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## **Worth a Try? The Evidence for a Trial of Drug Consumption Rooms in the UK and the Politics Against**

The Independent Working Group on Drugs Consumption Rooms produced its report in May 2006. This paper describes the political context of the time and analyses the reactions of the Government and the media to the report's recommendations.

### **The drug policy context in the UK**

#### *The historical context*

In the past, the UK has been in the vanguard with regard to the introduction of harm reduction measures and, as a consequence, has been remarkably successful in controlling the spread of HIV infection among people who inject drugs. The UK's first and only major epidemic of HIV among injectors occurred in Edinburgh and Dundee in the early 1980s. By 1985 and 1986 there was increasing concern in Government and in drugs services that HIV might rapidly spread to the rest of the UK's injectors (Stimson 1996). There followed a rapid introduction of a range of harm reduction measures. This included syringe exchange, the social marketing of safer drug use, and expansion of methadone coupled with improved access to services and treatment, voluntary testing and counselling for HIV, and outreach to drug users in the community.

These developments were given momentum by the report of the Advisory Council on the Misuse of Drugs, *AIDS and Drug Misuse* (ACMD, 1988): 'We have no hesitation in concluding that the spread of HIV is a greater danger to individual and public health than drug misuse... We must therefore... work with those who continue to misuse drugs to help them reduce the risk involved in doing so, and above all the risk of acquiring or spreading HIV.'

#### *The current Drug Strategy*

Harm reduction is a key part of the UK Drug Strategy. The main aim of the Updated UK Drug Strategy (2002) is '**Reducing the harm** that drugs cause to society – communities, individuals and their families', although the Government uses the phrase to encompass enforcement, prevention and abstinence. A 'Drug Harm Index' has been developed to measure the Government's

target of reducing drug-related harm (MacDonald *et al.*, 2005), which include blood-borne viruses and drug-related deaths – as well as crime. DCRs therefore have the potential to contribute towards some of the Government's goals

### *The Home Affairs Select Committee*

The IWG report was not the first time that a body had recommended the setting up of injecting rooms to the UK Government. In 2002, the Home Affairs Select Committee<sup>1</sup> recommended that:

...an evaluated pilot programme of safe injecting houses for [illicit] heroin users is established without delay and that if, as we expect, this is successful, the programme is extended across the country.

The Home Office's evidence to the HASC had already made clear the Government's opposition to DCRs on a number of grounds (Home Affairs Committee, 2002):

- 'International legal position means that the rooms could be (but have not been) open to legal challenge.
- The Government could be accused by the media and others of opening "drug dens".
- No guarantee that public or political tolerance will be the same as Switzerland.
- Will directly increase health service costs as they would be a new service provision requiring additional capital and revenue costs.
- Still leave the possibility of unsafe injecting during the hours they are closed.
- There may be problems in some areas on occasion with drug dealers congregating near to venues, leading to reduced local tolerance for the presence of injecting rooms in their neighbourhood.
- Likely to raise the issue of policing low level dealing in the vicinity of injecting rooms.'

The Home Office statement went on to explain that 'the current Government position is that injecting rooms for illicit drugs should

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<sup>1</sup> A cross-party group of politicians charged with examining aspects of Home Affairs policy.

not be introduced in this country whilst we have no evaluations of those developed in other European countries.’

Consistent with this position, the Government’s response to the Home Affairs Select Committee’s recommendation to set up pilot injecting rooms was rejected.

### *Problems in the Home Office*

So the IWG’s recommendations came out against this general policy backdrop. However, Governmental responses to sensitive issues are not just dictated by the priorities in that particular area of social policy. They are also dictated by the political well-being of individual politicians, Government Departments – and, indeed, the Government as a whole. The IWG was unfortunate in this respect, as its report came out when the UK department for home affairs, the Home Office, was reeling from one high-profile crisis to the next.

The current Home Secretary (the Government minister in charge of the Home Office), John Reid, had only taken up his post less than three weeks before the IWG report came out. He replaced the former Home Secretary, Charles Clarke, who had been ousted in the radical ministerial reshuffle that had followed the Labour Party’s heavy losses in the local government elections. Clarke had only been in post as Home Secretary for less than 17 months, during which his position had been greatly weakened by the public scandal surrounding the failure of the authorities to deport foreign national prisoners on release from prison. The Home Office’s inability to trace some of the most serious offenders caused considerable embarrassment. Moreover, Charles Clarke had himself only taken over the job of Home Secretary following the widely-publicised problems in David Blunkett’s personal life, which culminated in his resignation in December 2004, following the fast-tracking of a visa application for his ex-lover’s nanny.

Another running sore afflicting the Home Office over this period was the classification of cannabis. Cannabis had been moved from Class B to Class C in January 2004 by David Blunkett, amongst a cacophany of complaints and dire warnings from the media. Following a wave of panic surrounding the links between cannabis (in particular ‘skunk’) and schizophrenia over 2004-5, the following Home Secretary came under increasing pressure to move cannabis back to Class B (despite a lack of evidence that this

would make any difference to the consumption of cannabis – or even the policing of cannabis). Clarke referred the issue to the ACMD and eventually accepted its recommendation that cannabis should remain a Class C drug in early 2006. Again, the media had a hay-day.

So it had been a time of great turmoil at the Home Office – hardly an environment that was likely to foster an open-minded and evidence-based response to a highly sensitive drug policy issue.

### **The Origins of the Independent Working Group (IWG)**

The germ of the idea came from a conversation between the authors in April 2003 in a café in Vienna, at the time of the mid-term review of progress made towards the 1998 UNGASS commitments. One of the authors had recently completed a review of the effectiveness of harm reduction measures, which had been conducted in order to try to inform this UN review. Faced with the improbability of having any influence on these proceedings, discussion turned to the policy context in the UK. In thinking about the evidence-base and the particular drug-related problems encountered in the UK, we felt that DCRs seemed like the logical next step for harm reduction policy.

On returning to the UK, a seminar was organised by the Joseph Rowntree Foundation (JRF) to consider the issue, chaired by an influential person in the drug field, Dame Ruth Runciman, and involving people from health services, Government, the police, academia and user groups. While concerns were expressed at this meeting about the legal status and effectiveness of DCRs, there was a consensus that there was sufficient merit in the idea to warrant further exploration.

As a result, the Independent Working Group (IWG) was set up by the Joseph Rowntree Foundation in December 2003. It was recognised at the outset that the membership of this group would be crucial to its influence. Dame Ruth Runciman chaired the IWG and its membership included a barrister, a very senior police officer, a GP consultant, a health service Chair and three of the most senior professors in the drug field.

The IWG's aim was to take an objective and evidence-based approach to the question of whether there was the potential for

DCRs to have a significant impact on the private and/or public harms associated with drug use in the UK. A number of literature reviews and two primary research projects were commissioned to inform the IWG and it met regularly over a 20 month period. Its final report was published in May 2006.

### *IWG's Recommendations*

The detailed conclusions and recommendations of the IWG are available elsewhere

(<http://www.jrf.org.uk/bookshop/details.asp?pubID=785>) but to summarise: the IWG concluded that many of the harms associated with injecting drug use in the UK, such as drug-related deaths; health problems associated with injecting; injecting in public places; and drug-related litter could be addressed by DCRs. Moreover, having reviewed the evidence of effectiveness, it was concluded that well-designed and well-implemented DCRs should have a significant impact on some of these drug-related harms. The IWG therefore concluded that there was sufficient evidence to warrant the piloting of DCRs in the UK. While, ideally, this piloting process would be supported and co-ordinated by central Government, if it was unable to play this role, local agencies should set up local projects where it was in the public interest to do so.

### **Political response to the IWG's report**

Every attempt was made to prepare the way for a positive response from the UK Government. A year beforehand, a letter had been written to the Home Secretary (Charles Clarke), informing him of the work of the IWG. The response stated that the Home Secretary had 'indicated that he will ask the Advisory Council on the Misuse of Drugs<sup>2</sup> to consider the report's findings and advise him accordingly.'

A month prior to the report's publication, Dame Ruth Runciman had meetings with officials in the Home Office and Department of Health to brief them on the content of the report and discuss the possible political responses. Again, it was thought that the likely course of action would be for the report to be referred to the ACMD.

However between these briefings in April and the launch of the

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<sup>2</sup> A body of independent experts charged with the task of providing advice to Government on a range of drug policy issues.

report in May, the Government suffered disastrous results in local government elections, the Home Secretary was replaced and calls started being made for the prime minister to name his resignation date. Moreover, the row over undeported foreign prisoners was escalating, with the number being revised upwards and the realisation that serious violent offenders were among the released. The newly-arrived Home Secretary, John Reid, described sections of the Home Office as 'not fit for purpose.'

The political signs at the time of the IWG report's launch could not, therefore have been more inauspicious and, unsurprisingly in retrospect, the Government's response was confused but negative. Initially the response put out by the Home Office press department was that the Home Office would consider the report. However, later the same day (23 May), the Parliamentary Under Secretary at the Home Office, Vernon Coaker, appeared on television where he stated that 'drug consumption rooms do not form any part of our strategy' and that:

The reasons for rejecting it in 2002 are as valid today - the risk of an increase in localised dealing, anti-social behaviour and acquisitive crime

A further indication that the Home Office was in some disarray stems from the fact that the last of these reasons, acquisitive crime, did not appear among the arguments against the idea put forward by the Government in 2002 (Home Affairs Committee, 2002, p.226-7).

As a sign of the political times in the UK, it was the leader of the Conservative party, David Cameron who gave a more positive reaction. Asked whether he backed the IWG recommendation to pilot DCRs, he responded thus: 'I certainly would not rule them out because anything that helps get users off the streets and in touch with agencies that can provide treatment is worth looking at.' Likewise the shadow home affairs minister was reported as saying 'We do not rule out [these] recommendations. If this is to take place in a controlled environment and is to be used as a stepping stone to actually getting people off drugs, we will look at this carefully.'

There is an interesting backdrop to these comments. David Cameron was a member of the Home Affairs Select Committee

which recommended the piloting of injecting rooms in 2002. He appears to have been fully supportive of the idea, having voted against a proposed amendment which would have led to the dropping of this particular recommendation (Home Affairs Select Committee, 2002). In this light, his carefully positive comments are less surprising.

### **The media response**

A press release was put out by the Joseph Rowntree Foundation on 22 May 2006 and was followed by a strong wave of interest from newspapers, television and radio. Most of the national daily newspapers covered the story on the following day. There was considerable variation in emphasis and language from, for example, the *Guardian* headline: 'Heroin Addicts could Inject Themselves at Supervised Centres in Police-backed Plans' to the *Sun* headline, referring to support for the idea from David Cameron: 'Cam up for junkie galleries.'

The fact that the IWG membership had included a senior police officer clearly brought some respectability and weight to the IWG's recommendations in the eyes of many sections of the media. The *Daily Telegraph* opened its story as follows:

Drug addicts should be allowed to take heroin, crack cocaine and other illegal drugs in legalised rooms run by the Government, says a group of experts who include one of Britain's most senior police officers.

The *Guardian* and the *Daily Mail* also put a strong emphasis on the police backing for the proposal. The fact that Ruth Runciman had chaired the IWG also appeared to give the report 'standing': the otherwise, largely hostile *Daily Mail* referring to IWG being 'headed by the highly influential drug reformer Dame Ruth Runciman'.

Some of the language used in these articles was pejorative. Half of the national newspapers referred to 'shooting galleries', including the *Times*, and two (the *Mirror* and the *Daily Mail*) referred to 'junkies'.

However, the key conclusion from a more detailed analysis of the national newspaper coverage was that nearly all of these articles reported a number of the IWG's recommendations more or less

accurately and included a description of the potential benefits of DCRs.

There was also a lot of coverage in local newspapers, some coverage on national television and radio - and almost blanket coverage of local radio. The story also ran in a range of specialist publications, such as the *New Statesman* and *Nursing Times*. However, one of the most influential pieces was an editorial in the *Lancet*, which went on to be quoted elsewhere. Referring to the comparatively high rate of drug-related deaths in the UK and the Government's rejection of the Home Affairs Select Committee recommendation for pilot DCRs in 2002, the editorial concluded:

After 4 years, and thousands of needless drug-related deaths, a thorough trial of DCRs is a requirement the Government cannot afford to refuse a second time.<sup>3</sup>

## **Conclusions**

It is interesting to speculate on why the Government responded in the way that it did. There are clear indications that, prior to the furore that engulfed the Home Office in 2006, there was an intent to refer the report to the Advisory Council on the Misuse of Drugs (ACMD). This indicates that there might have been some softening of attitudes towards the idea. Had the ACMD considered the report and backed the IWG's recommendations, this would have put the Government under considerable pressure to accept the argument for pilot projects. However, a change of Home Secretary, a 'public scandal' over the failure to deport foreign prisoners and a Government with its back firmly to the wall appears to have put paid to a more considered approach to the issue.

There are also some general issues that arise from this single drug policy story. Firstly, while the IWG has failed – at least in the short-term – to bring about change, it has been very influential in getting a national debate underway on the issue of drug consumption rooms. Independent inquiries, working groups or commissions offer a very powerful model for influencing drug policy. Their conclusions are likely to get widespread media coverage – because drug issues generally make good media stories but also

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<sup>3</sup> A second chance for the UK to reduce drug-misuse deaths. *The Lancet*, Vol.367, p.1792, June 3 2006.

because there is likely to be some challenge to the current status quo, which offers opportunities to criticise the Government. Second, the composition of such independent groups is vital to the credibility of their conclusions. If the media and politicians have the chance to dismiss challenging ideas on the basis that they come from 'radicals' or 'zealots', they will take that chance. The views of senior police officers are not so readily dismissed. Third, drug policy does not evolve in a political vacuum in which ideas are carefully weighed and decisions made. Drug policy decisions are made within a wider political context where ongoing tensions, problems and unforeseen events are likely to outweigh rational argument.

The Government's rejection of the IWG recommendations does not mean that there will not be pilot DCRs in the UK. As outlined above, the IWG recommended that, should the Government refuse to support pilot projects, it would be possible to set up projects independently of Government, provided all of the key local agencies were supportive. This recommendation has been recently endorsed by another independent commission<sup>4</sup> that has received considerable publicity in the UK. A number of potential sites have been identified where there is considerable local support for pilot projects and the hope is that this work will be taken forward in the next few years.

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<sup>4</sup> RSA (2007). Drugs – facts. The report of the RSA Commission on Illegal Drugs, Communities and Public Policy. London: RSA.