

Dealing with drug addiction

Hard to swallow – 923 words

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It is difficult to trust the policies of a government that keeps its evidence secret

LOVED ones of addicts often make the same complaint: the worst thing is the deception. By hiding their habit from the world, sufferers hurt their families; more to the point, secrecy sets back their chances of seeking treatment and recovering.

So it is with drugs policy. In July the Home Office released a suspiciously cheery analysis of its work, as part of the preparations for a big overhaul of its long-term drugs strategy that is due to be unveiled this month. The evidence was so glowing that the Statistics Commission, an official watchdog, complained that it read "more like a briefing document" than a balanced presentation. There were more hints of manipulation this week when the home secretary, Jacqui Smith, had to write to her drugs-advisory council to reassure its members that she would not ignore their views on cannabis, against which she seems determined to stiffen sanctions.

Now, new evidence has emerged of the gulf between the government's public pronouncements on drugs and its private findings. An internal report by the Treasury, seen by *The Economist*, gives a plain-spoken account of how the drugs strategy was working in 2001. Parts of the document, recently obtained by Transform, a drugs-policy think-tank, are encouraging, and some of its criticisms may have been met since then. But some still stick—and the government's reluctance to make it public sooner raises questions about its willingness to deal fairly with the facts now.

The report is kindest about treatment for drug-users, which gets five stars (the top mark) for effectiveness; three stars go to education programmes and the referral of arrested addicts. But on law enforcement, the most expensive plank of the anti-drugs strategy, things fall apart. Police-intelligence work scores two out of five, as does that of customs officers. At street level it gets worse: cracking down on drug-dealing and drug-related crime rates only one star, whereas action on "soft" drugs such as cannabis scores none at all.

The Home Office now says that it has upped its game, revamping the national serious-crime squad and referring more offenders for treatment. But it is still spouting some arguments that the 2001 report privately debunked. On intercepted imports, for example, the Treasury noted that although seizures had increased, the ever-falling price of drugs in Britain suggested that "in large measure rising totals [of seized drugs] reflect rising volumes of drug imports." Despite this, the analysis the government gave the public last year presented increasing drug seizures as evidence of diminishing availability.

Much of the 35-page Treasury report criticised the lack of rigorous analysis as to what worked. Evaluations were "process rather than output focused". On the issue of tackling the supply of drugs, it found "little evidence on the cost effectiveness of [criminal-justice] activities", and "that little we have does not offer strong support."

This might have been of interest to the voters whose money was being spent on such untested schemes. Steve Rolles of Transform says the Home Office is still sitting on two reports from last year that it deems too sensitive for release.

Yet evidence has seldom been more in demand. Though the government is unlikely to shift its stance on prohibiting most drugs whatever the evidence, its policy on treatment for drug-users, so far a relative strength, may be up for change.

At a drop-in centre in Hounslow, an unglamorous suburb in west London, clients (as the addicts are respectfully known) are relaxing with candle-lit acupuncture. Downstairs they can pick up syringes (in different colours, to avoid accidental sharing) and other paraphernalia to smoke or shoot up more safely. A centre over the road prescribes and dispenses methadone, an oral substitute for heroin addicts.

"Harm-reduction" facilities such as these have become more common under Labour, which has more than doubled since 1998 the number of drug-takers who go to them. Partly because of this, British heroin addicts are less likely to be HIV-positive than those in many countries. Yet there are hints that such thinking is falling out of favour. After it emerged last year that as few as 3% of those in treatment actually shake their habit, the Conservatives vowed "to solve addiction, not manage it" through residential courses where addicts get off drugs altogether. (As such courses cost roughly ten times more than a year of methadone, however, it is unlikely that most would have access to them.) Mike Ashton of DrugScope, a charity, cautions that the relative success of residential programmes may be due to the fact that only the best candidates are chosen for them.

A different strategy is to go farther down the harm-reduction route. One service that the clients in Hounslow are denied is a safe place in which to take their drugs; the lavatories even have locks on them to prevent illicit use. Providing "shooting galleries" where drug-users can inject themselves has been tried in some countries, to mixed reviews so far. And prescribing heroin rather than methadone might attract more drug-takers to safe surroundings, though it is dearer to procure and supervise since it tends to be injected.

It is hard to make such choices because, despite the Treasury's warnings seven years ago, much evidence is still limited to processes rather than results. That is, as far as we know: after all, the Home Office is still sitting on some of it. Perhaps the government should come clean. As the Hounslow clients are told daily, denial is not a healthy option.