

## **No 10 Strategy Unit Drugs Project Phase 2 Report: “*Diagnosis and Recommendations*”**

### **Transform Summary and Briefing**

#### **Summary**

**“Project aim: To identify the mix of policies which will substantially reduce the harms caused by drugs to users and others”**

In 2003 Tony Blair commissioned a report on UK and international drug policy from the Number 10 strategy unit. Phase 1 (overseen by Geoff Mulgan) was a detailed and devastating critique of supply-side drug law enforcement (prohibition). It showed that it is the very enforcement of the drug laws themselves that spawns most of our so-called ‘drug problems’ creating the crime that current interventions are now attempting to reduce (see Transform’s briefing on the Phase 1 report here: [http://www.tdpf.org.uk/Policy\\_General\\_Strategy\\_Unit\\_Drugs\\_Report.htm](http://www.tdpf.org.uk/Policy_General_Strategy_Unit_Drugs_Report.htm) )

Phase 2 (overseen by John Birt) totally ignored the substantive issues raised in Phase 1. Birt co-opted the exciting process of re-examination of the counterproductive nature of supply-side interventions and instead recommended a draconian, symptomatic demand-side intervention – based around ‘capturing and gripping’ high harm causing users (HHCUs) into coerced treatment aimed primarily at reducing offending. The report offers two options essentially defining different timescales for these Birt recommendations to be implemented. These recommendations went on to inform the draconian policies brought in with the 2005 Drugs Act.

#### **The report, in summary:**

- 1. Acknowledges that supply side interventions are ineffective at reducing harm but argues that they should be continued regardless**
- 2. Calls for drug seizures to be ‘proclaimed’ despite acknowledging that seizures are ineffective at reducing availability or drug harms**
- 3. Notes that increased drug availability does not increase problematic drug use – thereby torpedoing one of the central tenets of the UK drug strategy**
- 4. Analyses current intervention programmes in detail and concludes they are ineffective at reducing crime harms because too many HHCUs who come into contact with the CJS slip through the net. It suggests that planned changes (pre-Drugs Bill 2005) will only have a marginal impact**
- 5. Recommends that heroin use be criminalised, and a register of addicts be established – as a way to ‘capture and grip’ problematic users into treatment – and thus reduce offending**
- 6. Calls for an expansion of heroin prescribing.**

## Background and chronology

- In 2003 the Number 10 Strategy Unit was commissioned by the Prime Minister to produce what was initially described as '*a scoping exercise*' on illegal drugs. This was publicly known and mentioned on the strategy unit website (Transform had spoken to some of the researchers). What emerged in Phase 1 of the reporting process, titled '*Understanding the Issues*', was a thorough and clinical analysis - by some of the best policy minds in the UK - of the counterproductive effects of national and global drug law enforcement.
- The series of 105 PowerPoint slides was presented to senior cabinet members in June 2003. It was not made publicly available (unlike many strategy unit reports) and it can only be assumed that this was because its findings undermined the tenets of global drug prohibition. The UK Government is a signatory to the UN's 1998 10-year drug strategy, whose slogan is "*A Drug Free World – We Can Do It!*".
- In December of 2003 Phase 2 of the report '*Diagnosis and Recommendations*' was produced by 'blue-skies' thinker John Birt - the so-called '*Birt Report*' (its existence made public by Marie Woolf in the Independent<sup>1</sup>). Phase 1's critique of supply side interventions was sidelined, and Birt recommended an intensification of demand side measures aimed at '*gripping high harm causing users (HHCUs)*' in coerced treatment, in order to reduce property crime associated with fundraising to support a habit. This later culminated in the clauses in the new Drugs Act that mandate (with criminal sanctions including imprisonment) drug testing on arrest for certain trigger offences and mandatory treatment if positive (2).
- After a Freedom of Information request by Transform and others, approximately half of the Phase 1 report (the least controversial section) was eventually made available online – at 5.45pm on the Friday before the weekend of the Live 8 concerts. This prompted the Guardian newspaper to run a leader accusing the Government of 'Burying Bad News'<sup>2</sup>. The complete Phase 1 report was subsequently leaked to the Guardian which led with the story (Alan Travis: 'Revealed: How drugs War failed') on July 5<sup>th</sup> 2005<sup>3</sup>, making the complete report available on the Guardian website<sup>4</sup>. It was immediately clear that there was nothing in the withheld material that was a security issue, (as had been claimed by the Government) and that it was in the public interest to publish it in its entirety.
- The Drugs Bill, built around Birt's Phase 2 recommendations, was enacted in the wash up week before parliament was dissolved for the May 2005 general election. This despite the fact that the Bill was roundly condemned by all sides in every Parliamentary Committee that scrutinised it.
- The Phase 2 report remained unreleased until leaked to the Guardian in January 2006.

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<sup>1</sup> [http://www.tdpf.org.uk/MediaNews\\_LatestNews\\_19\\_01\\_04.htm](http://www.tdpf.org.uk/MediaNews_LatestNews_19_01_04.htm)

<sup>2</sup> <http://www.guardian.co.uk/leaders/story/0,,1521223,00.html>

<sup>3</sup> <http://www.guardian.co.uk/drugs/Story/0,,1521501,00.html>

<sup>4</sup> <http://image.guardian.co.uk/sys-files/Guardian/documents/2005/07/05/Report.pdf>

## Contents of the report

The report focuses on the harms caused by the population of problematic heroin and crack users who are responsible for a disproportionately large number of prohibition-related crimes, rather than questioning how prohibition has created these crimes in the first instance (as identified in the Phase 1 report)

Acknowledging that supply side interventions are futile the Phase 2 report then examines the systemic failings within the current system and argued that more aggressive demand side methods of 'gripping high harm causing users' in treatment are required if crime harms are to be reduced recommending a series of draconian measures to achieve this.

### The Report:

#### **1. Acknowledges that supply side interventions are futile but argues that they should be continued anyway**

*Under the heading 'Handling perception'(p.87) :*

*"The focus on drugs harms could lead to a perception that Government no longer cared about intercepting supply. The accusation might be made*

- that drugs would be allowed to run across borders*
- that communities would become flooded with harmful drugs*
- that lower prices would tempt recreational users into problem drug use, creating a surge in HHCUs*

*Strategy Unit analysis suggests that these risks are unlikely to materialize:*

- there is already ample supply in the UK*
- if prices did fall, harm caused by existing HHCUs would fall*
- given that there is no causal relationship between availability and incidence, there is no evidence that there would be a surge in HHCUs causing an increase in overall harm*
- Criminal networks involved in trafficking drugs would still be targeted, and drugs would be seized and proclaimed whenever the opportunity arose"*

#### **2. Calls for drug seizures to be 'proclaimed' despite acknowledging that seizures are ineffective at reducing availability or drug harms**

*"The scale of disruption required to reduce the supply of class A drugs sustainably is not achievable, even with more resources" (p.83)*

*"The balance of drug-related supply-side spend, £365m, does not produce any material payback in reducing drug harms and should be invested in other objectives, such as development, countering organised crime, failed states, drug treatment, or other public goods" (p.94)*

*"Intervention in the drug supply chain-from the producing countries, through trafficking, to wholesale and retail distribution-is expensive. Supply interruption has been ineffective world-wide in reducing the overall availability of drugs; and it has had little or no impact on reducing harms in the UK" (p.5)*

*“There is no reason not to seize drugs whenever the opportunity arises, but the drive of the police and other agencies should be to deal with the criminality of those who supply drugs, recognising that drug seizures in themselves are having little or no impact on reducing harms” (p.86)*

*“...drugs would be seized and proclaimed whenever the opportunity arose” (p.87)*

### **3. Notes that increased drug availability does not increase problematic drug use – (thereby torpedoing one of the central tenets of the UK drug strategy)**

*“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)*

### **4. Analyses current intervention programmes in detail and concludes they are ineffective at reducing crime harms because of poor treatment outcomes and too many HHCU who come into contact with the CJS slip through the net.**

*“The treatment regime in the UK, however has not overall had a substantial impact on reducing harms” (p.24)*

*“Most users reach the point, however, when the impact of drug-taking on their lives (the strain of committing crime; the pain of deteriorating partner and family relationships) creates a desire to lose their habits. BUT, whatever the intention, problem drug use is, unfortunately, a chronic relapsing condition*

- *most users experience a continuing cycle of treatment, followed by relapse, followed by a return to treatment*
- *nearly half of all HHCUs engage with treatment each year, but most do not stay for long*
- *even the minority of users who achieve long term abstinence have on average 4-5 treatment episodes before becoming abstinent*
- *long term abstinence rates world-wide are broadly similar to the UK rate of around 20%” (p.16)*

### **5. Recommends that heroin use be criminalised, and a register of addicts be established – as a way to ‘capture and grip’ problematic users into treatment – and thus reduce offending.**

*“Heroin use would be made an offence on a par with heroin possession (which currently carries a maximum seven year sentence).*

*HHCUs who test positive would be required to face an assessment from a National Drugs Service case worker; refusing the test or the assessment would be an offence”(p.45)*

## 6. Calls for an expansion of heroin prescribing.

*"In principle, there is a strong rationale for a more widespread use of heroin prescription in the treatment system*

- *around 260,000 heroin users have serious habits which are predominantly funded through crime*
- *it is better to draw those users into an environment*
  - *where they can inject safely*
  - *where they can be persuaded to move down the pathway towards abstinence*
- *it is also better to provide heroin freely to those users than to have them commit crime to buy it. (p.58)*

### Key discussion points

- There is a logical discontinuity between the Phase 1 and Phase 2 reports. Phase 1 acknowledges the historic failure of supply side prohibitions and explains how these have actively increased harms by inflating drug prices, thus creating the criminal market and stimulating offending amongst users. Rather than engage with this underlying problem – that a criminal justice based (prohibitionist) approach creates crime harms – Phase 2 suggests a symptomatic response – using the criminal justice system to force offenders into treatment aimed primarily at prohibition-related offending. The lack of engagement with alternatives to prohibition (some genuine blue skies thinking) demonstrates the politically blinkered nature of Birt's response to the Phase 1 analysis.
- The call to '*proclaim seizures*' (under the heading 'handling perception' p.87) despite having acknowledged in the previous page (p.86) that '*drug seizures in themselves are having little or no impact on reducing harms*' is cynical in the extreme. This is, however, exactly what has happened with the recent Home Office propaganda blitz to persuade us that the drug strategy is working - with a range of expensive and glossily produced materials that repeatedly proclaim in bold headlines '*there have been record seizures of class A drugs*'. These statements come under headings such as '*We have all made significant progress*', '*delivering the difference*' and on cd-roms titled '*everything you'll need to tell the real news*'. The (non Orwellian) reality is that both Phase 1 and 2 reports acknowledge seizures and other oft proclaimed supply side interventions have no impact on availability. Disrupting criminal gangs, asset recovery and are ineffective and even if they were, the reports state clearly that harms would increase. Availability, as acknowledged in both reports, has increased and prices have fallen.
- The repeatedly made observation, that "*There is no causal relationship between drug availability and incidence*" (p.81), (backed up with convincing evidence), completely undermines one of the central tenets of the drug strategy – that reducing availability will reduce use and therefore harm. Not only does the report argue that reduced availability will increase harm (by inflating drug prices and therefore stimulating crime), but this observation undermines the Governments key argument against legalisation and regulation – that it would increase availability in turn increasing use and therefore overall harm.

- The heavy emphasis of current policy on coerced treatment (which the recommendations in this report seek to significantly expand) raises important questions about the effectiveness of such interventions. The extremely poor outcomes of DTTOs<sup>5</sup> and similar schemes, as reviewed by various bodies in the past few years suggests this is not a productive way forward. The impressive savings predicted by Birt (£8 bn a year in crime costs) are only relative to the approximately £16 billion a year in crime costs created by prohibition in the first place.<sup>6</sup> All the evidence suggests that having treatment available according to need, that is voluntary, decided by doctor and patient, and not enforced with urine tests and threats of imprisonment for breaches, will always have better outcomes and should be the focus of treatment spending.
- The one recommendation in the Phase 2 report that Transform unambiguously supports is the call for an expansion in heroin prescribing. However this plays a distinct second fiddle to the draconian demand side crackdowns Birt recommends. This is shown by the glacial pace of implementation of this well evidenced initiative. This inertia demonstrates the default position of the Government towards tough sounding policies and away from the contentious area of regulated supply of drugs – regardless of evidence of effectiveness. It is also a reflection of the fact that the drugs brief is held by the Home Office when it should be the responsibility of the Department of Health.
- Finally it is crucial to recall that the Phase 1 report demonstrates how the enforcement of supply side prohibitions actively creates harm, both health harms and crime at all scales. Until the government is willing to consider alternatives to prohibition including the legal and regulation of prohibited drugs, policy responses are restricted to rearranging the deck chairs on the Titanic.

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<sup>5</sup> A national audit office report 2004 ‘Drug Treatment and Testing Orders: Early lessons’ found that 80% of offenders on the orders had re-offended within 2 years.

<sup>6</sup> See ‘The limits of harm reduction and treatment’ chapter 2 ‘After the War on Drugs Options for Control’ at [www.tdpf.org.uk](http://www.tdpf.org.uk) for more detailed discussion.