



The Disastrous Outcome Of The UK Drug And Treatment Strategy

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The factual evidence in the following is confined to UK drug users and where available, accompanied by the relevant statistics from official agencies;

Background:

The UK Drug Strategy is the responsibility of the Dept of Health and is implemented by the National Treatment Agency. (NTA) It comprises four 'strands', which include, but is not limited to, reducing the supply of illegal drugs; increasing the number of people accessing effective treatment; reducing drug related crime. (1)

Key issues in the Treatment Strategy include 'Harm Minimisation' defined as 'a public health approach to dealing with drug related issues that aim to reduce drug related harm, while also promoting abstinence'. The target of which was 'to reduce drug related deaths by 20 per cent by 2004'. Key Elements of the strategy include Social Reintegration and employment. (2)

The Harm Minimisation strategy is predominantly based on substitute drug treatment. Numbers in Substitution treatment in UK in 2005 totalled 135, 000, of which 109,000 are in Methadone treatment, a highly addictive drug in itself. No figures are available for the numbers in Abstinence Focused Treatment. (3)

Outcomes related to the above: (Physical Health.)

Hepatitis C: cases among drug users have increased between 1998 and 2005 inclusive, from 4,476 to 55, 000. (4)

HIV: Cases have increased from 122 in 2001 to 4392 in 2005(5)

Drug related deaths: The NTA website claims that drug related deaths were down by 14% for 2003-4. The National Statistics Agency state that in 2004, the year by which the target was to be reduced by 20 per cent, drug related totalled 5867, an **increase** of 6% on 2003. (6)

Mental Health:

A search The Mental Health Foundation, National Statistics Agency, the DOH, and the NTA websites did not reveal any statistical information relating to the number of drug users who have co-occurring mental health problems, or what provisions, if any, there are for the long term specialised treatment necessary in such cases. (7) There is however prestigious, universal evidence indicating that as many as fifty per cent of substance misusers have at least one severe psychiatric disorder (8) There is substantial evidence that many drug users in the UK with mental health problems are in prison. The lack of resources and facilities within prisons to effectively treat their condition is failing to address their condition; consequently they are discharged back into the community with no hope of rehabilitation, thus adding to the problem (9)

Social Reintegration and Employment:

The writer was unable to obtain any statistics from the National Drug Treatment Monitoring Service, the NTA, or the 'Back2Work' websites, relating to the numbers in treatment, who had achieved either, or both.

Crime:

'Drug offences': There were a total of 178,502 drug offences recorded by police in 2005/6, an increase of 23per cent on 2004/5. (Home Office)

The NTA website claims that 'acquisitive crime is down'.

'Violent crime' which is linked to drug use increased in 2005/6 1,220.998, an increase of 2%. (Home Office.)

Violent crime against the person, also linked to drug use, showed an increase of 1% to 1, 059, 13 offences. (Home Office.)

Personal robbery: London Metropolitan Police figures 2004/5 4227 2005/6 5982, an increase in excess of 33 percent.

Treatment modalities: Notwithstanding the NTA website claim to promote abstinence, there are no reliable or independent statistics as to how many of those in treatments emerge abstinent, for how long they stay abstinent, or the numbers in treatment who were discharged abstinent and are back in treatment. Nor are there any statistics of the numbers who are in abstinence focused recovery treatment.

It is indisputable from the foregoing facts that our current drugs strategy is failing in all its objectives. In fact rather than minimising or reducing harm, it appears to be increasing it. What passes for 'Harm Reduction' is confined to Drug Consumption Rooms, Needle Exchanges, and in some instances prescribing heroin for heroin addicts, appears to be mainly confined to substitution treatment.

There is no evidence of activity to support the claim of 'promoting abstinence'. The writer posits Harm Reduction in that context is a case of treating the addiction, rather addressing the complex challenge of treating the addict. As such the scourge of addiction in the UK is not being faced up to. Quite the opposite in fact, because rather than alleviating the problem, it is growing. Not only is our society being let down but those addicted, the majority of whom claim they want to be drug free, (10) are not having their needs met.

Unfortunately the situation is likely to deteriorate even further, not least because the NTA, are not only failing in their objectives, they are in denial about their failure, seeking to hide their abysmal performance with selective, simplistic statistics, and self congratulatory press releases, whilst suppressing the facts which reveal the true nature of their expensive and catastrophic failure.

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