

SWEDEN. WORLD FORUM AGAINST DRUGS SPEECH

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INTRO

Thank you. It is a great pleasure to be here. I am delighted to see so many colleagues from all over the world – I feel already humbled by the collective experience and insights in the room. Welcome to you all and thank you for inviting me to join you. I think it's extremely important that we all share our experiences, evidence and best practices and learn from each other.

OVERVIEW - DRUGS POLICY A FAILURE?

As the lead on the UK's drug strategy –covering our action across the whole of government from prevention to health to enforcement to tackle the harm from drugs – I thought I would talk a bit about our learning and our approach - some of the successes that we have had in the UK and the challenges that still remain. But before I start I should probably declare whether I think I am, and the policies I lead are, and in a sense whether we all in this room are, a failure or not. For there has been a lot of noise from some which you will all be familiar with about drugs policy having 'failed' –and calls to abandon approaches. So has our balanced drugs policy of control alongside prevention and treatment failed? Well the evidence is telling its own story.

We've invested in the collection of information from multiple sources on different aspects of drug use and harm. Although we won't claim success when there is still so much harm from drugs the numbers and evidence show encouraging signs of change:

- We should start by remembering that the vast majority of people do not take drugs

- England and Wales has around the lowest recorded level of drug use in the adult population since our measurements began in 1996. Individuals reporting use of any drug in the last year fell significantly from 11.1% in 1996 to 8.8% 2010/11.
- We have also seen a substantial fall in the use of cannabis from 9.5% to 6.8% and although there has been an increase in individuals using cocaine in the longer term there are signs that this too is starting to decline with a significant reduction in powder cocaine use between 2009/10 and 2010/11.
- This scale of reduction is also mirrored in younger adults aged 16-24 where there have been significant reductions between 1996 and 2010/11 in the use of any drug, any class A drug and any stimulant drug. The use of cannabis in the last year for example reduced from 26% to 17.1% over this time period.
- Drug use among school aged children in England has also reduced. In 2010 12% reported taking drugs in the last year compared with 20% in 2001.
- We have also seen the first significant drop in estimates of the number of heroin and/or crack cocaine users in England [from 321,229 in 2008/09 to 306,150 in 2009/10]. There are also strong signs that young people are not starting to use heroin and crack cocaine to the same degree as previous generations with significant drops in the number of heroin and/or crack cocaine users under the age of 35 and the number of young people aged 18-24 presenting to treatment for opiate use more than halving from 11,309 in 2005/06 to 5,532 in 2010/11.
- The use of drugs is down, but still too high. So – I am not going to claim success. Nor can I claim we can link every intervention to every result. But we have a lot to contest the notion of failure. And I want to focus on what we think works and believe we should focus the debate on the evidence and how we can do more of what works.

OUR APPROACH

So, what lies behind our approach?

BALANCED APPROACH

Firstly, our strategy is committed to a balanced approach – covering restricting the supply of drugs, reducing demand and building recovery: supporting people to live free of drugs. And we take the principle of shared responsibility seriously – both in reducing demand at home and supporting efforts overseas.

Drugs use is a complex policy issue and at its heart is about individuals and communities. Single policy responses will fail to address this complexity. The use of illegal drugs causes significant impact to the social and economic well being of the UK. Our last estimate (which we are updating) put the cost to the UK of harm of the illegal drugs market was approximately £15.4 billion per year (to put this in to context this is more than our entire police budget). Tackling drugs requires tough enforcement alongside individual centred policies to prevent addiction, reduce harm and help those recover.

And we know the vast majority of the public are on our side in controlling illicit drugs. Both in terms of not using drugs, but also on the acceptability of drugs in society. In the UK, almost two-thirds (65%) thought that it was never acceptable to take cannabis occasionally. Around nine in ten adults (91%) thought it never acceptable to take cocaine occasionally; and the vast majority (98%) thought it never acceptable to take heroin occasionally.

Communities do not want to be blighted by the effects of drug misuse and drug dealing. We estimate that drug users commit about a third to half of all acquisitive (burglary, theft) crime. Our research says that treatment works and reduces wider societal harms- for every £1 spent on drug treatment £2.50 is saved to society. We have expanded treatment capacity on the basis of good evidence and are now seeing better outcomes than ever before. But this is not an either / or of treatment or a criminal justice response. We are effectively using the Criminal Justice System to divert drug users into treatment – 30% of treatment referrals come from the Criminal Justice System and we know that there is no difference in user outcomes between those referred in to treatment by the CJS and those self-referred. The UK Drug Intervention programme – DIP - provides a core part of the referral system; in

2010/11 14% of new treatment journeys were a result of arrest referral/DIP. This looks wider for indicators and opportunities to use the CJS to get people in to treatment. Offenders arrested for 'trigger offences' such as burglary or theft are tested and referred in to treatment to cut their addiction and drive to offend. We estimate this approach reduces almost 680,000 crimes a year. Rather than being at opposing ends of a policy debate criminal justice and treatment interventions deliver positive outcomes together.

Of course, our efforts to tackle drugs do not stop at the UK border. We are firmly committed to **working with international partners** to ensure the presence of tough and focussed enforcement efforts to disrupt traffickers at source or in transit countries.

We can only take on the drug traffickers if we do so together, sharing experiences, information and intelligence.

Drug traffickers are opportunists. They spot gaps and exploit them. We need to help each other to identify those gaps in capacity and to work together to address them.

Between us we have a great deal of experience and expertise. We should do more to focus that expertise to ensure that our counter narcotics capacities are strong and comprehensive at *all* points along *all* drugs routes – whether that be heroin from Afghanistan, cocaine from Latin America or new psychoactive substances ('legal highs'), precursor chemicals and cutting agents from China and India.

We've had a great deal of success, but more is needed. The key to unlocking that success is collaborative and comprehensive cooperation.

TREATMENT - RECOVERY

Secondly, one of the key aims of the UK Drug Strategy has been to move our approach to a recovery focused system. This is a fundamental shift in attitude in the UK, and one that we will continue to build on. We have a well developed treatment system and are changing the commissioning models to incentive supporting people to become free from addictions rather than continue to pay for failure. We are

piloting new models of paying providers by the results so that treatment providers will only get the full funding if they achieve success tackling the users dependency, offending and improving their health.

Our latest findings show promise . Recent findings from the National Treatment Agency show that there has been a jump in the number of people completing treatment: [27,969 this year compared to 23,680 last year], an annual increase of 18% (and a 150% increase since 2005/06). We have also seen a fall in the number of people entering treatment for addiction to illegal drugs, including a reduction of almost 10,000 in the number of heroin and crack users coming into treatment in just two years. We believe this is due to less demand for services rather than a lack of access to services – the average wait for treatment is now only five days.

EVIDENCE AND DATA

Thirdly we have invested in the collation, analysis and dissemination of evidence and data and we use that evidence in our policy making. Better information is crucial to understanding the current situation, future scenarios and potential responses. In the UK, we are developing for the first time an evaluation framework across our whole drugs strategy - which sets out the existing evidence base and the gaps where better evaluation is required. And crucially it will help us to assess the effectiveness and value for money of our Drug Strategy. As every government faces tough budget choices it's critical we understand the value for money return on our interventions.

I would gladly share our findings with a wider audience and would encourage others to share their evidence so that we can learn from each other – what works, what we should do more of, what is having the biggest impact. Wouldn't it be great if we could focus the global debate on drugs on building and using our evidence to reduce harm rather than polarised policy arguments.

NEW CHALLENGES

We are starting to turn the tide on drug use, but we need to ensure we keep ahead of new challenges.

The UK has seen - along with many other countries - a new and emerging phenomenon – the rapid increase in the availability of a wide variety of new psychoactive substances (mostly synthetics). They are often referred to as “legal highs” – but we should be clear that these are drugs, some with known harms, but more often with unknown harms. I think as an international community, we must improve our messaging on these substances and the way we convey the risks and the legality to the public and in particular young people. We cannot simply say that legal = safe and illegal = harmful.

These substances came to prominence in the European community in the mid 1990s but the issue has now intensified quite dramatically, particularly with the use of the internet as a tool for the sale and information sharing about these drugs. Since January 2011, the UK has identified 18 new psychoactive substances, some already controlled substances, but not ever seen before in the UK. Few have taken hold in the market but they can spread rapidly – mephedrone in a matter of just a few years become the second most popular drug amongst under 24 year olds in the UK (behind cannabis, alongside cocaine).

To date, the UK has taken a range of action in tackling new psychoactive substances. We have improved our knowledge through developing early warning systems. We have continued to introduce generic drug legislation to help combat those that look to circumvent our domestic controls. We are taking action against the internet trade. The Serious Organised Crime Agency – SOCA - working with industry partners, has taken action against websites which continued to advertise mephedrone and naphyrone for sale following their respective bans. In 2010/11 over 120 websites were closed as a result of SOCA action, disrupting the supply of these drugs.

Last year, we also introduced new legislation which allows us to bring a substance under temporary control - with criminal offences and significant penalties targeted at distributors and sellers of these drugs - while we consider further the harms it poses.

Last month, the UK used the temporary class drug order for the first time – when methoxetamine, an analogue of ketamine, became a temporary class drug following

our concern – supported by our experts - about its toxicity and increasing availability in the UK.

And we are adapting the balanced approach to put prevention, treatment and enforcement together.

Last week, we published our own new psychoactive substance action plan. It draws on the balanced approach - adapting it for these drugs and substances that can often bypass traditional production and supply routes and potentially open up new markets of new users. In it, we reaffirm our commitment to keeping the effectiveness and impact of our legal framework for new psychoactive substances under review and consider new evidence on what works, including the use elsewhere of different types of legislation, for example analogue legislation. We will also consider consumer protection type legislation – as this may have a greater role to play in responding to new psychoactive substances, alongside action to control substances where there are concerns of harms. And we want greater information and education for the public about the harms of these drugs.

We also want to take decisive action and work with partners across the world now to get ahead of these new substances. At the UN recently we co-led a new resolution to encourage the international community to tackle the threat from new psychoactive substances, improve their monitoring, research, analysis and forensic capability and share this information with each other.

CONCLUSION

So in summary we believe we have made some positive steps and have had some success. But we still have a long way to go. We just published our priorities for the drugs strategy this year and would like to learn from others and discuss approaches, building on evidence of what works.

In the UK, fewer people are taking drugs, more drug users are recovering from addiction, fewer need treatment, and more are getting over their addiction quickly. This isn't about passing and failing. It's not a choice between legalisation and harsh punishments or between harm reduction and recovery. This is about protecting the public from harm and supporting those that do misuse drugs to recover from their

dependence. In essence it is the two most critical elements of government responsibility – protecting its citizens from harm and enabling all to contribute to society. We have a lot still to achieve and I look forward to listening and learning from your experiences and working together on these issues in the future.

Thank you very much.