RESPONSE

7 November 2014



The International Network of People who Use Drugs' response to the UK Government Home Office Report Drugs: International Comparators (October 2014)

A change in the UK Government's stance: the war on drugs has failed

The International Network of People who Use Drugs (INPUD) welcomes the UK Government's long overdue recognition that criminalising and punitive legislation does not impact levels of drug use. INPUD additionally welcomes the acknowledgement, in the same Home Office report, that decriminalisation of drug use – in conjunction with improvements to healthcare and harm reduction interventions – serves to substantially increase the health of people who use drugs:

"The evidence from other countries show that levels of drug use are influenced by factors more complex and nuanced than legislation and enforcement alone".

"One of the clearest changes in Portugal since 2001 [decriminalisation] has been a considerable improvement in the indicators of health outcomes for drug users".

In effect, the report (re)states the fact that the so-called 'war on drugs' has failed in its goal of eliminating (or even reducing) drug use: current drug legislation and policy does not work. Though it has long been apparent that prohibition and criminalisation fail to decrease drug use, the stark change in the Government's official stance in the UK is encouraging.

But the report needed to go further...

Prohibition drives harm and creates contaminated, toxic drugs

INPUD stresses that the report does not go far enough; though the report notes that "the UK will continue to advocate a balanced, evidence-based approach to the misuse of drugs internationally", the report fails to stress that prohibition itself drives many harms that are associated with drug use.

Prohibition means that drugs are produced, bought and sold in a black market. It is therefore impossible for people who use drugs to know the content of the drugs they take. This has resulted in numerous deaths and hospitalisations in the UK over the past few years from heroin contaminated with anthrax, as well as deaths from MDMA/ecstasy contaminated with PMA (para-Methoxyamphetamine), to name but two examples.

These deaths were not due to the risks of taking drugs themselves, but were due instead to the fact that prohibition resulted in a black market drug production which has made these drugs far more dangerous. Decriminalisation of drug use alone will not serve to make the drugs that people use safer: legal and regulated drug production is therefore imperative.

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Comprehensive harm reduction interventions are needed

In addition, without comprehensive and extensive harm reduction programmes and services, people who use drugs will continue to experience avoidable harm: had pill testing been available for people who use MDMA/ecstasy in the UK – as is available in The Netherlands – the above PMA-related deaths could have been avoided. Similarly in the UK, there are no prison-based needle and syringe programmes, and naloxone – a drug which reverses opiate overdose – is not yet widely available to people who use drugs (despite being recommended by the World Health Organisation).

Without the provision of comprehensive harm reduction programmes and services and appropriate harm reduction information and education, avoidable morbidity and mortality will continue in the UK.

Moving away from the moralisation and stigmatisation of drug use

The Home Office report noted that "every country we considered sees drug use as undesirable". Yet the UK Government's focus cannot be on the misguided aim of eliminating drug use: such a goal is premised on a moralising and subjective assumption that drug use is problematic by default, which is hugely hypocritical given that some drugs – notably alcohol and nicotine – are legal and not subject to such stigmatising condemnation.

Given that huge numbers of people from every section of society in the UK use drugs for many reasons, given that this Home Office report has conceded that criminalising legislation does not decrease drug use, and given that harms associated with drug use are driven and exacerbated by prohibition and criminalising legislation, an assertion that drug use is 'undesirable' is absurd.

Instead of seeing drug use as 'undesirable' and instead of stigmatising people who use drugs, the focus must be on health and wellbeing. The focus must be on ensuring that when people use drugs, they do so as safely as possible. INPUD emphasises that not only must people who use drugs be decriminalised, but that prohibition, stigmatisation, and social exclusion must end. Drugs must be produced in a context that ensures they are not dangerously contaminated, and people who use drugs must have access to comprehensive and holistic harm reduction, and no longer be subject to systemic social exclusion and discrimination.

In summary: some progress, but not enough

It is unacceptable that in spite of all evidence to the contrary and following the publication of the Home Office report, the Prime Minister of the UK, David Cameron, has insisted that drug policy in the UK is working. It is due to such opposition to drug policy reform that people who use drugs continue to experience considerable, yet avoidable, harm and human rights violations.

Punitive laws and criminalisation of people who use drugs have failed in their misguided ambition to decrease drug use. Furthermore, decriminalisation of drug use, accompanied by improvements to harm reduction and healthcare provision, serve to improve the health of people who use drugs. Though INPUD welcomes the Home Office report's acknowledgement of the above, we stress that the report does not go far enough. We call for an acknowledgement that criminalisation and prohibition have driven catastrophic harms to the health and wellbeing of people who use drugs, as well as the communities in which they live.

INPUD will continue to fight to end prohibition and will continue to fight for comprehensive harm reduction. We will continue to defend the human rights and promote the health of people who use drugs.



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