

TRANSFORM

DRUG POLICY FOUNDATION

Forward notice briefing: New UK Drug Strategy Publication

The new UK drug strategy is due for publication next week, on Wednesday February 27th. This Transform briefing for journalists provides the historical and political backdrop for the new publication, a description of its likely contents, along with detailed notes and links to further information.

Transform are available for print and broadcast comment and analysis: please contact the Transform spokesperson Steve Rolles on 07980 213 943, or the Transform Office on 0117 941 5810.

A Transform news release will be published on Tuesday Feb 26th, and a commentary on the new strategy will be provided soon after it is published

For more information on Transform please visit:

www.tdpf.org.uk

Contents

Background and Summary	1
What can we expect from the new strategy?	3
Home Office claims of drug strategy success: the evidence un-spun	4
Critiques of the Home Office drug strategy consultation document	8
Suppressed reports	11
References	13

Background and summary

- The publication of the new strategy follows a consultation and review process widely condemned as a sham (see *'Critiques of the Home Office drug strategy consultation'* p.8), with Government research and cost benefit analysis that showed the strategy in a bad light actively suppressed (see *'Suppressed reports'* p.11)
- The drugs strategy consultation document¹ was devoid of any policy proposals to consult on and awash with statistical distortions and misrepresentations (see p.4); effectively a Home Office propaganda document attempting to dress up ten years of overwhelming failure as success. The document has been widely criticised: by the Government appointed Advisory Council on the Misuse of Drugs (that operates within the Home Office), by the Treasury based Statistics Commission, in Parliamentary debates, and by a wide range of NGOs in the drugs field (see *'critiques of the Home Office drugs strategy consultation'* p.8)
- A series of reports at the highest levels of Government (that despite attempts to suppress them have found their way into the public domain) reveal that the Government has long been aware of the fact that current enforcement policy is both extremely expensive and demonstrably ineffective – often creating or exacerbating many of the harms it is supposed to be addressing. These reports include a 2003 report commissioned by Prime Minister Tony Blair from the Number 10 Strategy Unit (leaked to the Guardian in 2005), and Treasury Comprehensive Spending Review reports on the drug strategies effectiveness (one of which has recently been released following an FOI request from Transform, (see *'suppressed reports'* p.11).
- Policy development including the new strategy has systematically prioritised populist political agendas over the detailed and rational analysis and recommendations emerging from not only the Government's own departmental reports and cost benefit analyses, but also work from a series of high level independent, NGO and parliamentary bodies. These include reports from The Police Foundation² (2000), The Home Affairs Select Committee³ (2002), The Number 10 Strategy Unit⁴ (2003), The Science and Technology Select Committee⁵ (2006), The Advisory Council on the Misuse of Drugs⁶ (2006) and the RSA commission on Illegal Drugs, Communities and Public Policy⁷ (2007).
- The inevitable outcome has been a new drug strategy shaped by political prerogatives rather than what everyone in the drugs field had hoped for: a meaningful evaluation of 'what works' and an honest, open and rational analysis of the various policy options. Withholding vital research, and instead hiding behind spin and propaganda is in no one's interest, regardless of ones position in the drug policy debate, and can only lead to the perpetuation of failure.

What can we expect from the new strategy?

In summary: *very little*

A series of stakeholder meetings held by the Home Office in the run up to the publication of the new document have made it very clear that the new strategy will be essentially the same as the previous one, with a few cosmetic updates and additions:

- An introduction based around the same rose-tinted spin on previous achievements seen in the heavily criticised strategy consultation document (see *'Home Office claims of drug strategy success: the evidence un-spun'* below). Expect to see something along the lines of *'despite these successes we are not complacent and aware there is more to do'*... familiar from previous drug and alcohol strategies
- The headline 'new' initiatives are likely to focus on families and children (although it seem likely budgets in these areas are being cut)
- A variety of new announcements on 'tough' or 'robust' enforcement initiatives (evidence of effectiveness will not be provided, and failure of such initiatives in the past will not be acknowledged)
- A selection of cherry picked initiatives (in 'fact boxes') that have shown some demonstrable success – deployed to distract attention from monumental failure of the overall strategy on key public health and criminal justice indicators.

Home office claims of drug strategy success: The evidence un-spun

The Government has aimed to reduce the availability of illicit drugs at street level by interventions at every stage of the production and supply chain, from crop eradication/substitution in producer countries through efforts to disrupt major trafficking networks, to handing down tougher sentences to UK street dealers. The Government has also attempted to reduce the use of illicit drugs through “*deterrence*” by criminalising and punishing users and by “*sending out messages*” about the relative dangers of different drugs using criminal justice enforcement as its primary tool. At the same time the Government has attempted to reduce the use of drugs and the harms caused by their use through education and public information, early intervention, drug treatment and harm reduction initiatives.

The Government, in the strategy consultation document, Home Office publications and (presumably) the new strategy document, claim that its approach has been a success because more drugs are being seized than ever before, more dealers are being imprisoned, more people are entering treatment, drug use is falling, and acquisitive crime is down. On the face of it, these claims look like a record of achievement. But if we examine this record more closely, the picture is very different.

Drug Availability

One of the Government's key objectives⁸ since 1998 has been to reduce the availability of illicit drugs at street level in the UK. The Government claims its current strategy has been a success because more drugs are being seized, more dealers are being imprisoned, and more criminal assets are being seized. However, these indicators reveal nothing about availability, nor do they indicate anything meaningful about the level of overall harms caused by drug use and related drug markets.

The logic behind supply side interventions generally is that if supply is reduced, drugs will be less readily available and therefore people will be less likely to use them. Likewise, the logic would appear to be that increased seizures mean reduced drug availability which translates into reduced use. These arguments do not hold up to close scrutiny. The Prime Minister's Strategy Unit concluded⁹ that sustained seizure rates of 60-80% would be needed to put successful traffickers out of business (the share of drugs seized is estimated to be about 12% for heroin, 9% for cocaine and 25% for cannabis¹⁰).

The report also concluded that, even if supply-side interventions were effective at constricting supply and increasing prices, this;

“..may even increase overall harm, as determined users commit more crime to fund their habit and more than offset the reduction in crime from lapsed users” and “reduced consumption of one drug may be offset by increased consumption of another harmful drug”.

This directly contradicts Home Office claims for the benefits of increased prices (which regardless, have never been achieved). The Strategy Unit report (phase 2)¹¹ also prominently notes that:

“Supply-side interventions have a limited role to play in reducing harm - initiation into problematic drug use is not driven by changes in availability or price:

- *risk factors - particularly relating to deprivation - are the prime determinant of initiation into problematic drug use; price and availability play a secondary role*
- *there is no causal relationship between availability and incidence; indeed, prices and incidence often fall or rise at the same time ” (p.79)*
- *“There is no causal relationship between drug availability and incidence ” (p.81 heading) ¹²*

Despite spending estimated at between 1 and 3 billion pounds a year on supply side drug controls the Government has **systematically failed to have any significant impact on the availability of illegal drugs** at street level. Drugs are demonstrably cheaper and more readily available than before, most notably for the ones that the Government has described as the most harmful and the primary focus of enforcement efforts: heroin and cocaine.

Young People / prevalence

Another key objective for the Government has been to reduce the use of Class A drugs and the frequent use of all illicit drugs amongst the under 25s, yet:

- Overall Class A drug use amongst 16-24 year olds¹³ and 11-15 year olds¹⁴ has *not* fallen since 1998.
- Significantly, for those Class A drugs widely acknowledged to be the most harmful, prevalence rates have actually increased; reported use of cocaine powder amongst 16-24 year olds has virtually doubled since 1997 - up from 3.1% in 1997 to 6.0% in 2006/07 - and reported use of crack cocaine has increased from 0.3% to 0.4%¹⁵. Heroin use increased until 2001/02 after which point it has stabilised at a historic highpoint, as well as being the highest level in Europe.
- The rapid emergence of widespread crack-cocaine misuse (and related health and criminal justice problems) has taken place largely within the lifetime of the ten year strategy.
- Reported Class A drug use by “vulnerable” young people has increased from 23.2% in 2003 to 26.6% in 2004¹⁶.

It is disappointing to see the Government claiming that “stable” levels of Class A drug use is a success. We do not believe a strategy which has resulted in higher rates of use for some of the most dangerous Class A drugs and amongst the most “at risk” groups (and prevalence rates which are at an historical high and amongst the highest in Europe) is a success.

The Government has been too quick to claim relatively modest falls in overall drug use as a success for its strategy. In fact, different drugs come in and out of fashion and levels of use fluctuate accordingly, largely independent of enforcement efforts and other policy initiatives. If, as would appear to be the case¹⁷, drug using trends amongst young people are shifting away from cannabis and ecstasy towards binge drinking¹⁸ and/or cocaine use, then this is not a cause for celebration. The continuing preoccupation with overall drug use figures will potentially distort policy priorities; they give little indication of

overall drug related harm, often suggesting improvement where more detailed scrutiny of data reveals a worsening problem.

[See Transform's 'beginner's guide to spinning prevalence data' here:](#)

Communities / Crime

The Government has been quick to claim that falls in acquisitive crime are the result of its various drug policy interventions. In fact, recorded falls in acquisitive crime are in line with long-term trends from the mid-1990s which pre-date the Government's drug strategy¹⁹. We are unaware of any data which show a causal link between the introduction and implementation of the DIP programme and falls in recorded drug related crime – yet this link is made repeatedly in Home Office literature.

Some evidence the consultation document contains is difficult to understand – for example on p.20 there is the claim that the overall level of *'drug related acquisitive crime'* has fallen by around 20%: it is our understanding from a number of ministerial parliamentary answers that the Government does not have statistics on drug-related crime (rather than acquisitive crime per se)²⁰. If a drop in crime could be demonstrated it is more likely to be related to the parallel drop in drug prices than to Government treatment interventions.

Treatment / health / drug deaths

Whilst the increased provision of treatment places and the increase in resources to drug treatment more generally has been welcome, money spent and numbers entering and retained in treatment are crude measures and tell us nothing about outcomes.

The Government infers good outcomes because of the increasing numbers of users who *"successfully complete or who are retained in structured treatment for 12 weeks or more, when treatment is more likely to be effective"*²¹. This assertion is based on the National Treatment Outcome Research Study which looked at a sample of users who entered treatment voluntarily between 1995 and 2000. However, as the NTORS study authors concede, these findings cannot be applied to people who are entering treatment today through the criminal justice system²².

The Government note that drug related deaths have fallen by 2% from 1999 (from 1,538 in 1999 to 1,506 in 2005). There are difficulties in measuring drug-related deaths²³, but latest figures show that recorded drug-related deaths are around 14% higher than they were in 1998²⁴.

Not mentioned in the consultation document is a worsening situation with regards to blood borne infections amongst injecting drug users (IDUs). The Health Protection Agency surveillance data show that syringe sharing increased in 1998 and has remained at a much higher level than in the years up to 1998. The prevalence of HIV infection amongst IDUs has also increased in recent years²⁵ reversing a decline that started in the early 1990s. Rates are highest in London with around 1 in 25 IDUs infected, elsewhere in England and Wales prevalence has risen from around 1 in 400 in 2003 to about 1 in 65 in 2005. Incidence of HIV infection is high by international comparisons. There is also

a growing understanding of bacterial infection amongst IDUs from contaminated drugs²⁶ (more than 70 individuals are thought to have died from a single batch of contaminated heroin in the UK in 2000²⁷). The risks of bacterial infection require a different and very specific public health response.

Nearly half of all IDUs in the UK are infected with Hepatitis C and prevalence has increased in recent years. Incidence of HCV infection is extremely high, with one research study showing a 40% acquisition rate over 12 months in young injectors. The transmission of Hepatitis B continues²⁸. 20% of IDUs with Hepatitis C will develop chronic illnesses, including cirrhosis of the liver and the possibility of liver failure²⁹.

Clearly, these are worrying trends and indicate that the Government has neglected a key area of public health prevention: harm reduction for IDUs has fallen off the agenda.

Critique of the Home Office drug strategy consultation document:

Advisory Council on the Misuse of Drugs

The Advisory Council is an independent body of 40 experts from across the drugs field appointed by the Government to advise ministers on drugs policy issues. It is established under the remit of the Misuse of Drugs Act 1971 and operates within the Home Office. The ACMD response to the Home Office strategy consultation introduction made the following criticism of the consultation document:

"it is unfortunate that the consultation paper's 'key facts and evidence' section appears to focus on trying to convince the reader of success and progress; rather than providing an objective review and presentation of the current evidence. The ACMD found the consultation paper self-congratulatory and generally disappointing".

[Full document here](#)

Statistics Commission

[The Statistics Commission](#) is an independent public body. It was set up in June 2000 to 'help ensure that official statistics are trustworthy and responsive to public needs', to 'give independent, reliable and relevant advice' and by so doing to 'provide an additional safeguard on the quality and integrity' of official statistics.

Following a complaint from Transform, the Statistics Commission, in a letter from commission chair Prof. David Rhind to Sir David Normington, permanent secretary at the Home Office, notes that:

- *"[the] general criticism – that presentation of the figures in the annex is designed to present Government policies in the best light – appears to have some substance"*
- *"We think that most people would expect it [the annexe to the document] to provide a balanced presentation of the relevant statistical and other evidence,"*
- *"This particular annexe is more like a briefing document. Where a target has been met or exceeded, as is the case with the target to increase participation of problem drug users in treatment programmes, this is highlighted ... but where the target has been missed or seems likely to be missed the relevant information is presented in a low-key way without acknowledging that a target exists."*
- Rhind added that *"issues of public trust in official statistics"* have recently been considered by parliament, suggesting that the Home Office should *"carefully consider"* the criticisms.

[Copy of commission letter to the Home Office](#)

[Coverage in the Guardian newspaper 'Whitehall accused of drug cover up'](#)

House of Lords debate on the drug strategy

The drug strategy was debated in the House of Lords 29.10.08. There was severe criticism levelled at the strategy consultation from two Peers on either side of the House:

[Full debate here](#)

Lord Mancroft (Conservative) on the consultation document

- *"it contains no concrete strategic proposals of any sort, and merely invites readers to agree with the details of the plan. There is a bit of fine tuning here and there, but, to tell the honest truth, there is nothing of any substance. Indeed, the foreword by the Home Secretary could quite easily be interchanged with the forewords written by the previous three authors of drug strategies—David Blunkett, Jack Straw and Michael Howard. I looked them up and read them; they are almost the same."*
- Lord Mancroft then continues, pointing out (a *'truly appalling figure'*) that the percentage of people leaving treatment drug free has fallen, and that drug deaths have increased (contrary to government claims)
- *"It is unarguable, however, that by any measure—overall drug use, drug-related crime, drug-related deaths, level of drug seizures, cocaine use, or whatever—the UK has the worst drug problem in Europe by a long measure and the second worst in the world after the United States. If the Home Secretary, as she writes in her foreword, "draws confidence from this progress", she and I have very different ideas of what constitutes progress."*

Lord Richard (labour) on the consultation document

- *"I am disappointed with the Government's consultation paper. It asked a large number of questions, all on the periphery of the argument, and failed to ask the really important ones"*
- *"On any view of the matter, the Government's drugs policy has transparently failed"*

The Drugs and Health Alliance

The Drugs and Health Alliance (DHA) is a group of organisations and individuals who support an evidence-based, public health-led approach to dealing with illegal drugs. The organisation was established in 2007, and includes Transform Drug policy Foundation, the International Harm reduction Association, Release, The UK public Health Association, and The Kaleidoscope project. See: <http://drugshealthalliance.net/> for more details

The following is from the DHA submission to the drugs strategy consultation

After 10 years there is no comprehensive evidence based review of progress with the drug strategy;

- *The consultation document is analytically and conceptually weak, poorly written, and selective in the use and interpretation of evidence and lacks clear aims, objectives and outcomes.*
- *The document does not accord with the Cabinet Office code of practice on consultation which requires that a consultation should be 'clear about what your proposals are, who may be affected, what questions are being asked...'*
- ***There are no clear proposals in the document:*** *rather there are many questions which are either in the nature of polling opinion, or could be answered by reference to the scientific literature.*
- *There is a lack of transparency about how submissions to the consultation will be analysed, collated, weighted and presented.*
- *The Prime Minister has made a series of announcements on drug policy issues specifically covered by the consultation, including cannabis classification and drugs education in schools, whilst ruling out entire swathes of policy options supported by many stakeholders making submissions, before the consultation process has even closed.*
- *Finally, the consultation document has some serious omissions. It fails to mention the most harmful consequences of problem drug use such as the risk of HIV/AIDS, and Hepatitis B and C. Harm reduction is mentioned only briefly and there are no questions about this key area of public health and drug policy*

[Full submission document here](#)

Suppressed documents

A number of Government reports that highlight failings in the drug strategy and provide a strong contrast to the rose-tinted spin put into the public domain by the Home Office have been actively suppressed. Some have subsequently emerged through leaks or FOI requests, others remain unseen.

Number 10 Strategy Unit drugs report (2003)

In June 2003 the Prime Minister's Strategy Unit produced a detailed economic and social analysis of international and domestic drug policy, at the behest of the Prime minister that showed how supply-side enforcement interventions are actively counterproductive. Put simply, the report demonstrates that:

- Drug production in developing countries has intractable economic and social causes and cannot be stopped.
- Trafficking cannot be significantly curtailed: seizure rates of 60-80% would be required to have any serious impact, and nothing greater than 20% has ever been achieved.
- Attempts to reduce drug use by reducing drug availability have failed (availability and use have risen consistently, whilst prices have fallen).
- However, by inflating the costs of a weekly habit, supply side interventions have fuelled crime amongst dependent users. The cost of crime committed to support illegal cocaine and heroin habits amounts to £16 billion a year in the UK (*this is more than the entire annual Home Office budget*)

The report was initially not released despite FOI requests from Transform. In 2005 a partial version (with the most damning sections excised) was finally released (at 5pm on the Friday before Live8 weekend). The Guardian was leaked the complete version and the story broke on its front page the following Monday, under the headline: Revealed: how the drug war failed.

[For a detailed background briefing, and summary of key content/quotes in the report see Transform's briefing here](#)

Home Office / Treasury - Stock take of Anti-Drugs Interventions and Cost-Effectiveness (2001)

"This paper meets the request in the review Terms of Reference for a stock take of existing anti-drugs expenditures and the functions and activities funded by these"

This 35 page report has recently been released following a Freedom of Information request from Transform. It reviews in detail the outcomes for each respective element of the 1998 ten year drug strategy up to 2001 and their Comprehensive Spending Review targets in relation to money spent.

The overall impression is one of quite staggeringly poor evaluation, based around ill thought out targets, themselves based on meaningless process measures or proxy measures, all built around a chaotic, rudderless, and politically shaped policy. The quality of outcomes, even based on the data available, clearly does not support the strategy as it is presented.

This is most obvious regards supply side interventions which, despite costing between 1 and 3 billion a year even in 2001, can demonstrate no evidence of effectiveness whatsoever; Independent data demonstrates clearly that drugs are cheaper and more available than ever before, a quite staggeringly poor return on the 10 -30 billion spent on trying to reduce availability during the lifetime of the strategy.

“There is little evidence on cost effectiveness of CJS activities. However, while insufficient to form robust conclusions that little we do have does not offer strong support”.

The document is in four parts (scanned pdf documents - 1 meg each)

Part 1: <http://www.tdpf.org.uk/FOI%20CSR%20part%201.pdf>

Part 2 : <http://www.tdpf.org.uk/FOI%20CSR%20part%202.pdf>

Part 3: <http://www.tdpf.org.uk/FOI%20CSR%20part%203.pdf>

Part 4: <http://www.tdpf.org.uk/FOI%20CSR%20part%204.pdf>

[See coverage in the Economist \(09.02.08\): ‘Hard to Swallow’](#)

Other reports

FOI requests by Transform for a number of more contemporary cost effectiveness reviews and value for money studies were refused during 2007 (on the spurious basis of cost) despite the crucial importance of such cost-effectiveness studies to the (now closed) strategy review process. These include:

- More recent CSR stock takes (the only one released so far was from 2001)
- The Home Office’s own ‘Value for Money’ strategy audit undertaken as a part of the review process in 2007.

Transform is now appealing the FOI decisions and will learn whether the above documents will now be release. The date for the decision is March 6th.

[Details of Transform’s FOI saga here](#)

References

- ¹ <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-consultation.pdf>
- ² Report of the Independent Inquiry into the Misuse of Drugs Act 1971 Police Foundation (2000). <http://www.druglibrary.org/schaffer/Library/studies/runciman/default.htm>
- ³ Home Affairs Select Committee, Third Report: THE GOVERNMENT'S DRUGS POLICY: IS IT WORKING? (2002) <http://www.parliament.the-stationery-office.co.uk/pa/cm200102/cmselect/cmhalf/318/31802.htm>
- ⁴ Number 10 Strategy Unit drugs reports phase 1 and 2 (2003) http://www.tdpf.org.uk/Policy_General_Strategy_Unit_Drugs_Report_phase_1.htm
- ⁵ Drug classification: making a hash of it? Science and technology Select Committee <http://www.publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/1031.pdf>
- ⁶ Pathways to Problems, the Advisory Council for the Misuse of Drugs (2006) <http://www.drugs.gov.uk/publication-search/acmd/pathways-to-problems/Pathwaystoproblems.pdf>
- ⁷ RSA commission on Illegal Drugs, Communities and Public Policy (2007) <http://www.rsadrugscommission.org/>
- ⁸ In 1998, a key target was introduced by the *government* "To reduce the availability of Class A drugs by 25% by 2005 (and by 50% by 2008)". The Home Office claimed in its 2002 Annual that drug availability is "difficult to measure". This is not the case. Trends in availability can easily be ascertained through a combination of street price data and drug purity data (both of which are routinely collected) combined with systematic surveys of drug users (not routinely collected by any Government agency). In 2002, the Key target was changed to "Reduce availability of illegal drugs by increasing: proportion of heroin and cocaine targeted on UK which is taken out; disruption/dismantling of criminal groups responsible for supplying substantial quantities of Class A drugs to UK market; and recovery of drug-related criminal assets". None of these measures are any indication of street availability.
- ⁹ No. 10 Strategy Unit Drugs Project: Phase 1 Report: "Understanding the issues" (2003).
- ¹⁰ Pudney et al, "Estimating the size of the UK illicit drug market" in N. Singleton, R. Murray and L. Tinsley (eds), Measuring different aspects of problem drug use: Methodological developments (Home Office OLR 16/06).
- ¹¹ No. 10 Strategy Unit Drugs Project: Phase 2 Report: "Diagnosis and Recommendations" (2003). http://www.tdpf.org.uk/Policy_General_No_10_Phase_2_Birt_report_briefing.htm
- ¹² see previous ref
- ¹³ According to the British Crime Survey (BCS), 8% of 16-24 year olds reported using any Class A drug in the past year in 2006/07. This is down from 8.6% in 1997, which BCS describe as a statistically insignificant fall.
- ¹⁴ Reported past year Class A drug use amongst 11-15 year olds has remained unchanged at 4.3% since 2001 (data from previous years not comparable), according to the Information Centre on Health and Social Care (NHS) Statistics on Drug Misuse: England,
- ¹⁵ Reported past year Class A drug use amongst 11-15 year olds has remained unchanged at 4.3% since 2001 (data from previous years not comparable), according to the Information Centre on Health and Social Care (NHS) Statistics on Drug Misuse: England.
- ¹⁶ British Crime Survey 2006/07.

¹⁷ Home Office Departmental Report 2006

¹⁸ 21% of 11-15 year old pupils reported having drunk alcohol in the last 7 days (their average consumption was 11.4 units). Average consumption among 11-13 year olds who had drunk in the previous week increased between 2001 and 2006 from 5.6 units to 10.1 units. Smoking, drinking and drug use among young people in England in 2006, the Information Centre for Health and Social Care.

¹⁹ The British Crime Survey recorded 11 million offences in its first year (1981). This figure rose throughout the 1980s and 1990s, peaking at 20 million offences in 1995. Since then, there has been a steady decline.

²⁰ A number of parliamentary questions have clarified that the Government does not collect data on 'drug related crime' including PQ No. 47717, PQ No.16701, and PQ No.117790 to which the current Minister with the drugs brief Vernon Coaker replied: "Data on offences of robbery recorded by the police are available from the recorded crime statistics. However, it is not possible to determine those that are drug-related as no information is collected on the circumstances surrounding the offences".

²¹ In fact, the National Treatment Outcomes Research Study, which is quoted as the source for this claim showed that better outcomes were achieved when people stayed in residential treatment for more than 90 days. With methadone, people needed to continue with treatment for at least a year.

²² We note that the author specifically warns people against misinterpreting the results because they "were obtained with a clinical sample of drug misusers who were seeking treatment voluntarily. It is not known whether such finding would have been obtained with other samples, such as drug misusers within the criminal justice system ... in NTORS, heroin users who were facing pressure from the criminal justice system at intake had worse drug use outcomes at follow up", Professor Michael Gossop, NTA Research briefing: (June 2005).

²³ The Government's figures of drug-related deaths are based on acute deaths recorded on death certificates; they do not include deaths from chronic diseases such as heart disease or from indirect causes such as AIDS or Hepatitis C.

²⁴ The Government claims drug-related deaths have fallen very slightly (the consultation document describes a fall of 2% between 1999 and 2005). According to the latest Office for National Statistics (Health Statistics Quarterly Spring 2007), drug-related deaths have actually risen by just over 10% from 1,457 in 1998 to 1,608 in 2005.

²⁵ 'Shooting Up – infections among Injecting Drug Users in the United Kingdom', October 2006, Health Protection Agency. http://www.hpa.org.uk/infections/topics_az/injectingdrugusers/shooting_up.htm

²⁶ The HPA now tries to monitor Staphylococcus aureus (including MRSA, which is found among IDUs), Streptococcus and assorted Clostridial infections that cause botulism, tetanus and were also included in the series of deaths in 2000 resulting from Clostridium Novyi. (see Shooting Up 2006, previous ref)

²⁷ see BBC news coverage from 2000: <http://news.bbc.co.uk/1/hi/health/792063.stm>

²⁸ Shooting Up – details as above.

²⁹ Godfrey et al, The economic & social costs of Class A drug use in England & Wales (2000)