



## **‘Putting public health into the heart of British Drug Policy’**

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I am a public health sociologist. I have spent much of my life in academic research and teaching on drug and alcohol issues. I hold an Honorary Chair at Imperial College London and also at the London School of Hygiene and Tropical Medicine. I am now Executive Director of the International Harm Reduction Association.

IHRA is an international NGO which promotes harm reduction for all psycho-active substances. We are a campaigning and advocacy organisation. Our main targets are multilateral organisations – e.g. UN agencies and large donors and governments. We work in collaboration with a large number of human rights organisations, drugs policy organisations and AIDS organisations. We are funded by the UK Department for International Development to promote harm reduction internationally. IHRA is pleased to be part of the DHA, and to help the campaign to put public health back into the heart of British domestic drugs policy.

The public health approach to harm reduction is relatively simple. Identify specific harms that can be associated with drug use, and target the risks that lead to those harms. There is a strong human rights thread running through harm reduction in terms of rights to life and security, health protection, medical care, and protection against hurts from the community and state. Both the public health and the human rights approach tend to share an ethos that is facilitative, non-coercive, and non-punitive.

The UK used to lead the world in harm reduction, and we had some stunning public health successes (for example, in the prevention of HIV infection). But drug policy in the UK went wrong 10 years ago, when the Labour party rolled drugs policy into the ‘tough on crime’ policy. The mantra was that drugs cause crime, and that drugs were deleterious to British society and way of life. Clearly, putting drugs into the crime agenda was part of the strategy to make Labour tougher on crime than the Conservatives. This politicisation of drugs is recent and, cynically, an effective drug policy is one that helps win elections.

Tony Blair’s first war (declared on the Downing Street website and in press releases in 2000) was a war on drugs. It is a hurtful rhetoric. This is a language of blaming and victimisation, and has very serious consequences for the treatment of drug users. Many things globally are justified in the name of war on drugs which would not be justified with respect to any other subgroup or target populations. This leads to a policy trap - it ties politicians in language games and prevents them being able to discuss other solutions. It is

hypocritical. It also hinders the development of effective policy and has serious consequences for health.

Over the last decade, public health issues have been way down the agenda. Prevention of HIV/AIDS has barely been mentioned in the drug strategy. The government has been slow to do anything about hepatitis C. There is little public health capacity in the Department of Health or the National Treatment Agency. Expanding drug treatment (as has happened under the drugs and crime policy) is good, but problem drug users are at risk of ill health for years before they come near treatment. The sharing of needles and syringes has increased over recent years, HIV infection among drug users is creeping up, new infections of hepatitis C occur at an appalling rate. Fifty per cent of those with HIV or hepatitis C do not know they are infected. Needle distribution is insufficient. Outreach and peer education are struggling to survive.

The mistake was to move responsibility for drugs policy to the Home Office rather than an appropriate health agency, and to downgrade health targets whilst focusing almost exclusively on crime reduction. It's time to refocus drugs policy, and get back to dealing with the evidence of what works at reducing harm for users and the wider community.