



How can enforcement agencies reduce drug harm?

David Blakey CBE QPM, Commissioner for the UKDPC, looks at the role of enforcement in reducing drug-related harms

The UK Drug Policy Commission recently published a literature review by academics at King's College London which found that drug markets are extremely resilient to supply-side enforcement efforts, as those involved in such activity will be only too aware.

Whilst a level of enforcement is able to contain the market and bring dealers to justice, markets will adapt to increased seizures or convictions without any significant, long-term effect on street-level availability. However, the report found that enforcement agencies do have a role to play in reducing the harms caused by drugs and drug markets.

An enforcement approach that aims to reduce drug harms is already something that is widely accepted among the agencies responsible for tackling drug markets and trafficking networks. For instance, the Serious Organised Crime Agency (SOCA) explicitly aims to reduce the harm from the illegal drugs trade within the UK (SOCA annual plan 2008/9). The 2008 drug strategy, *Drugs: protecting families and communities*, also has a similar emphasis in the chapter on law enforcement.

However, despite the general consensus that enforcement should focus on reducing harm, and the many impressive efforts to do this across the UK, there is no shared understanding of what it means in practice, or how success in this area should be measured. Traditionally, 'harm reduction' is associated with schemes undertaken by health agencies such as needle exchange that aim to reduce the spread of blood-borne viruses and drug-related deaths. But what could 'reducing drug harm' mean for enforcement agencies?

It is possible to identify at least four potentially different approaches through which enforcement agencies might reduce harm caused by drugs.

I: Reducing availability

A 'traditional' enforcement model interprets reducing drug harm to mean reducing availability which, it is assumed, will lead to a decline in the number of users and therefore a decline in overall harm. As a result, enforcement efforts are often judged by the amount of drugs or dealers taken out of the market and the extent to which they have increased drug prices or reduced drug purity (as proxy measures for reduced availability).

This is reflected in the UK strategy which states: "...there is evidence from other countries of enforcement-driven price effects. As part of the wider drug strategy the Government believes that taking action to increase the price of drugs is worthwhile. We would expect higher prices to deter new users, encourage those reaching the end of their drug-using career to stop and reduce to some degree the consumption of current users."

The drug strategy also emphasises that supply-side activity will focus on tackling the drugs which cause the greatest harm: Class A drugs.

However, there are some serious questions about this approach as a means to reducing harm. As the review we published indicates, it is very difficult for enforcement agencies to demonstrate that even the largest drugs hauls have had any significant impact on street-level availability, let alone levels of use.

Evidence suggests that both the drug market and the drug user adapt to changing circumstances.

Dealers will reduce purity to keep drugs at a price that can be tolerated by the market and drug users may simply choose to use an alternative drug, or commit more crimes to compensate for rising costs. Thus reduced availability may have unintended

consequences which could actually increase harm, such as increasing levels of crime or damage to the health of users through the use of harmful cutting agents.

2: Reducing demand

An enforcement approach to reducing demand could take several forms. For instance, a crackdown on drug use followed by stiff sanctions might provide a 'deterrent effect' for some existing or potential users, although the evidence for this is thin. It might also mean involving police and other agencies in drugs education programmes but again evidence suggests this is not an effective way of reducing demand (although it may be effective at delivering other outcomes, such as improving knowledge).

However, another approach that is widely used in the UK seeks to reduce demand by encouraging problem drug using offenders into treatment. An earlier report from the UK Drug Policy Commission, *Reducing Drug Use, Reducing Reoffending*, concluded that evidence does support criminal justice interventions, such as arrest referral schemes and Drug Treatment and Testing Orders (DTTOs), which link enforcement and drug treatment.

The use of opportunities within the criminal justice system to encourage drug using offenders to engage in treatment has been shown to lead to a reduction in their drug use and associated harms such as crime, and this approach is now well-established in the UK (for example, within the Drug Interventions Programme) and remains a prominent strand of the new drug strategy.

3: Adopting 'traditional' harm reduction practices

A third approach uses a more traditional understanding of harm reduction, as directly reducing the harm caused by drug use on drug users. This approach may mean enforcement agencies adopt traditional harm reduction practices themselves, for instance introducing needle exchange schemes within custody suites, or it may mean partnering with treatment and harm reduction agencies.

Evidence suggests such partnership approaches are likely to be more effective at reducing drug harms than traditional enforcement in isolation. On the International Harm Reduction Association (IHRA) website there is a '50 Best Collection' which identifies 50 documents with information on policing and harm reduction.

As IHRA explains: "Harm reduction approaches seek collaboration with entire communities, and law enforcement personnel are essential front-line workers when it comes to any interventions for drug users (both as a result of acquisitive, drug-related crimes and the criminalisation of drug use itself). Police officers are often in contact with drug users when they are at their most vulnerable. As such, they have a key role to play in harm reduction best (and worst) practice."

4: Focusing on the most harmful markets and dealers.

An approach that focuses explicitly on the harms or 'collateral damage' caused by drug markets has the potential to differ from one that focuses on reducing drug use and availability across the board.

Drug markets are associated with a range of harms such as gang violence, prostitution, people trafficking and corruption and can also undermine community confidence through open drug markets and fear and intimidation. Therefore, whilst reducing availability (and therefore, potentially, levels of dealing) might be one approach under this model, other approaches also become available.

For example, it may be that by focusing on prosecuting the most violent drug dealers, you are not intending to reduce availability (other drug dealers are likely to fill the void) but you are aiming to reduce gun crime and gang-related deaths (if the replacement dealers are less violent).

Alternatively, focusing resources on open markets in residential neighbourhoods that cause considerable nuisance and fear, rather than on dealers operating within closed markets that have less impact on the community, is aiming to reduce community harms rather than availability *per se*.

There are many examples like this where drug harms might be reduced by enforcement agencies without necessarily affecting either supply or demand. This, of course, could lead to some uncomfortable and challenging decision-making where certain less harmful drug markets and drug dealers are tolerated as the 'lesser evil' to more harmful drug markets.

Yet these types of decisions are of course already being made, implicitly, within enforcement agencies across the UK. Without unlimited resources, prioritisation of what to enforce and how is always necessary.

UK Drug Policy Commission project

Following on from the King's College London report, the UK Drug Policy Commission is currently considering the role of enforcement in reducing drug-related harms, in partnership with enforcement agencies including SOCA and ACPO. Given the stated public commitment to enforcement activity that reduces drug harms, the gap between this and what is currently measured (seizures of drugs and assets, convictions, price and purity, etc) and the potential for many different approaches to achieve this aim, none particularly well-understood, we hope to make a useful contribution.

The benefit of an explicit focus on drug harms should be that it encourages the development and dissemination of new approaches to enforcement and focuses assessment of such activity on what matters most: the harms associated with drug markets, rather than more traditional indicators (price, purity, seizures, etc) that are easier to measure but undersell the good work that is already underway that is focusing on reducing harm.

There is also very little evidence available to allow agencies to identify which approaches will be best suited to meet community need. The ultimate aim of the UKDPC project is to identify how the full range of enforcement activity can affect (increase, decrease, cause, prevent) the harms caused by drug use and drug markets and meaningful measures which can demonstrate this.

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If you would like to find out more about this project as it develops, please contact us at info@ukdpc.org.uk. You can also sign-up for general updates from the Commission at www.ukdpc.org.uk.

Both of the UKDPC reports referred to in this article, *Tackling Drug Markets and Trafficking Networks in the UK*, and *Reducing Drug Use, Reducing Reoffending*, can be downloaded from www.ukdpc.org.uk/reports.shtml