

**Submission to
The Home Affairs Select Committee
on the Government's drug policy
from
The United Kingdom Harm Reduction Alliance
(UKHRA)**

We wish to address two issues raised by the Select Committee:

- **Does existing drugs policy work?**
- **The effectiveness of the ten year National Strategy on Drug Misuse.**

What is UKHRA?

- 1. UKHRA is a campaigning coalition of health and social care workers, drug users, criminal justice workers and educationalists,ⁱ established in March 2001 as a direct response to inadequacies of the UK national drug strategies.ⁱⁱ**
- 2. The objectives of UKHRAⁱⁱⁱ are to:**
 - Preserve and build upon the developments of harm reduction in the UK;
 - Encourage UK governments to maintain and strengthen harm reduction and public health initiatives and to include these in national drug policies;
 - Provide support and direction to harm reduction thinking and initiatives in the UK;
 - Build a working alliance between drug users, health workers, criminal justice workers, educationalists and others committed to harm reduction across Northern Ireland, Wales, Scotland and England; and
 - Work with international and organisations in other countries to promote harm reduction.
- 3. We believe that that a drugs strategy should be based on the principle of reducing drug related harm (often known as 'harm reduction') and that policy and legislation should be judged by the contribution they make to reducing harms to individuals and communities.**

Limitations of the National Drug strategies in the UK

4. The UK national drug strategies are structured around four similar key aims, focused on young people, communities, treatment and availability. Although to some extent the prevention of individual and public harm to health is present in the national strategies (more so in Wales and Scotland than in England), **there is no key aim which brings together public health issues and harm reduction. This is a major deficiency.**

Harm reduction

5. **Between 1987 and 1997 Britain led the world in developing a harm reduction approach to drug use.** The clearest achievement was in the prevention of HIV infection among people who inject drugs (by heeding advice outlined in the 1988 report of Advisory Council on the Misuse of Drugs)^{iv}. **The UK has thus far averted an epidemic of HIV infection associated with drug injecting^v and there is evidence that harm reduction has resulted in lower rates of hepatitis C virus (HCV) infection than found in comparable countries.^{vi}**
6. **Harm reduction is appropriate for reducing potential problems with the use of all drugs** (such as heroin, cocaine and crack-cocaine, ecstasy and amphetamine type stimulants, LSD, and cannabis) and by all routes of administration (injecting, smoking, inhaling, or swallowing).^{vii}
7. **Harm reduction is a pragmatic approach that:**
 - Accepts (while not necessarily condoning) drug use;
 - Recognises the poor results of drug supply and demand reduction policies (desirable as these may be); and
 - Targets achievable changes in the way drugs are used.It is similar in principle to public health and social policy attempts to limit the potential damage from a wide range of behaviours (such as motor vehicle driving, sport and sex).

Drug policy and the National Strategy

8. **The emphasis of the current drug strategy on drugs and crime has meant that harm reduction has slipped down the agenda.** The strategy belittles the importance of the health of individual drug users: the UK Anti-Drugs Coordinator's Annual Report 1999/2000 and the Second National Plan do not mention HIV and HCV^{viii}. There has been a minimal investment in new harm reduction initiatives: £0.25m for the 'Making Harm Reduction Work' programme of seminars and materials on HBV immunisation, preventing injecting and overdose, compared with spending on new crime reduction initiatives such as £220 million for Crime and Disorder Partnerships and the £45 million anticipated cost of urine testing under the Criminal Justice and Court Services Act. **This lack of a central lead encourages local authorities to give essential harm reduction services such as needle exchange a low priority.**

- 9. In no other sector of health and social care does service provision prioritise the needs of other members of society above the health and welfare needs of its clients** (as the focus on crime prevention does with drugs). This violates the principle of providing services in ways that prioritise the needs of the patient or client and undermines the relationship between services and their clients.
- 10. A potentially dangerous situation is now present where HIV transmission through injecting drug use could rapidly escalate**, as has occurred in some other countries.^x There are indications of an increase in risk behaviours among injectors.^x Hepatitis B remains endemic among injectors, despite the availability of an effective vaccine. There is a major epidemic of HCV infection in the UK. Estimates suggest that 400,000 of the population of the UK have been infected with HCV, 80% of whom are believed to have obtained this infection through injecting drug use. The ACMD 2000 report, *Reducing Drug Related Deaths*, recognises that overdose, often involving the use of opiates in combination with alcohol and other drugs, is a major cause of premature death among drug users.
- 11. Aspects of current legislation and policy can maximise rather than minimise harm.** Examples include, the laws on drug paraphernalia, the provision in the Criminal Justice and Court Services Act to sentence people to be abstinent from drugs, the revised section 8 of the Misuse of Drugs Act in which drug paraphernalia may be used as evidence of drug use on premises, and the failure to implement methadone maintenance in prison. The climate of current policy with ‘war on drugs’ rhetoric central in 2000 to the speeches of the Prime Minister and the previous Home Secretary, is one that marginalises, excludes and scapegoats drug users. This particularly affects problem drug users who are already disadvantaged and creates a situation in which it is harder to contact and work with people to promote health. A ‘war on drugs’, is a war on *drug users* – and that is a war on a majority of the young adult population.

Summary

- 11. In the light of these circumstances we believe that:**
- **the underlying basis for all policy and legislation must be its contribution to reducing drug related harm;**
 - **measures to reduce the social, psychological, and medical harms from drug use should be an integral part of all treatment and care;**
 - **all drug users must have access to advice on how to reduce their risks of potential harms from drug use; and**
 - **all new drugs legislation and policy must be evaluated against its positive or negative impact on the health of drug users.**

12. Individual and public health should be the underpinning principle of our national drug strategy. We urge that as a minimum measure a ‘fifth’ aim should be added to national drug strategies:

- *Individual and Public Health - To minimise harm to the health of individuals and communities arising from drug use.*

13. We have set out a number of detailed suggestions for immediate policy change in the accompanying document ‘Harm reduction and the national drug strategies of the United Kingdom’.

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References

ⁱ The current steering committee is:

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Dave Robinson	The Harm Reduction Team, Lanarkshire Primary Care Trust
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Monique Tomlinson	Mainliners, London.
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ⁱⁱ Stimson, G.V. (2000) Blair Declares War: the unhealthy state of British drug policy. International Journal on Drug Policy 11, 4, 259-264.

ⁱⁱⁱ More information will be found at <http://www.ukhra.org>

^{iv} Advisory Council on the Misuse of Drugs (1988) Report. *AIDS and Drug Misuse Part 1*. HMSO.

^v Stimson G V. (1995) AIDS and injecting drug use in the United Kingdom, 1988-1993: the policy response and the prevention of the epidemic. Social Science and Medicine, 41,5,699-716

^{vi} Hope, V.D., Judd, A., Hickman, M., Lamagni, T., Hunter, G., Stimson, G.V. et al. Prevalence of hepatitis C virus in current injecting drug users in England and Wales: is harm reduction working? American Journal of Public Health 91, 38-42

^{vii} eg the Good Practice Guide on the Implementation of the Public Entertainments Licenses (Drug Misuse) Act 1997 – produced by Association of Chief Police Officers (ACPO); the extensive range of harm reduction materials for all the commonly used drugs produced by organisations such as Lifeline, HIT and Exchange Publications.

^{viii} Cabinet Office, Tackling Drugs to Build a Better Britain, *Second National Plan 2000/2001; 1999/2000 Annual Report*

^{ix} Strathee SA, Patrick DM, Currie SL, et al. Needle exchange is not enough: lessons from the Vancouver injecting drug use study. *AIDS* 1997,11:F59-65.

^x Report from the Unlinked Anonymous Prevalence Monitoring Programme (2000) Prevalence of HIV and hepatitis infections in the United Kingdom, 1999, Department of Health.