

Drugs – facing facts

The report of the RSA Commission
on Illegal Drugs, Communities and Public Policy



Executive Summary

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This summary falls into two parts. The first provides a brief summary of the report as a whole. The second sets out the Commission's main recommendations and proposals.

The Commission was appointed as an independent body under the auspices of the RSA and started work in January 2005. Its members are drawn from various fields and disciplines, some from the policing and treatment of drug abuse, but others from business, local government, health and social services, parliament, the professions and academia. The Commission has not conducted its own research or held public hearings but has made extensive use of the large volume of material that is already available. In addition, we have consulted widely and taken advice from a range of experts in the drugs field.

The reader should note that our focus is mainly on English practice in the field of drugs policy, although we refer frequently to Scottish, Welsh and Northern Ireland practice. We are conscious that, although the statute law relating to illegal drugs applies to the whole of the United Kingdom, the actual development and implementation of policy outside England are largely in the hands of the devolved administrations.

Part I Summary

1. People have always used substances to change the way they see the world and how they feel, and there is every reason to think they always will. The idea of a drugs-free world, or even of a drugs-free Britain, is almost certainly a chimera. The main aim of public policy should be to reduce the amount of harms that drugs cause. These harms include harms to the health of individuals, to friends and family, to whole communities and, not least, harms that take the form of crime.

2. For these purposes, the concept of 'drugs' should be extended to include alcohol, tobacco, solvents and a range of over-the-counter and prescription drugs. All psychoactive substances, not just illegal drugs, can cause harms and do.

3. Unlike most other such substances, however, illegal drugs have been demonized – by politicians, by the media and to some extent by the general public. Illegal drugs and drug users are frequently depicted as evil and a threat to society. In our view, demonization does more harm than good. Our view

is that society's approach to illegal drugs and to those who use them should be calm, rational and balanced.

4. It needs to be recognized that illegal drugs are a business, a business that, though illegal, operates in most other ways like any other large-scale business. It operates in a global market. That market is highly competitive. Marketing of its products is intensive. The intensity of competition ensures that prices remain low. Far from illegal drugs being expensive because they are illegal, they are in fact remarkably cheap – and their prices, instead of rising, tend to fall. There is no reason to think that the illegal-drugs business and its accompanying market can simply be closed down. Certainly all efforts so far to close them down have been dismal and often expensive failures.

5. The use of illegal drugs, both problematic and non-problematic, is by no means confined to any one section of the population. Although a majority of drug users are young, an increasing number are old. A majority of drug users are boys and men, but drug use is increasing among girls and women. Drug users live in rural areas and small towns as well as big cities. A majority of drug users are white, and the evidence suggests that, although drug use is rising in some black and Asian communities, the incidence of drug abuse is lower in black and minority ethnic communities than among the white population. Drug use is also to be found in all social classes, with more and more drugs crossing the 'class divide' in both directions.

6. The use of illegal drugs is by no means always harmful any more than alcohol use is always harmful. The evidence suggests that a majority of people who use drugs are able to use them without harming themselves or others. They are able, in that sense, to 'manage' their drug use. They are breaking the law in possessing illegal drugs, but they are not breaking the law in any other way. The effects that drugs have depend to a large extent on the individuals who use them, the drugs that they use, the ways in which they use them and the social context in which they use them. The harmless use of illegal drugs is thus possible, indeed common. Nevertheless, all illegal drugs, like all other psychoactive substances including alcohol and tobacco, carry risks. Some people die as a result of their misuse of drugs, many more are made ill, some of them very ill, and drug use can compound, as well as be caused by, problems of mental health. Drug use and crime are closely associated. The cumulative costs to society, including in purely monetary terms, are enormous.

7. Why do people use drugs? They do so for all kinds of reasons: to have fun, to enjoy the company of friends, to relieve pain, even as a means of spiritual enlightenment. Some people simply experiment. Sadly, in the case of some individuals, whatever their initial reasons for using drugs, they become dependent upon them. Problematic drug users are to be found in all sections of society (rich as well as poor, old as well as young), but they are disproportionately to be found among the poor, the jobless, the homeless, young people who have been in care and those who are in one way or another socially excluded. Although no one has succeeded in identifying an 'addictive personality', some people are more likely than others to become dependent on drugs, legal or illegal, especially if they have difficulty in dealing with pain, stress, uncertainty, loneliness, frustration and boredom.

8. Much that is true of the reasons that people use illegal drugs is, of course, also true of the reasons they use alcohol, tobacco and other substances; and users of alcohol and tobacco may well become dependent users. Indeed, in their different ways, alcohol and tobacco cause far more harm than illegal drugs. For that reason, we recommend that illegal drugs, alcohol, tobacco and other psychoactive substances should be brought within a single regulatory framework, one capable of treating substances according to the amount of harms they cause.

9. The medical profession at one time took the lead in developing and administering drugs policy in the UK. However, in recent decades the lead role has increasingly been played by the Home Office, the police and other law-enforcement agencies. What was once conceived of primarily as a health problem is now seen to a large, even an overriding extent, as a crime-prevention and criminal-justice problem. To the extent that the two approaches sit together, they sit together uneasily. The substantial volume of drugs legislation and regulation enacted in recent years suggests that successive governments have recognized that their approach and their initiatives have been less than wholly successful.

10. One major difficulty with current policy is that, while much of the rhetoric is prohibitionist (that is, it advocates total abstinence from illegal drugs), much of the implementation of policy accepts that drugs will be used and seeks to reduce the amount of harm they cause. Current policy, at best, gives mixed messages and, at worst, is dishonest. Moreover, in skewing the implementation of policy in the direction of the criminal-justice system, current policy neglects other approaches: those centred on

individual health, public health, families, education, housing, social care and so forth. What we have is a system centred on crime and the criminal-justice system. What we should have is a more holistic system, one that explicitly acknowledges that any approach that has total prohibition as its principal objective is bound to fail.

11. In an ideal world, it might be desirable to halt altogether the importation of illegal drugs into this country and the production of them within this country. In an ideal world, it might also be desirable to halt their distribution and sale in this country. None of these things, however, is possible and at the moment large amounts of money are wasted in attempting to achieve the impossible.

12. In our view, the success of drugs policy should be measured not in terms of the amounts of drugs seized or in the number of dealers imprisoned but in terms of the amount of harms reduced. The fight against the supply of illegal drugs should not stop, but it should be refocused so that it concentrates on organized criminal networks rather than on largely futile efforts to interdict supply.

13. The ideal way of reducing the demand for illegal drugs would be, of course, to discourage people from wanting to use them. One of the best ways of reducing the amount of actual harm caused by them is to alert people to the risks that the use of them entails. As in other connections, current policy is confused, telling people to say no but also telling them what to do if they decide to say yes. Ministers should publicly acknowledge that they are both trying to discourage people from using illegal drugs and trying to encourage those who do use them, or are thinking of using them, to use them sensibly and safely.

14. In the field of drugs education, there has been too little evaluation for anyone to be certain what works, but it is clear that much of it fails to achieve its objectives. Too much of it is inconsistent, irrelevant, disorganized, couched in inappropriate language and delivered by people without adequate training. The 'Just say no' approach has manifestly not worked. In the Commission's view, the aims of policy should be, of course, to alert people to the risks of using drugs at all, but also to postpone first use, if any, until as late a date as possible. We recommend that drugs education should be focused more on primary schools and less on secondary schools, and that more heightening of knowledge and awareness of drugs should take place outside the formal school setting.

15. For the reasons already alluded to, we believe that policy on the use of illegal drugs and other psychoactive substances including alcohol and tobacco should in future be pragmatic rather than moralistic, with its means well adapted to its ends. It should be aimed, above all, at reducing harms. It should be honest and straightforward in its statement of aims. It should be consistent and coherent. It should not be ghettoized as in some ways it is now but should be given greater prominence in the context of broader social policy.

16. ‘Treatment’ in this context encompasses, or should encompass, the need to address the full range of drug users’ needs, not only their physical and mental-health needs. The delivery of treatment has improved considerably in recent years, but the present position is still not satisfactory. Availability of treatment varies widely across the country. Much treatment is wasted. Government-mandated targets are inappropriate. Not least, those who have committed a criminal offence have easier access to treatment than those who have not. A user of illegal drugs who commits a crime and who gets caught has a better chance of receiving treatment than someone who, apart from possessing drugs, has not committed any offence. At present, people who commit offences and who are non-problematic drug users are actually getting preferential treatment over those with problematic drug use who have not committed any other offence.

17. The Commission draws attention to a wide range of ways in which drug treatment services could be improved. We recommend that access to treatment should be made easier for non-offenders, that access to residential rehabilitation should be improved, that specialist drugs treatment should continue to be provided but that it should be closely related to and supportive of drug treatment in mainstream health and other social services, that GPs should no longer be able to opt out of providing drugs treatment, that the government’s alcohol and drugs strategies should be merged, that more emphasis should be placed on treatment better tailored to meet the needs of women, members of ethnic minorities and families as a whole, and that more attention should be paid to ‘wraparound’ services such as employment and housing.

18. As regards the criminal justice system, the Commission believes the policy of universal testing on arrest is ineffective, wasteful and ultimately unsustainable and recommends that it should be abandoned forthwith. Greater use should be made of specialized drug courts.

19. In addition to problems with policy as it now exists, there are major problems with the way in which policy is delivered. The wrong data are collected. Information is not shared among different agencies when it should be. Local Drug Action Teams lack sufficient clout and are inadequately resourced. Initiatives and plans are heaped one upon another. Far too much money that should be used for treatment and other support services drains away into target-meeting and bureaucracy.

20. The Commission believes that reform should start at the top and recommends that the Home Office should no longer be the lead Whitehall department dealing with drugs policy. The lead department should be the Department of Communities and Local Government. Only in that way can the current criminal-justice bias of the whole system be corrected. The Home Office or the Department of Justice, if one is created, should continue to play a large role, but it should not be the lead role.

21. More generally, we believe that, administratively as well as in policy terms, the government should bring all psychoactive substances, whatever their legal status, under the same umbrella. Illegal drugs should no longer be treated as a special case. In addition, much more should be done at the local level to encourage and enable local authorities and local communities to take responsibility for the substance-abuse problems in their areas. At the moment, central government, at least in England, stifles local initiatives and requires local bodies to administer centrally determined policies regardless of local circumstances. We recommend that serious consideration should be given to making local Drug Action Teams statutory bodies and to giving them enhanced status, authority and responsibilities. The lead role within them should probably be given to local authorities.

22. The law as it stands is not fit for purpose. The principal statute, the Misuse of Drugs Act 1971, is now more than thirty years old. It is unwieldy, inflexible and at some points addresses problems that no longer exist. It fails to embrace alcohol, tobacco and other harmful substances. It is driven more by ‘moral panic’ than by a practical desire to reduce harm. It relies too heavily on discretion in its enforcement. It sends people to prison who should not be there. It forces people into treatment who do not need it (while, in effect, denying treatment to people who do need it). Efforts to implement the law as it stands waste a great deal of money. Not least, the law as it stands embodies a classification of

illegal drugs that is crude, ineffective, riddled with anomalies and open to political manipulation. We recommend that the Misuse of Drugs Act 1971 and the subsequent legislation associated with it be repealed and be replaced by a comprehensive Misuse of Substances Act.

23. The new Misuse of Substances Act should acknowledge that, whether we like it or not, drugs are and will remain a fact of life. On that basis, the aim of the law should be to reduce the amounts of harms caused to individuals, their friends and families, their children and their communities, certainly by alerting people to the risks of using potentially harmful drugs as far as that is possible. The use of criminal sanctions should be confined to the punishment of those offences connected with drugs that cause the most harm, and only the most serious drugs-related offences should attract custodial sentences – and those sentences should be long rather than short.

24. The focus of the law should not be on individual drugs as such – as with the existing ABC classification – but on the harms that drugs cause. The new law should be flexible and capable of being adapted to take account of new drugs and new scientific findings in relation to drugs. It should require ministers to take into account the best available scientific evidence relating to drugs and their use. If ministers reject the advice of their scientific advisers, the new Misuse of Substances Act should require them to state formally and publicly their reasons for doing so.

25. We recommend that at the heart of the new law should be an index of substance-related harms. The index of substance-related harms should take into account not merely the substances themselves but the people who use them, the ways in which they use them and the kinds of crimes, if any, that are associated with them. The index should underlie not only the law itself – and the choice of penalties to be imposed for drugs-related offences – but also other aspects of government policy relating to drugs and other harmful substances, including education, the determination of policing priorities and the allocation of funds for different kinds of treatment and harm-reduction programmes.

26. Drafting our proposed Misuse of Substances Act and its associated index of substance-related harms is beyond our competence, and we have not attempted to do so. It is for ministers, on the basis of the best available scientific evidence, to determine how the new law should be drafted and how in detail

individual potentially harmful substances should be regulated. On the basis of the large-scale survey of the general public that we commissioned from the polling organization YouGov, we believe that the general public knows more about drugs and is readier to contemplate changes in the laws relating to drugs than most politicians realize and that ministers and other political leaders have more room for manoeuvre than they think they have.

Part II Main recommendations and proposals

The government's National Drug Strategy is up for review in 2008. Now is the time for a substantial rethink of drugs policy.

What should drugs policy be like?

- Drugs policy should be better integrated into broader policy, not ghettoized in some ways as it is now. Policy on substance misuse needs to remain a high priority but in a different way: not singled out for separate treatment but absorbed into the policy mainstream. That said, care needs to be taken, especially in the early stages, to ensure that the special needs of problematic drug users are taken fully into account. Drugs policies should be better integrated into policies in such areas as social exclusion, housing and homelessness and regeneration, just as they are increasingly being integrated into policies on children and young people.
- Drugs are a broad social issue, not exclusively a crime issue or a health issue. Just as social exclusion contributes both directly and indirectly to problematic drug use, so problematic drug use is an important component in social exclusion. Drugs should be seen at least partly as an issue for communities to handle for themselves at the local level. The 'communities' strand of the drug strategy should be revived, rehabilitated and broadened.
- Drug use should be seen in the context of our use of alcohol and tobacco, which is often far more harmful. Drugs policy should, like our policy on alcohol and tobacco, seek to regulate use and prevent harm rather than to prohibit use altogether. Illegal drugs should be regulated alongside alcohol, tobacco, prescribed medicines and other legal drugs in a single regulatory framework. The remit of the Advisory Council on the Misuse of Drugs, or any similarly constituted body, should be extended to include alcohol and tobacco.
- The aim of drugs policy should be to reduce harm.

The widest possible promotion of harm reduction measures should be an integral component of a pragmatic drugs policy. For example, drug consumption rooms should be made available where it is in the public interest to do so.

Reducing supply (Chapter 10)

- The fight against the supply of illegal drugs should not stop, but it should be refocused so that it concentrates on organized criminal networks rather than on largely futile efforts to interdict supply.
- A larger proportion of the criminal justice expenditure within the drugs budget should go into recovering criminal assets and investigating the financial systems that support drugs trafficking. There should be more Financial Investigation Units within police services, financed from assets recovery at the local level.
- Police services should use the local Prolific and Priority Offenders schemes more systematically to tackle the problems of drug supply and demand in their localities.
- Police services should be given more specific drug-related performance indicators, with targets linked to local conditions and possibly related to the local PPO scheme.
- These targets should be shared with other agencies.

Discouraging demand (Chapter 11)

- The emphasis in school drugs education should be shifted away from Key Stages 3 and 4 and onto primary education, as a part of a wider move towards developing general awareness of health issues and decision-making capabilities in young children.
- Identifying the conditions for potential drug misuse should form a standard part of early interventions to support the development of young children.
- The only practical message for universal drugs education, in the later stages of secondary education at least, is harm reduction.
- A greater proportion of the resources that go into increasing awareness and discouraging the abuse of drugs should be spent on work outside schools to reach young people in their own social settings and should focus on those who are most vulnerable to getting caught up in either using or supplying illegal drugs.

Treating problematic use (Chapters 12-13)

- Drugs treatment should be viewed primarily as a health and social issue and should be less heavily influenced by the demands of the criminal justice system.
 - Drugs treatment should be located within a public health framework that emphasizes not only clinical treatment but also the ‘wraparound’ services that enable people to overcome dependency: housing, education, employment, child care and family support.
 - Access to treatment should be as easy for drug users who have committed no other offence as it is for drug-using offenders.
 - Specialist drugs treatment should continue to be provided, but it should be closely related to, and not separated off from, mainstream health and other social services.
 - Drugs treatment should be included in the annual list of NHS priorities.
 - There should be easier access to treatment through primary care. GPs should not have the option, given to them in the recently revised GP contract, of completely opting out of providing drugs treatment. The important role of other providers within the health service, such as pharmacists, should be recognized.
 - Drug users should have a greater range of treatment options, including:
 - heroin prescribing wherever appropriate, as an essential component in a policy aimed at reducing drug-related harms, including crime;
 - a better and more consistent standard of methadone prescribing, for the same reasons;
 - easier access to residential rehabilitation;
 - more effective support in the community;
 - a wider availability of good quality counselling and psychological therapies;
 - better resourced self-help methods such as web-based therapy packages;
 - treatment for whole families.
- Front-line providers need to be in a position to offer these options. If such options are not available, ‘user involvement’ means very little.
- Treatment services need to be better tailored to specific groups: for example, women, black and minority ethnic groups, drug users in rural areas, older users, stimulant users and polydrug users.

- There should be better integrated services:
 - for alcohol and drug treatment, as in other European countries;
 - for people with a dual diagnosis of drug and mental health problems;
 - for parents and children.
- Treatment in prisons should be improved as a matter of urgency. Funding should be made available to support the Department of Health's new proposals.
- Wraparound services should also seek to provide a wider range of options.
 - Employment should be an integral part of treatment, not tacked on to it at the end. There should be a far wider spectrum of employment opportunities provided by the statutory, voluntary and private sectors.
 - Housing must be recognized as critically important in sustaining the gains made through treatment. On grounds of cost-effectiveness as well as grounds of principle, more funds should be earmarked for drug users from the Supporting People fund.
- The criminal justice system should be used in a more strategic way to get people into treatment. Universal drug testing on arrest for trigger offences should be abandoned. The Drug Interventions Programme should be restricted to the confines of the Prolific and Priority Offenders scheme. Drug courts should be extended, under the aegis of the government's current community justice initiative.
- Treatment effectiveness should be measured in terms of more humane and realistic outcomes.

Improving delivery of drugs policy (Chapters 15-17)

- Many drug services need to be devolved to a greater degree (though some specialist services such as high care residential rehabilitation may benefit from improved regional or national commissioning and delivery).
- Services need to be better tailored to local needs. They require joined-up working at the local level.
- The lead in developing the UK drug strategy should be removed from the Home Office:
 - because giving the lead to the Home Office brands drugs principally as a crime issue;
 - because in delivering policy in England the

Home Office favours centralized solutions that impede delivery of a devolved, joined-up policy.

- To reinforce the view that drugs are primarily a social issue, and one to be handled at the local level through multi-agency partnerships, the lead in the drug strategy should be given to the Department for Communities and Local Government, the department with responsibility for combating social exclusion, for promoting partnership working at the local level and for overseeing local authorities.
- Drug Action Teams should be given an enhanced status and profile. In order to ensure a holistic approach to the problems surrounding illegal drugs, attention should be given to making DATs work more effectively as bodies that cross disciplines and sectors.
- DATs should be given statutory powers and responsibilities.
- DATs should be disentangled from Crime and Disorder Reduction Partnerships and represented on Local Strategic Partnerships in their own right.
- Local authorities should be given a leading role within DATs.

A new legal framework (Chapters 18-21)

- The Misuse of Drugs Act 1971 is no longer fit for purpose. It should be scrapped and replaced with a new Misuse of Substances Act that:
 - sets drugs in the wider context of substance misuse alongside alcohol, tobacco and other psychoactive substances;
 - is linked to an evidence-based index (reviewed on a regular basis) that makes clear the relative risks of harm from individual substances;
 - seeks to focus punishment mainly on harmful behaviours stemming from drug use rather than the simple possession of drugs.

Unless expressly stated otherwise, the findings, interpretations and conclusions set out in this report are those of the RSA Commission on Illegal Drugs, Communities and Public Policy. The report represents the views of the Commission as a whole and inevitably does not reflect at every point the individual opinion of each and every Commission member.

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Further details on the RSA Commission on Illegal Drugs, Communities and Public Policy are available at the website www.rsadrugscommission.org