message about drugs to young people. There is a danger that this laudable aim will be undermined by linking ecstasy to heroin and crack and refusing even to refer the matter of ecstasy reclassification to the Advisory Council on the Misuse of Drugs. But then again, this is politics. Amphetamines are implicated in two and half times the number of deaths than ecstasy, but E is so closely associated in the public mind with the lifestyles of young people, it has become symbolic of adolescent drug use irrespective of the evidence of relative risk.

Like public health, there is little in the updated strategy on the future for education and prevention strategies other than a mention buried in the Appendices of the forthcoming Blueprint Project. But perhaps we won't have to rely on our own efforts to solve the heroin problem in the UK. Apparently by 2013, there will be no more opium production in Afghanistan. Who said the aspirational target was dead? ■