Preface

In his plenary address to the 2016 ISSDP conference held in Sydney, Australia, Simon Lenton, an eminent psychiatrist, asked the assembled drug policy researchers 'why are we in the game and does it matter?' He said he had moved into drugs policy because he felt frustrated as a clinician—he realised it was not enough just to try to help the individual he saw across the desk. What was needed was to change the system. His conclusion was that policy research should address the barriers that stand in the way of changes which could improve lives. One important way in which research can be influential, he thought, was by acting as a bridge, linking local communities and individuals to organisations and decision-makers who have the power to make changes.

In some of the interviews I carried out when preparing this book, I asked people how they came to be involved in the drugs world.

Many said they got into it by accident. For one respected international researcher, drugs work just happened to be her very first job in 1979—a prevalence study of heroin problems in a local area. Her first thoughts on being asked to do this work were 'why bother with a handful of heroin users'—at the time she thought a more urgent issue was use of tranquillisers. But 'when I started to interview drug users, at that point I got

carried away'. She found them so interesting and fascinating. Suddenly, however, the research field radically changed: 'HIV literally arrived—I remember the day notices appeared alerting us to new diseases and conditions—at the time these were seen as a form of gay skin cancer. It all became very hectic. There was a big increase in the number of new cases. We did not know it was HIV—we saw men with AIDS but did not know what it was'.

1979 was also a key year for another distinguished drugs expert: 'it was my other passion—music—that got me into the drugs field. I decided to try to write a biography of a British R & B blues musician—there was not much written about him … it turned out he had a heroin problem—about which I knew absolutely nothing—so I did a bit of reading/research—got up to speed. At the time, I was working in a library—librarianship was my background. Then I saw an advert for an information officer at a leading drugs organisation. I read the advert and thought I know a little bit about this—having read a couple of books—so I applied for the job and got it'.

For an international activist, it was not so much an accident as a deliberate choice. Asked what led him into drugs policy work, he answered: 'Two big things: one was my own drug use—it was just abhorrent and offensive to me that the state could intervene in my life—then that paled into huge insignificance when I came to be working as a probation partnership worker with people on court orders—it became clear that my concerns as a middle-class, liberal dope-smoker were nothing compared to the trials and tribulations my clients were suffering, predominantly because their drugs were illegal'.

When I met another doctor at a conference, I asked her why she had become involved in the field and her answer was 'well, I have always been interested in or sympathetic to marginalised people'—which she linked to her South African background. So a number of elements seem to influence people to start to look closely at the drugs policy question: accidental contact; intellectual and scientific curiosity; personal experience; and ethics and values. What is also interesting, of course, is why some people stay in the field, which many do. Overall, the answers people give are that they want to challenge stereotypes and myths, change

public attitudes and change policy agendas in order to improve society and people's lives.

For myself, similarly, it was only by accident that I found myself doing drugs research but I stayed with it off and on over my career. This was partly because my life coincided with the huge increase in the use of drugs in Britain and the challenges facing the public and policy makers. Much of my research has been applied social research and I have worked closely with practitioners and policy makers. I was first appointed as a Scientific Advisor to the then DHSS in the 1970s, focusing on homelessness and addiction. From 1998, I had a special role as the Department of Health's Drugs Misuse Research Initiative developed, for which I became the Programme Coordinator (MacGregor 2010). These experiences have given me some insight into the role of policy communities and the impact of research and evidence on the policy process. I have worked both within government with civil servants, in universities with researchers and with people in the not-for-profit sector, and sat on a number of committees.

In 1978, I became involved in the setting up of City Roads near the Angel, Islington in London, serving on the steering committee then on the management committee. This was the first crisis intervention service for what were then called 'multiple drug misusers' where barbiturate overdoses were the main problem. My colleagues and I carried out an evaluation of this experimental service for the Department of Health (Jamieson et al. 1984). City Roads is still open, though it has adapted to changes in needs over time. In the early days, it was innovative in adopting a multidisciplinary approach where nurses, social workers, probation officers and GPs all worked together. It differed also from other voluntary sector projects of the time in stressing its 'professional' approach.

Looking back, it was also at this time at City Roads that we became aware of a link between addiction and abuse, either the experience of physical or sexual abuse in childhood or more recent trauma, especially among the women. The social workers and nurses were often women who brought into their practice an appreciation of women's needs. City Roads set up one of the early mothers and children units. There was also an awareness that the style of rehabilitation services, which often at the

time adopted a confrontational approach, was inappropriate for women but there were few other places to which they could be referred. In other studies I was involved in, of community responses to drugs (Duke et al. 1996; Shiner et al. 2004) it was noticeable that many of the activists were women, who also brought a distinctive perspective to understanding and proposals for solutions.

What always stood out in my experience was that the views of people directly involved in working with drug users or problems, in services, in communities or at national level among policy makers, were much more nuanced and sympathetic than those expressed by the general public or in newspapers by people who had had no direct contact with drugs or drug users. This division remains today even while use of drugs has become much more common and references to drug-taking are now part of general culture. This is the paradox I want to address in this book. Why is it that, while evidence and experience accumulate to demonstrate that the drugs issue is complex, the solutions proposed internationally and nationally are so simplistic and one-dimensional? If the sociological contribution is to try to make links between private troubles and public issues, as argued by C Wright Mills, then this book hopes to try to show these connections.

There is actually no simple element we can call a 'drug'—under this banner are a huge variety of psychoactive substances taken into the body in various ways for different purposes. And the effects vary depending on the individual and on the social environment surrounding them. Yet we continue to talk about 'one size fits all' solutions and, when these do not work, close down discussion by resorting to clichés and rhetoric.

What is needed is a new public conversation on drugs. This has been developing in recent years and must surely by now have got through to those who make decisions. Yet the barriers to change remain. This book attempts to offer some explanations in the hope that this may help to encourage a more intelligent debate and point to ways forward which might improve the lives of all those affected.

London, UK
October 2016

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http://www.springer.com/978-1-137-49681-2

The Politics of Drugs
Perceptions, Power and Policies
MacGregor, S.
2017, XX, 350 p., Hardcover
ISBN: 978-1-137-49681-2
A product of Palgrave Macmillan UK