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A CUMBERLAND LODGE conference in association with The UK Drugs Policy Commission
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DRUGS AND HARM: A NEW AGENDA FOR A NEW GOVERNMENT? Wednesday 27th – Friday 29th January 2010

Summary Report

SPEAKERS:

Dr Angus Bancroft, Senior Lecturer, Sociology, University of Edinburgh
Professor Sheila Bird, Programme Leader, MRC Biostatistics Unit, Cambridge
Malcolm Dean, journalist and Fellow of Nuffield College, Oxford
Rt Hon Iain Duncan Smith MP, Chairman, Centre for Social Justice
Niamh Eastwood, Head of Legal Services and Deputy Director of Release
Vivienne Evans, CEO, AdFam
Misha Glenny, Author and journalist
Dr Evan Harris MP, All Party Parliamentary Drugs Misuse Group
Roger Howard, CEO, UK Drugs Policy Commission
Dr Brian Iddon MP, All Party Parliamentary Drugs Misuse Group (former Chair)
Axel Klein, Lecturer in the Study of Addictive Behaviour, University of Kent
Danny Kushlick, Head of Policy, Transform
Rick Lines, Deputy Director, International Harm Reduction Association
Dr Fiona Measham, Senior Lecturer in Criminology, Lancaster University
Professor David Nutt, Professor of Neuropsychopharmacology and Head of Department of Community Based Medicine, Imperial College London
Ben Page, Chief Executive, Ipsos MORI
HH Judge Daniel Pearce-Higgins QC, Circuit Judge, Worcester Combined Court Centre
Dr Marcus Roberts, Director of Policy and Membership, DrugScope
Professor John Strang, Director, National Addiction Centre
Mike Trace, Chair, International Drug Policy Consortium
Dr Sarah Wilson, Department of Applied Social Science, University of Stirling

50 people gathered at Cumberland Lodge to discuss the UK's drug control system and how it could be improved. The conference uniquely brought together cross-sector participation from scientists, charity-workers, policy-makers, journalists, academics, as well as members of the judiciary to talk through one of the most pressing issues in social policy at the moment.

Consensus was difficult to achieve, but there was wide agreement that the current drugs policy does not fulfil its objective to reduce the use of illegal drugs. Drugs policy needs to become not only a mainstream political concern but also one which is protected from political point-scoring. It was also felt that the significance of the problem merits a complete review by a Royal Commission, which would examine the effectiveness of the drugs control system in reducing harms at both a national and international level, offer a comparative analysis of the effectiveness of different regulatory controls, and a thorough analysis of treatment options. There is obviously an issue here about how much room for manoeuvre there is inside the UN conventions on drugs, but this must not hinder a frank analysis of the comparative effectiveness of different harm reduction strategies.

The following points were made during the conference:

(1) Any discussion of drug policy must include not only illegal drugs, but also alcohol, legal drugs and to a lesser extent prescription drugs and over-the-counter drugs.

- (a) Alcohol misuse, rather than the misuse of specific illegal drugs, is possibly the cause of the most harm in society today.
- (b) Alcohol is widely recognised to be in the top five most harmful substances.
- (c) Children affected by parents who abuse alcohol suffer more violence, and the same emotional stress and stigmatisation that affect children whose parents abuse other substances.
- (d) There is a growing pattern of poly-drug use.

(2) The reasons for the current level of demand for drugs may be complex, but they must be considered, analysed and addressed by demand reduction strategies.

- (a) The claim was made during the conference that “drugs are chemical solutions to social problems”. In other words, drug misuse is directly linked to issues around social disadvantage.
- (b) Drug use may be caused by a number of factors – policy must work to target each factor specifically.
- (c) Policy must take account of the fact that different drugs are used for different reasons, by different routes and in different contexts.

(3) The aim of policy should be to reduce or limit the harm that drug use causes. Harms include those to the individual and to the family and society at large.

- (a) Harm reduction should be the guiding principle in drugs policy. With respect to health, the following quotation particularly struck conference delegates:

Individuals who use drugs do not forfeit their human rights. These include the right to the highest attainable standard of physical and mental health.

Navanethem Pillay, UN High Commissioner Human Rights, March 2009

- (b) The definition of ‘harm reduction’ needs to be monitored. The three pillars of the UN are a useful touchstone for this: (1) Human Rights (2) International Development (3) International Security. If a policy infringes one or other of these principles, it should not be regarded as harm reducing.

(4) We need to be aware that our enforcement strategies can have unintended consequences, which can sometimes create more harm than they reduce.

- (a) The following quotations illustrate unintended consequences, the first pertaining to the restriction of the supply of cannabis in a specific region, the second concerns the classification of magic mushrooms as Class A.

...the problem is that cannabis is so hard to get hold of that a lot of my friends have gone straight on to smack

Quotation from the friend of a deceased drug user, taken from The Times, 18th August, 2007

...there has been an unintended consequence of what the Government has done in classifying magic mushrooms as Class A in that previous users of magic mushrooms have now turned to more dangerous and similar material, namely fly agaric, which is catching on now in the shops and whose contents are far more toxic than magic mushrooms...

Brian Iddon MP, taken from the Select Committee on Science and Technology Minutes of Evidence, 22 November 2006

- (b) This point about unintended consequences was also made in relation to randomised drugs testing on prisoners: there is evidence that this sets up a new market for heroin because it is traceable in the urine for only 48 hours – as opposed to cannabis, which is traceable for 2 weeks.

(5) In the case of illegal drugs, we need to be acutely aware of the international consequences of what we do and what the effect may be on producer and distributor countries.

- (a) Any significant change in policy will need to have in mind the unintended international consequences it may cause. In particular, displacing production from one area may cause the activity to take place in a more vulnerable area. West Africa was thought to be at particular risk from South American cartels. Indeed, the democratic infrastructure of certain African states was felt to be threatened in the long term if the economics of illicit drug trading were to be permanently re-routed there.
- (b) We need to ensure that our laws do not unfairly penalise those coerced into the drug trade, such as ‘drug mules’.

(6) In the case of illegal drugs, there is a need to differentiate between the harm caused by the drug itself and the harm caused by the illegal status of the drug, difficult though that may be.

Any proper analysis of current policy and any proposed changes must be evaluated in the light of this distinction.

(7) Policy needs to be informed by evidence – scientific, statistical, but it must also draw on foreign experience. Media bias should not inform policy.

- (a) Forsyth (International Journal of Drug Policy 12 (2001) pp.435-453) gives an indication of how media attention is biased towards deaths associated with certain drugs. In particular it shows that in the 1990s there were 28 deaths in Scotland associated with ecstasy, and 26 were reported in the press. By comparison, there were 431 morphine associated deaths, of which 6 were reported, and 30 cocaine associated deaths of which 4 were reported. In other words, ecstasy appears to be more newsworthy than any other drug.

Combined with (a), the MORI poll which suggests that the public get most of their information about drugs from the media, and (b), the fact that government refers to public opinion in determining whether the classification of ecstasy stands in need of review, the media bias in reporting more ecstasy related deaths is troubling.

- (b) The point was made that 'evidence-based policy' need not govern all aspects of drug policy. But clear distinctions need to be made about when a policy is based on scientific evidence and when it is made on the basis of a particular conception of what society should be like.

(8) The Misuse of Drugs Act 1971 is outdated and needs complete overhaul.

- (a) It embodies an over-reliance on criminalisation as the means of control.
(b) It lacks a clear grounding in evidence, and it does not achieve its objective to reduce the misuse of drugs.
(c) There is a real possibility that the current drugs control system causes more harm than it prevents.
(d) The problem is not just a matter for the Home Office and the Ministry of Justice: there is a need for an integrated policy over a number of government departments.

(9) Treatment options must continue to be available, and continue to be researched.

- (a) There is an immediate need for a more comprehensive treatment system for those within and without the criminal justice system. Bearing in mind the comparative cost of treatment and custody this is a question of reallocation of resources rather than additional spending. Research into effective treatment should continue alongside statistical research which evaluates the impacts of different treatment options.
(b) In view of the appallingly high figures for death of prisoners in the first two weeks after release, more support for this group is urgently required.
(c) The objectives of treatment must be clearly communicated. The following definition of recovery was offered to delegates:

The process of recovery is characterised by voluntarily sustained control over substance use which maximises health and well-being and participation in the rights, roles and responsibilities of society.

(10) Drugs policy needs to become a mainstream political concern, preferably above party politics. Its significance merits a complete review, to consider the national and international consequences of current policy and the legal and practical scope for change. This was seen as a job for a Royal Commission with a wide brief.

- (a) Different drugs need to be treated differently. Although there is a growing pattern of poly-drug use, it remains the case that users of one particular drug may be motivated by different impulses from users of a different sort. Policy must take into account the different drivers for the use and misuse of each drug.
(b) Delegates were presented with the following moral principle which could guide debates in this area (adapted from John Stuart Mill):

In a freedom-loving society no conduct by rational adults should be criminalised unless it is harmful to others

Irrespective of whether this is the exact principle we should adopt in the area of drugs control policy, it was suggested that political grandstanding on these issues obscures a proper debate about what values should be embodied in our response to the problems caused by drug misuse. At the same time, there was an urgent need to persuade politicians of all parties that the issues around drugs in society need to be given much more priority as the lives and potential of so many people are affected by them.

Dr Owen Gower, Senior Fellow, Cumberland Lodge