

The UK Government's New Drug Strategy: (or Spin?)

28 Feb 2008

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The governments 'new' drug strategy has caused a mixed reaction. Some mild some vehement; others have reacted with cautious enthusiasm, and a few with cynicism.

The majority who have commented have their own agenda's. The pro-druggists are professing that the 'rights' of users are being ignored and that drug related crime will soar. The 'hang em' and 'flog em' brigade will be disappointed that there is no provision for users to be taken out and shot at dawn.

This writer is appalled and baffled for the simple reason that in all sixty eight pages of the strategy there is no acknowledgement that both substance misuse and dependency are universally recognised as mental disorders. (1&2)

The inexplicable failure to acknowledge that fact is compounded by the lack of recommendations for treating it as such. There are a few references to users who have mental disorders which appear to be seeking to separate the two. Such a fundamental error, combined with the error of failing to acknowledge misuse and dependency as a mental disorder in its own right, together with failing to acknowledge that co-occurring mental disorders are common with substance misuse and dependency, thus producing the condition of comorbidity, results in the further failure of recognising that such conditions requires integrated treatment if recovery is to be achieved.

It has been clearly established that comorbidity of mental disorders and substance use disorders is widespread and often associated with poor treatment outcome, severe illness and high service use. (3) This presents a significant challenge with respect to the most appropriate identification, prevention and management strategies

In failing to meet that challenge, and subsequently failing to produce relevant strategies, the UK strategy, hailed by Downing Street as a 'comprehensive approach' is anything but comprehensive, it is therefore unlikely to be any more effective in its aims than its predecessor, although in fairness it would struggle to be worse.

There is a universal rule which indicates that fundamental errors lead to others, this latest offering from Whitehall is no exception. Indeed the errors and glaring omissions mentioned, have led to misleading statements, not the least of which are assertions claiming success of the previous strategy in a number of areas where it has failed miserably in achieving its declared objectives.(4)

One claim that is grossly misleading appears on page 6 of the new strategy:

"..use all emerging and all available evidence to make sure we are supporting the treatment that is most effective, targeted on the right users - with abstinence-based treatment for some, drug-replacement over time for others, and innovative treatments including injectable heroin and methadone where they have been proved to work and reduce crime".

Insofar as heroine treatment is concerned there is empirical evidence that it neither works nor reduces crime. The Cochrane review of worldwide trails came to the following conclusion "*No definitive conclusions about the overall effectiveness of heroin prescription is possible*". (5) There is the further failure to acknowledge that dependency, which in this case is more accurately described as addiction, is an irreversible condition, and that without abstinence the severity of the addiction will increase, that so call innovative heroin treatments simply serve to keep the dependent user locked into addiction.(6) Even more serious is the fact that it also increases the severity of addiction to the point where the free will of the addicted is eroded.(7)

Methadone treatment does not fare much better, however it has to be acknowledged that it does keep people in treatment longer and reduces heroin use. Notwithstanding that it is a highly addictive drug in its own right and it is generally conceded that the majority of those on such treatment continue to misuse other drugs, therefore it can be argued that it also keeps users locked into addiction.

So rather than using all the 'available evidence' as this so called strategy would have us believe, it is ignoring evidence from World Wide Authorities. Readers will form their own conclusions as to whether

this document is flawed and, or misleading. In either event such wilful ignoring of evidence destroys much of its credibility.

If the disregard for evidence, and the inaccurate claims made, grave as they are, were an isolated incident in the 'new strategy' this writer might be regarded by some as being churlish, regrettably this is not the case. Much is made in the document of how the strategy will bring about 'social re-integration'. In doing so it claims that that the new strategy will help "*drug misusers to overcome dependence and re-establish their lives*".

How can a strategy which fails to recognise substance misuse and dependency for what it is, a mental disorder, which is both chronic and complex in nature, possibly hope to re-integrate into society those, which the state has not only failed to treat in accordance with universal evidence, but proposes treatment that will increase the severity of the condition?

References:

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5 - Ferri M, Davoli M, Perucci CA. Heroin maintenance for chronic heroin dependents. *Cochrane Database of Systematic Reviews* 2003, Issue 3. Art. No.: CD003410 DOI10.1002/14651858.CD003410.pub2.

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Article URL: <http://www.medicalnewstoday.com/articles/98923.php>

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