[1] Institute of Epidemiology and Health Care, University College London, London, UK

[2] Release, London, UK

[3] School of Social Policy, Sociology, and Social Research, University of Kent, UK

Correspondence to: A Winstock
a.winstock@ucl.ac.uk

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# Another drug strategy for the UK

## New promises, old contradictions

Adam Winstock, [1] Niamh Eastwood, [2] Alex Stevens[3]

In 2017, we described the previous UK drug strategy as full of "false claims and empty promises."[1] The new 10 year strategy,[2] announced in early December, brings much needed money to rebuild drug treatment services but lacks any real reform. Despite repeated calls from experts and politicians to adopt a new approach,[3-6] the plan does not mention drug consumption rooms or heroin assisted treatment, and the only reference to decriminalisation of drug possession is an unfounded statement that it would lead to increased drug use.[7]

The strategy comes after a decade of defunding that has led to loss of a skilled and dedicated workforce, followed by substantial increases in drug related deaths.[8 9] Although enforcement and abstinence seemed to take centre stage in the government's announcement of the strategy, most of the new money is to be spent on a "wide range" of treatment options and implementing recommendations in Carol Black's report on delivering evidence based treatment.[10] This offers the opportunity to improve outcomes for those who are dependent on drugs, with £780m (€920m; $1bn) of new funding to invest in treatment over the next three years in England. The treatment sector will have to deliver on reducing crime and deaths or risk losing this funding at the end of three years. But this will take more than money.

With its cross-governmental approach, the new strategy is strongly reminiscent of the first drug strategy in 1995, which also promised to combine law enforcement to reduce supply and demand with efforts to prevent and treat drug use through interdepartmental collaboration.[11] Subsequent strategies added attention to crime reduction and the promotion of recovery,[12] which carry through into this new document. A more robust, evidence informed, well resourced treatment sector delivering better health outcomes will partly achieve the strategy's aims. While many will be disappointed by the government's unwillingness to accept that current drug laws compound social disadvantage, erect barriers to people seeking help, and worsen health outcomes, we must make the most of the funding provided.

## Barriers

For too long, many services have taken a paternalistic approach to patients, placing onerous conditions on opioid substitution therapy and viewing people who are dependent as untrustworthy and inherently criminal. Treatment must be easier to access and more attractive to stay in. Over half of people who die from opiate related causes have not been in contact with drug treatment services in the previous five years.[13] Services must radically change their approach, embracing harm reduction, involving people who use drugs in their service design, and treating patients with dignity and respect.

Unhelpful ideologies, pervasive throughout the strategy, may severely limit the effect of any new investment, however generous. Stigmatising language and the exaggeration of the role of drugs in criminality, for example, are especially visible in the prime minister's foreword. The strategy promises to expand drug testing on arrest and to create "tough consequences" for people who refuse to engage with treatment.[14] Treatment providers will find this ethically difficult to reconcile with the principle of informed consent.[15]

The attention given to deprived areas, vulnerable families, and children, recognising the links between poverty and drug dependence and the complex interplay between drug use and both mental and physical health, is welcome. Where services will recruit the required trained workforce from is unclear, however, given the shortages identified in the Black report.

Investment in care within prisons is important, though spending £4bn to expand the prison system is highly questionable, given the lack of evidence that sending more people to prison reduces crime. Prison treatment services should not follow ministers' preferences (again unsupported by evidence) for early weaning from opioid substitution therapy. Access to opioid substitution therapy in prison reduces the odds of dying from drug related causes after release by about 85%.[16] Promised investment to reduce homelessness and offer education and employment opportunities will be crucial to support recovery.

The new strategy is rooted "unashamedly" in the belief that "illegal drug use is wrong and unlawful possession of controlled drugs is a crime." The idea that such moral judgments and punishment reduce drug use and related harms has often been challenged[17] and is currently being investigated through the Global Drug Survey.[18] The strategy promises to use evidence but ignores multiple studies showing that criminalising people reduces access to vital opportunities in employment and education,[19] continuing the contradictions embedded in previous drug strategies.[20]

To get beyond repeated cycles of self-contradictory plans, we must change how drugs are viewed, not simply add to the budgets of police, prisons, and treatment services. This strategy once again misses the chance to change the conversation fundamentally. In the meantime, we must strive to ensure that the opportunities to reduce deaths and

other harms provided by the new funding are fulfilled ethically and effectively.

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