

COSTS AND BENEFITS OF ALCOHOL AND DRUGS POLICIES

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In a short verbal presentation, Mike Trace will draw on his experience in creating the UK National Drugs Strategy that was launched in 1998, to compare the approaches taken to Drug and Alcohol policy recently. He will attempt to address the following questions:

- Should Drug and Alcohol Policy be kept separate?
- Most European countries have combined strategies for all psychoactive substances, some including tobacco as well. Does this lead to more effective policy and programmes?
- Why is there no National Alcohol Strategy to sit alongside the National Drug Strategy?
The Drug Strategy was designed and published in 6 months in 1998 – are there good reasons why it is taking 6 years to develop an equivalent document covering alcohol?
- What was the thought process behind the National Drug Strategy?
The steps taken to decide upon a programme of action to tackle drug problems should be applied to the issue of alcohol use and misuse:
 - Analyse the patterns of use of the substance(s)
 - Identify the related individual and social harms
 - Quantify the social and financial costs of these harms
 - Identify what works in reducing these harms
 - Pursue a programme of action that has the potential, over a realistic timescale, to achieve these reductions
 - Evaluate the effectiveness of the programme.
- Do the principles behind the Drug Strategy apply equally to the consideration of an Alcohol Strategy? :
 - Should we further restrict the availability of alcohol to reduce the levels of use?
 - Should we increase education programmes to deter young people from drinking?
 - Should we increase the number of treatment places available?
 - Should we take a harm reduction or zero tolerance approach?

The presentation will be aimed at stimulating discussion on whether an Alcohol Strategy is urgently needed, and if so, how it should be structured.

AN ALCOHOL STRATEGY

- The current development of a National Alcohol Harm Reduction Strategy should follow the same thought patterns as the process of the development of the UK Drug Strategy in 1998.
- Any strategy to tackle the negative effects of the use of psychoactive substances should follow a structured methodology and address a series of key policy questions, in order to avoid falling into policies based on knee jerk reactions or political convenience.
- In the UK, however imperfectly, the National Drug Strategy has been developed according to this thought process.
- It is disappointing that the same approach has not been taken to alcohol problems over the past 5 years, although the current work by the Strategy Unit and the Greater London Alcohol and Drug Alliance (GLADA) should point the way forward.
- A methodical approach would involve following a series of specified steps (see abstract).
- A strong evidence base is required to form a policy on any substance. Up until now policy has been based on well meaning intentions but in the future it must be based on evidence and rational thought processes.
- The time lag between the emergence of a National Alcohol Strategy and the National Drug Strategy should have given the government plenty of time to assess the evidence and produce a coherent programme of action for the next 5 years.

PATTERNS OF USE

- 90% of the population will use alcohol at some point in their life compared to 50% who will use other drugs.
- There are a very small percentage of lifetime alcohol abstainers (10%). This is equal to the percentage of the population that are problem drinkers.
- 36% of under 35s use alcohol regularly. 15-20% use other drugs regularly.
- 7-10% of under 35s are problem drinkers. 2% are problem drug users.
- Despite the high profile given to drug problems, it is clear alcohol problems remain much more prevalent, indicating the need for more focus on this drug.
- The Key Policy Question for both drug and alcohol policies is the extent to which these differences in prevalence are due to the different legal status of the substances, the breadth of their availability, their inherent properties such as price and perceived danger, cultural and/or historical factors.
- If you removed the legal controls on illicit drugs, what difference would it make to their prevalence and the associated problems?

EXTENT OF HARMS

- We tend to look at the harms related to substance use in terms of health and social impact, particularly crime.
- Different substances are associated with harm in different ways, e.g. differences between drug and alcohol related crime.
- Most alcohol-related crime is a result of how people behave under its influence, e.g. drinking to excess and becoming violent.

- In contrast, drug-related crime is predominantly the result of the illegal status of the drugs, e.g. addicts committing property crimes to raise money to buy their drugs, or violence and disorder associated with illegal drug markets.
- The primary response of the drug strategy, to provide treatment to addicts in an attempt to move them away from criminal lifestyles, may not therefore be equally appropriate to an alcohol strategy.

EFFECTIVE RESPONSES

- The evidence base for reducing drug problems remains weak
- The drug strategy of 1998 was based on some suppositions that seem to hold true 5 years later, and others that do not.
- Opposing the original supposition, recent experience would suggest a high proportion of drug-related health and social damage is associated with the relatively small number of chaotic users; that resources should be concentrated on addressing this group; that it is not possible to create the circumstances where the use of these substances is eradicated, and that offering treatment to the most damaged individuals can reduce health and crime problems.
- The supposition that co-ordinated programmes of education and prevention can reduce the number of young people choosing to use drugs has not been supported by the experience of the last 5 years.
- In the development of an alcohol strategy, these assumptions need to be tested against the available evidence on alcohol-related problems and interventions.

PROGRAMMES OF ACTION

- The Drug Strategy has benefited from an unprecedented level of political and financial support since 1998, with a direct investment of around £700 million in the current financial year.
- Investment in the prevention and treatment of alcohol problems is tiny by comparison.
- Until recently, there has been little or no public pressure to do anything about alcohol and problem drinking.
- It is hoped that the upcoming Alcohol Harm Reduction Strategy is accompanied by sufficient funds to implement the proposed activities properly.

EVALUATE THE IMPACT

- The overall use of drugs in the UK is stable at best, and there are worrying upwards trends in the use of some drugs such as cocaine.
- However, there is evidence of progress in reducing some drug-related harms.
- Actions implemented over many years have been effective in keeping the level of drug-related HIV infection at low levels in the UK.
- The US set out to significantly reduce the supply of drugs to young people. It succeeded in reducing access but only from extremely high levels to a seemingly irreducible minimum, equivalent to existing levels in the UK.
- Evidence of the impact of alcohol harm reduction activities is scarce, since there is a significant lack of existing research in this area. However, some of the current treatment programmes are showing encouraging results in terms of crime reduction.

QUESTIONS & ANSWERS*

Is it possible to reduce the prevalence of drug use?

Countries like Germany and Holland have demonstrated that it is possible to reduce the prevalence of drug use with the implementation of more relaxed drug laws. Illegal status is not necessarily incompatible with the relaxation of laws. The existing system in the UK is not effective, spending £500 million a year on identifying drug addicts and treating them but making no dent in the numbers of addicts or levels of drug-related crime.

Why do people raise money for one substance through mainly legal means and another through illegal means?

There is a large evidence base to suggest the vast majority of money raised by people to buy heroin and cocaine comes through illegal activities. Possibly this is increased by the social exclusion of drug users and by the extremely addictive nature of the substances themselves. In contrast, even people who spend large amounts of money on alcohol tend to raise it by saving up in the week. People who are not dependent have patterns of drinking due to the social nature of the drug and tend to go binge drinking at the weekend. Another contributing factor may be the different personality types that make up drug addicts and problem drinkers.

Are the activities of the drug wars in the Andean jungle more harmful to global wellbeing than the activities of the alcohol and tobacco industries in Western Europe and America?

Alcohol is a domestic problem whereas the costs of drug prohibition are international, affecting all countries producing and trafficking from South East Asia to the Caribbean. The dramatic effects seen in these countries include destabilisation, civil conflict, violence, and corruption at the highest levels. Although the activities of the drug lords are really little different to the tobacco barons, the illegality of the trade creates immense cost to the international community. The UK has a controlled authoritarian government, which tends to focus on national criminal harms rather than consider all harms, including the international impact of national policy.

What are acceptable limits of government intervention in personal behaviour?

The government has gone to the limit of social intervention and had to pull back with its dealings with truancy in schools. Increased interventionist policy is not a good way of governing when the country is already at the limits of libertarian restrictions. It is crucial to find political techniques, which regulate these issues in a way that is politically acceptable to the public.

What interventions are likely to work?

Alcohol consumption is a key element of globalisation and is now embedded in Western Society. Trying to educate people about the dangers of alcohol and hope they choose to abstain or drink moderately is unlikely to work. Being drunk and out of control is appealing to the youth, so it is this perception that needs altering. Change should only be attempted in areas realistically susceptible to it. Effective treatment is impossible to deliver without sufficient funding. Little is known about the biology and epidemiology of alcohol because not enough research has been done.

Can you have a successful public health policy within a framework of prohibition?

Many countries with jurisdictions are already managing successful public health approaches, including the Netherlands, Germany, Switzerland and some parts of Australia and the UK. It still remains debatable whether that framework of prohibition helps or injures that approach.

What proportion of the prison population is in prison as a result of drug-related crime?

The official figure is 50% but this is only an estimate. 50% of property crime is committed by people who have addiction problems related to cocaine. 80% of drug users have a criminal record but this may just be a result of being caught for possession.

What proportion of the prison population is in prison as a result of alcohol-related crime?

A large proportion of the prison population has alcohol problems and a lot of offending behaviour, especially violence, is alcohol-related. A great deal of alcohol-related offending is related to binge drinking, which is usually tackled by police after the event has occurred. A better societal response would involve tackling the problem before it results in criminal activity, focusing more on demand and supply, which occurs to some extent for the illicit drugs but not at all for alcohol. There are great opportunities with alcohol to influence the amount of misuse in society and this is where efforts should be directed, rather than leaving the mess for the police and A&E departments to deal with.

How far is the safe use of drugs possible?

As a society we are convinced that the safe use of alcohol is possible. As yet the unresolved question is how best to teach young people to control their alcohol intake, acknowledging educational and cultural differences. Theoretically, there is little difference between being able to use alcohol and other psychoactive drugs safely if people are provided with all available information in a credible format. Indeed, if the currently illegal drugs were brought into the legal context, society could play a much greater role in the education of safe use and avoidance of those substances which lead to addiction.

* The Beckley Foundation would like to point out that occasionally a question and answer has been allocated to the talk most similar in subject matter, so the answer is not exclusively that of the speaker.