

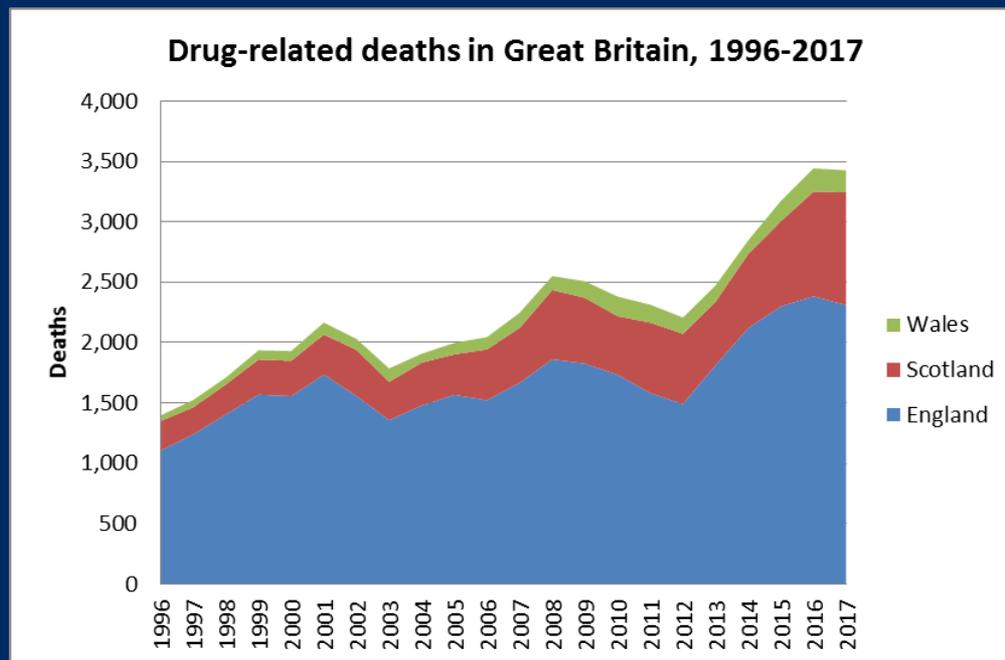
# Research into policy: Giving power to knowledge

*Alex Stevens*

*Professor in Criminal Justice*

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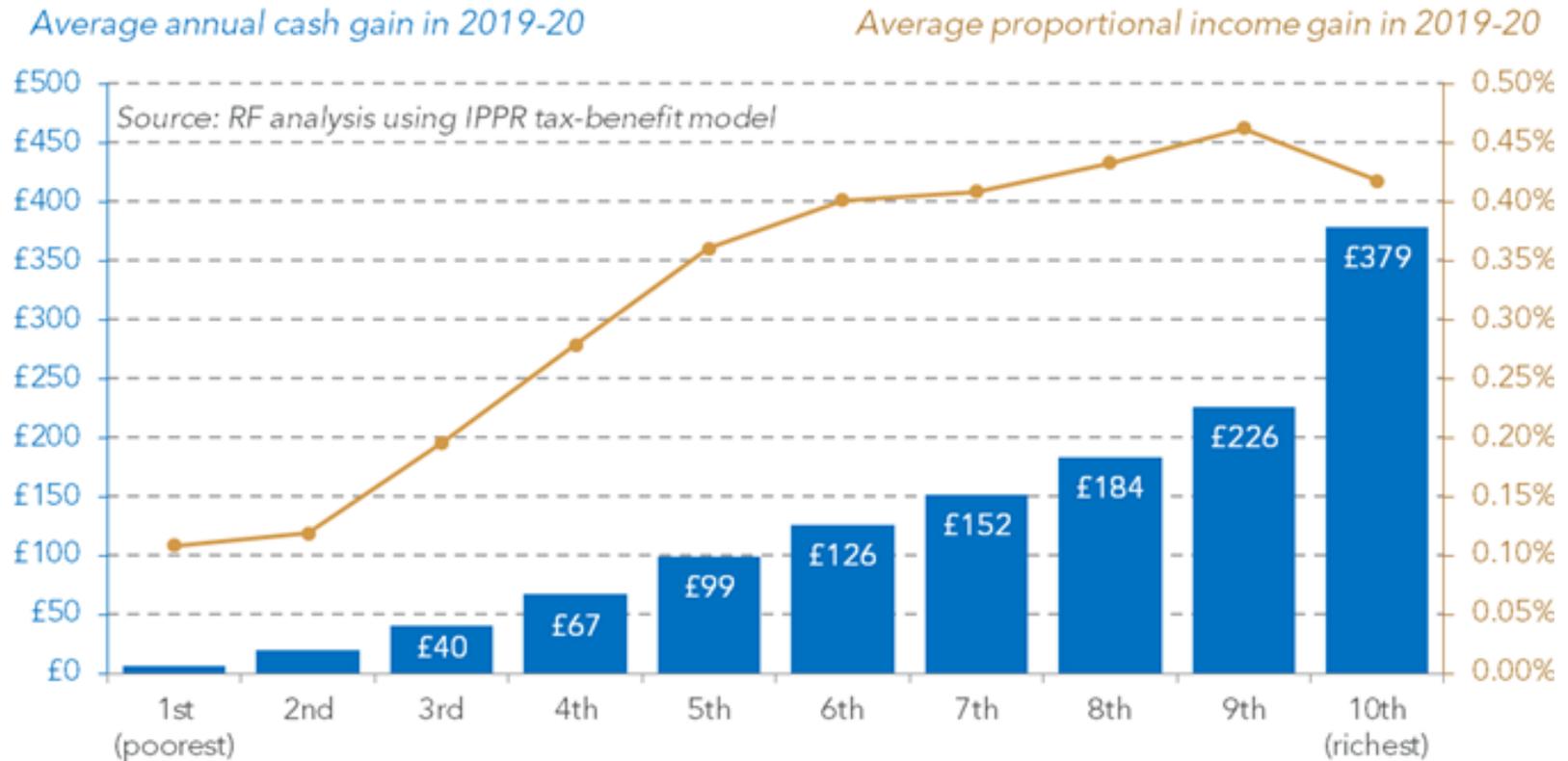
@AlexStevensKent



# How do we get evidence into action?

- Two main barriers in drug policy:
  - Power
  - Morality
- Examples of overcoming these barriers:
  - HIV and harm reduction
  - New Labour's drug treatment expansion
  - OST into English prisons
  - Medical cannabis in the UK

# Power: Who gets the money?

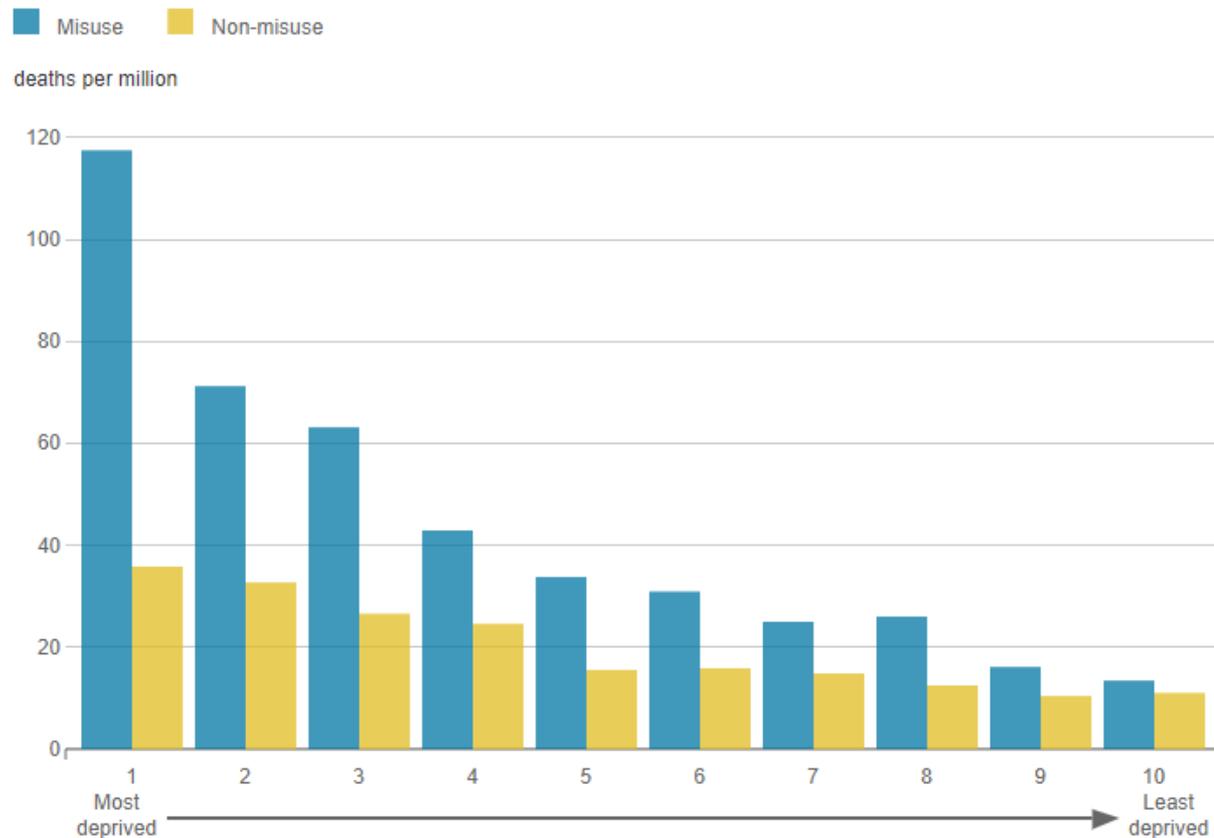


## Impact of income tax cuts in 2018 budget

Source: Resolution Foundation

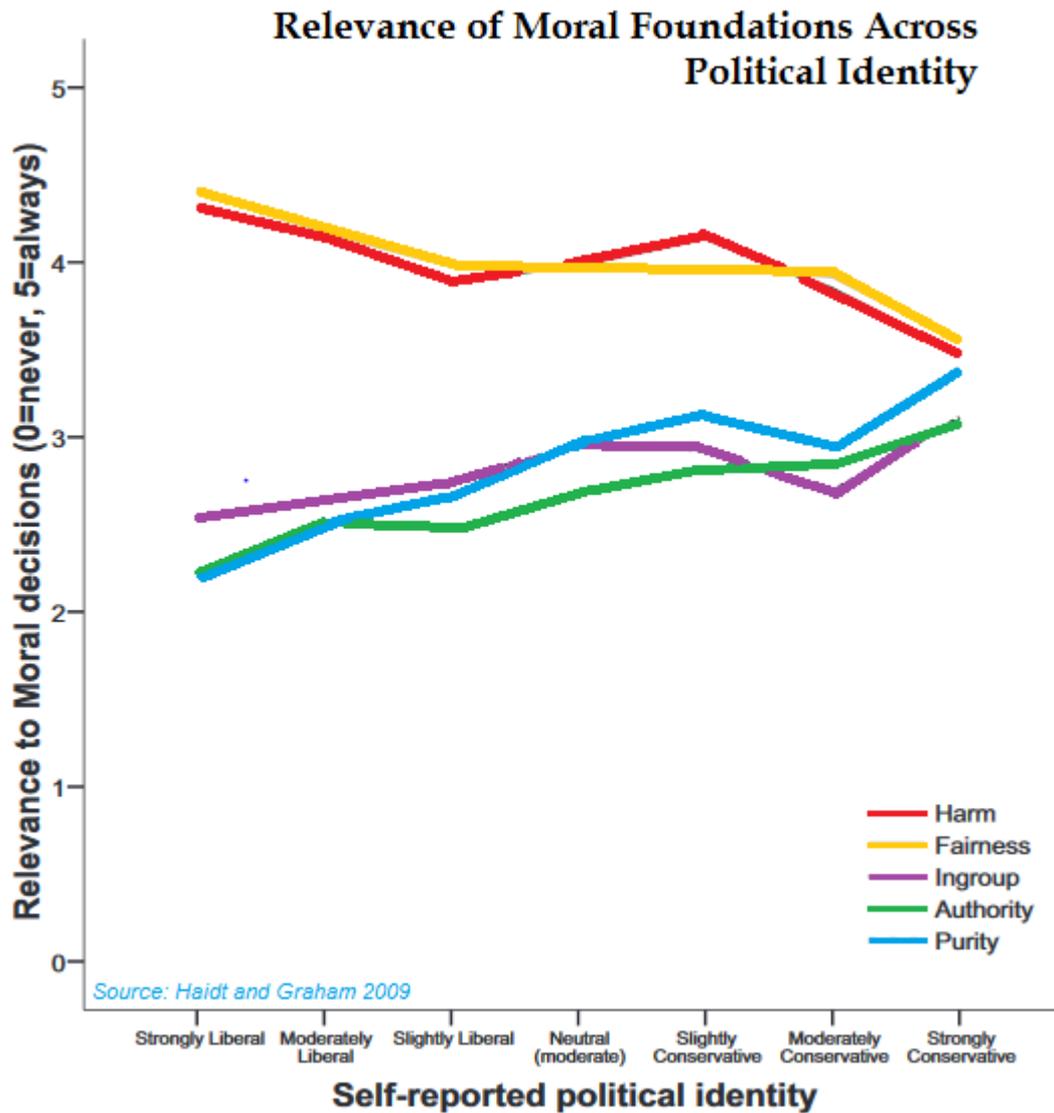
# Power: Who dies?

Death rates by deprivation decile for drug misuse and non-misuse, 2016, England

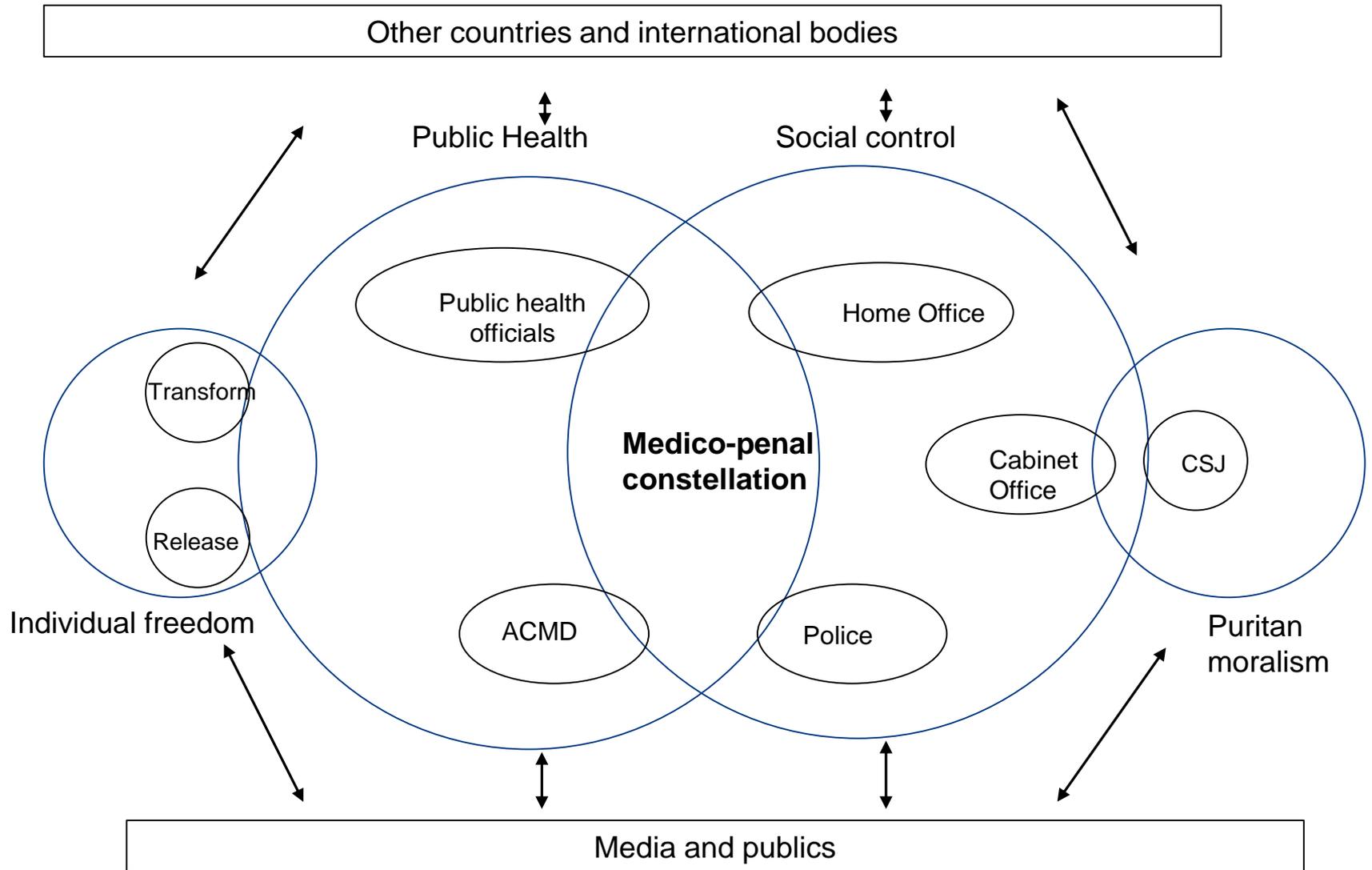


Source: Deaths Related to Drug Poisoning, England and Wales, ONS

# Moral foundations and political identity



# 'Policy constellations' in UK drug policy



## The ‘moral sidestep’ in avoiding evidence

- Ronnie Cowan, MP:

- *Drug consumption rooms have worked in “eight European countries, plus Australia and Canada ... in the interests of public health, will the Prime Minister introduce DCRs in the United Kingdom?”*



- Theresa May, MP:

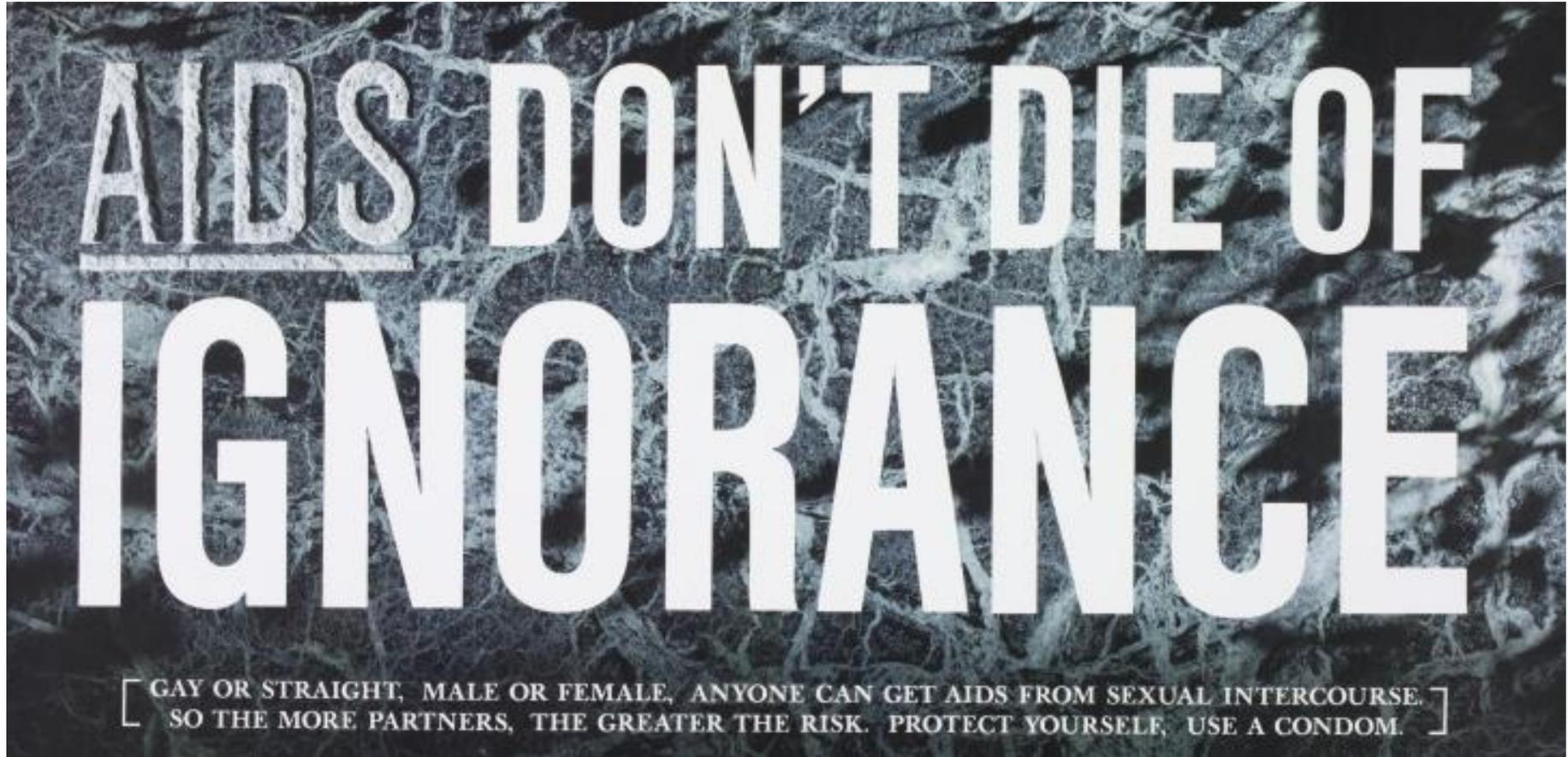


- *“I have a different opinion to some Members of this House. Some are very liberal in their approach to the way that drugs should be treated. I am very clear that we should recognise the damage that drugs do to people’s lives. Our aim should be to ensure that people come off drugs, do not go on drugs in the first place and keep clear of drugs. That is what we should focus on.”*

# How to overcome power inequality and the moral sidestep?

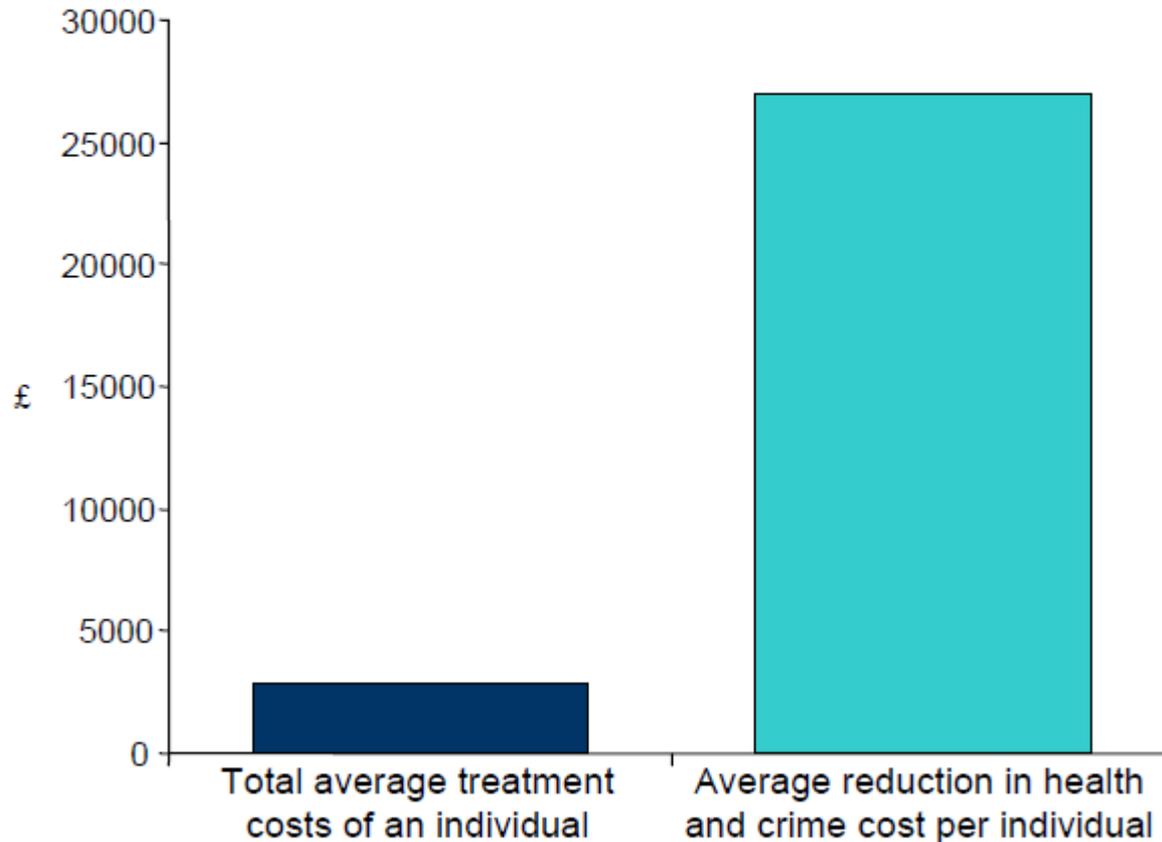
- Appeal to shared interests in reducing harm.
- Present a threat to the ‘ingroup’
  - ‘This hurts us all’
- Create consequences for the powerful
  - E.g. by legal actions
- Change the narrative
  - Humanise people who use drugs
  - Political mobilisation
  - PR
  - Congruent with purity and authority (e.g. medicalise the solution)

# HIV/AIDS and harm reduction



# New Labour and the expansion of drug treatment

Comparison of treatment costs with reduction in harms after two years of treatment



# OST into English prisons

**BBC NEWS** **LIVE** **BBC NEWS CHANNEL**

Last Updated: Monday, 13 November 2006, 18:49 GMT

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**Payments for prison 'cold turkey'**

**Nearly 200 prisoners and former inmates forced to stop taking drugs by going "cold turkey" are to receive payments.**

The unspecified settlement followed claims the practice amounted to assault and a breach of human rights.

The claimants had been using heroin and other opiates and were understood to have been receiving alternative treatment before going to prison.

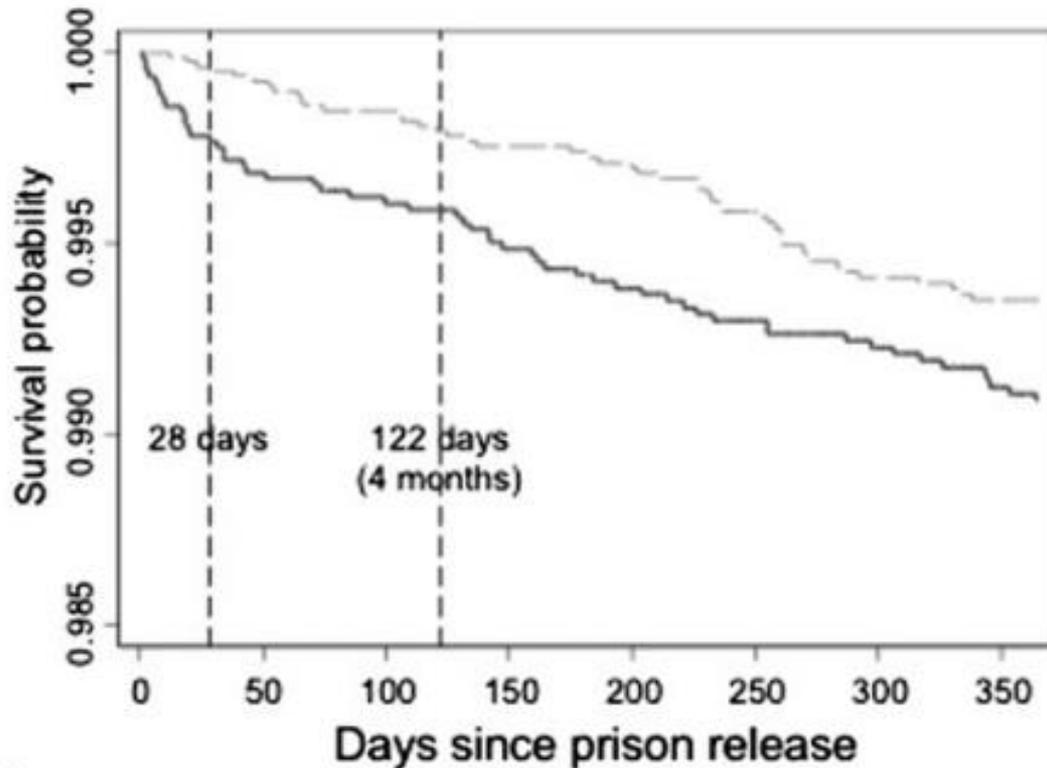


The prisoners claim their human rights were violated

[Watch](#) **Ex-addict interview**

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# Survival curve during the year following release (drug-related poisoning mortality)



Number at risk		0	50	100	150	200	250	300	350
OST unexposed:		6496	6168	5959	5848	5775	5735	5701	5683
OST exposed:		8645	7874	7445	7177	7049	6960	6916	6868

— OST unexposed    - - - OST exposed

Source: Marsden et al, 2017

# Medical cannabis in the UK

**FAMILIES  
4  
ACCESS**

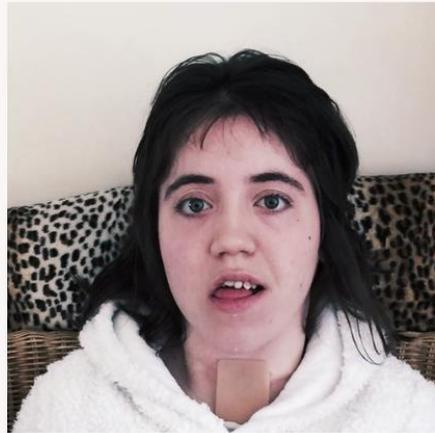
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THE STORIES BEHIND FAMILIES4ACCESS

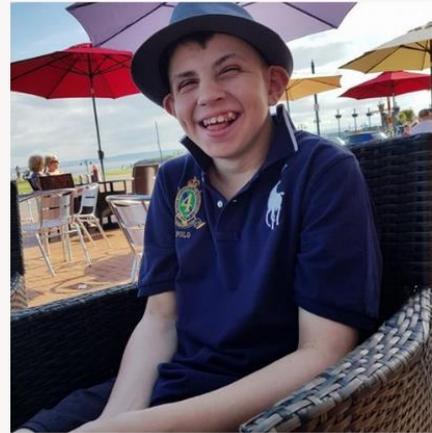
## Meet The Mothers & Their Children



Charlotte & Billy



Cheryl & Charlotte (aka Charlie)



Rachel, Craig, Ross & Bailey



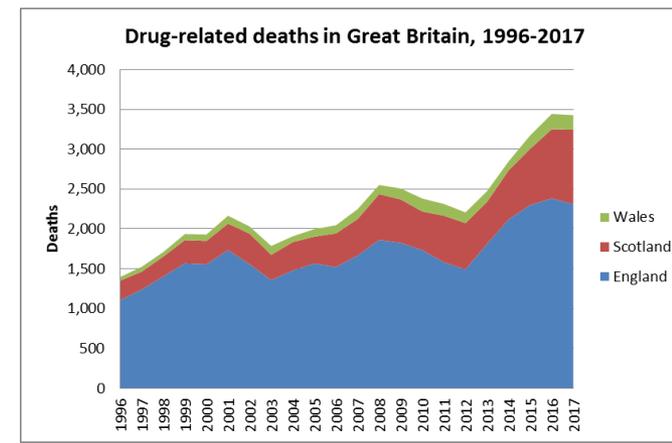
Andrea, Gary, Alex, Kieran & Olivia

## Lessons from success: a recap

- Appeal to shared interests in reducing harm.
- Present a threat to the 'ingroup'.
- Create consequences for the powerful.
- Change the narrative.

## But:

- Power and morality will always come back:
  - Harm reduction superseded by recovery agenda.
  - OST provision threatened by cuts.
  - Medical cannabis prescribing very tightly limited.
- Feeding the narrative of purity and authority may create longer term problems.
- The struggle continues...



## For more information/discussion

- Stevens & Zampini (2018). 'Drug policy constellations'. *International Journal of Drug Policy*
- Stevens (2018). 'Being human and the moral sidestep'. *Addictive Behaviors*
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