

Understanding Problematic Drug Use: A Medical matter or a Social Issue?

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Abstract

This paper questions the notion that problem drug use is essentially a physiological medical problem that requires coercive treatment, from which success is measured by way of drug testing to determine the abstinence from the drug. The article argues that the causes and solutions to problem drug use are as much more to do with socio-economic factors than physiological or psychological factors. In particular it explores the connections between the emergence and sudden rise in problematic drug use that occurred across the UK in the mid 1980s, with deindustrialisation and the decline of opportunities for unskilled non academic young people. Further the paper critically examines the notion of the 'problem drug user', in particular how those identified and labelled, are perceived and treated by wider society, and how this adversely impacts upon drug rehabilitation and social integration.

The Emergence of the UK Drug Problem

The widespread use of heroin that began in the 1980s changed the 'landscape' of drug use. Prior to the mid 1980s the number of known drug users was relatively small; in 1980 the total number of 'addicts' registered (notified) to the Home Office was 2,846; by 1987 the figure had risen sharply with over 10,000 people registered (Robertson 1987), and by 1996 there were over 43,000 registered (Buchanan & Young 2000). Unlike the drug misuser of the 1960s, the new drug user was young, unemployed, single, lived at home in a socially deprived area, and had few or no educational qualifications (Buchanan & Wyke 1987, Parker et al 1988). For the first time drug taking became associated with working class youth living in disaffected and isolated communities.

The extensive use of illicit drug use in the 21st century suggests the majority of young people in the UK have been exposed to their availability. Data from the 2002 British Crime Survey (Condon & Smith 2003) indicated just over one in four 16-24 year olds used an illicit drug during the previous year. A further UK study undertaken in 2003, involving 10,390 secondary school children, found that 23% of 15 year olds had taken illicit drugs in the past month, and 38% had taken them during the past year (NatCen 2003). It is

estimated there are currently between a quarter, and half a million problem drug users in England and Wales (Godfrey et al 2002), and the number continues to rise. Between 2002 and 2003 the total number of drug offences in England and Wales rose by 5% to 133,970, and Class A offences (heroin, cocaine, LSD and ecstasy) rose by 6% (Kumari & Mwenda 2005:1).

Tackling the Drugs Problem

This rise in drug misuse in the 1980s understandably led to considerable concern amongst families, communities and agencies. The government responded with the 'Heroin Screws You Up' campaign designed to warn young people about the dangers of drug addiction. The campaign reflected populist fears and presented illicit drugs as 'lethal, subversive, and alien' (McGregor 1989:11). Pressure mounted for the police to tackle the drug problem. This was partly motivated by a desire to protect vulnerable youth from addiction, and a growing concern regarding increased levels of acquisitive crime (Jarvis & Parker 1989). As a consequence of the police response, the number of people dealt with for drug defined crimes rose sharply. In 1983 there were 23,895 drug defined offences, in 1995 there were 93,631 (Buchanan & Young 2000:127), and in 2002 over 137,000 were dealt with by the criminal justice system for drug defined crimes (Ahmed & Mwenda 2004). However, the vast majority of people arrested for drug defined cases has consistently related to people caught in possession of cannabis – many of whom could be classed as recreational drug users not problem drug users.

The sudden increase in problematic drug taking over the past two decades has led to considerable public/social concern. Marina Barnard's research (2005) illustrates how problem drug use can seriously disrupt family life, causing stress, conflict and disruption. Neil McKeganey's research (2004) identifies how drugs have affected the wider community and resulted in crime, prostitution, neighbourhood unease and anti social behaviour, while Godfrey et al (2002) identified economic costs per problem drug user in excess of £10,000 per year, and social costs of £35,000 per year. These personal, social and economic costs of problematic drug use have justifiably warranted social/public concern. However, as Ben-Yehuda (1994) has highlighted, there has been a moral panic (Cohen 2002) toward illicit drug taking more generally. The media supported by government policy over-reacted to illicit drug use and portrayed drug users as a threat to society.

Biko Agozino (2000) argues that these moral panics create marginalised groups such as the immigrant, or the Black person. He suggests these marginalised groups then become demonised, seen as inferior and are no longer welcomed members of society, instead Agozino suggests they are given an identity as the 'Other'. This marginalisation of problem drug users adversely affects their self esteem and confidence, and negatively affects the way in which the non drug using population relates and responds to problem drug users (Buchanan 2004a). This isolation and fear has in part resulted in a number of new legislative measures introduced to monitor, control, punish and/or deter drug related activity. These included the Drug Traffickers Offences Act 1994, Criminal Justice and Public Order Act 1994, Crime and Disorder Act 1998, Crime (Sentences) Act 1997,

Criminal Justice and Court Services Act 2000, Criminal Justice Act 2003, and the Drugs Act 2005. The Drugs Act 2005 contains a series of deterrent measures. These include new powers to conduct intimate body searches, x-rays and ultra sound scans on suspected drug users, compulsory drug assessment for those who test positive for a Class A drug, and new civil orders (similar to Anti Social Behaviour Orders) with drug counselling conditions attached (HMSO 2005).

Since the mid 1980s the UK drug strategy has continued to be dominated by a prohibition agenda primarily concerned with reducing the supply of drugs and strengthening deterrence (HMSO: 1986). Drug prevention, treatment and rehabilitation have tended to have a lower priority and been relatively poorly resourced compared to prohibition strategies. For example, in 1997-98, 75 per cent of the £1.4 billion allocated was spent on drug law enforcement, compared to 13 per cent of the budget spent on treatment and rehabilitation programmes (JRF 2000). However, the National Treatment Outcome Research Study identified that for every £1 invested in drug treatment £3 is saved in reduced criminal justice costs (Gossop et al, 1998) and this has helped to give greater emphasis to treatment. While there has in recent years been an expansion in drug treatment for offenders under the Drugs Interventions Programme, Levenson (2004) has argued that this could inadvertently encourage drug users to commit crime in order to gain access to treatment that is otherwise in short supply.

This punitive approach reflects the government's continued 'war on drugs'. It is a campaign that separates illegal drugs from legal drugs (such as tobacco and alcohol) and inadvertently presents the former as inherently more dangerous and problematic. This bifurcation of drugs over-simplifies the complexities of present day recreational drug consumption (illegal and legal). Fiona Measham (2000 & 2004) has argued that use of legal and illegal substances is today just one of many choices available to young people. Her research suggests that the hedonistic pursuit of pleasure and risk taking amongst young people makes drug taking not an uncommon recreational choice. It has further been argued that a reductionist bifurcation which divides legal and illegal drugs is misleading:

'The consumption of legal and illegal drugs for pleasure should be recognized as a highly complex social issue, but instead it has been presented within a reductionist framework. Within certain boundaries the government sees the use of legal drugs (primarily alcohol and tobacco) as wholly acceptable, whereas, the use of illicit drugs in any circumstance is seen as dangerous and harmful,' (Buchanan & Young:2000:410).

This separation of socially acceptable and socially unacceptable drugs may mislead young people into thinking that certain legal drugs are less harmful to them than illicit drugs. In addition, the dangers posed by particular illicit drugs could be confusing because the classification of drugs under the Misuse of Drugs Act does not accurately reflect the 'hierarchy of harm' (Police Foundation 2000). Guidance from the government in respect

of drug policy and practice concentrates exclusively upon illicit drug, and is based upon the premise identified in the government's 10 year drug strategy that: '*All drugs are harmful and enforcement against all illegal substances will continue*' (HMSO 1998:3). This sweeping message has led to a '*loss of credibility and trust... key factors when trying to assist problem drug users*' (Buchanan 2005:67). There is also the possibility that professionals could concentrate their efforts upon illicit drug use and fail to appreciate the dangers of legal drug taking (JRF 2000).

A further effort to deter illicit drug use has entailed the increasing use of random drug testing and pre-emptive measures. This has included drug testing of drug users subject to court orders; suspected drug users in the community; drug testing in the workplace and (more recently) random drug testing on school children. Back in 1987 Trebach recognised that a policy based upon the 'war on drugs' would inevitably begin to threaten civil liberties:

'it will lead to serious invasions of our private life, ultimately leading to: the lands, the homes, the fields, the boats, the wallets, the pocketbooks, the bodies, the blood, and even the bodily waste of millions of free citizens throughout our vast country [USA]. It is all such a logical progression and it is all done for the good of our nation.' (1987:214).

The increasing use of deterrent measures such as the drug testing of school children as a means of tackling drugs has been criticised by Royal College of General Practitioners (RCGP:2005) which described it as poor method for identifying and helping school children who use illicit drugs. It has been argued (Buchanan 2004) that drug testing has led to a preoccupation with the physical nature of addiction and encouraged unrealistic expectations of abstinence. The Drugs Intervention Programmes (DIP) locked into the criminal justice system tend primarily to perceive problem drug use as a physical addiction. DIP introduces coercive measures to 'encourage' the problem drug user to get 'treatment' to become drug free or face serious court sanctions. It also asserts a pace of change expected from the drug user that may be unsustainable; often there is a limited range of 'treatment' available, and a common problem is the failure to understand and most importantly address the underlying causes of problematic drug use (unemployment, poverty and social exclusion).

Tough on Drugs, Tough on Drug Users?

Since their arrival into mainstream life in the mid 1980s, drugs have been perceived as an enemy and a threat, referred to for example, as the '*drugs menace*' and '*recognising the enemy*' (Manning:1985), and more recently drug policy based upon enforcement has been launched with strong emotive language which refers to, '*tough package of anti-drugs measures*' and suggest drugs '*tear open families*' '*blight whole communities*' '*the vicious circle of drugs and crime*' and '*drugs are a scourge on the world*'. (Flint 2005:7). The discourse has been dominated by notions of fear and risk, and has led to a strategy which is more concerned with the punishment, control and exclusion of drug users, rather than their

care, rehabilitation and social inclusion (Buchanan 2004:394). The war on drugs manifests itself as a war on drug users (Buchanan & Young 2000:409) and this has helped to legitimise and institutionalise the marginalisation and social exclusion of problem drug users who are seen as '*moral outcasts*' (McGregor 1990:82). This war on drug users gives problem drug users an enemy status, and creates additional barriers that make reintegration and recovery less likely.

A significant number of people have tried illicit drugs in the UK; estimates vary from 3.1 to 3.7 million people (Atha 2004, Condon & Smith 2003), and criminalising large numbers of otherwise law abiding people raises practical and ethical issues. Whilst most illicit drug use will go undetected those apprehended face the serious risk of acquiring a criminal record, which has major repercussion concerning freedom and opportunities particularly in relation to employment, travel and social integration (Klee et al 2002, Goulden 2004, Rolles & Kushlick 2004). The UK drug strategy continues to place the criminal justice system centre stage within drug treatment provision. Barton (2003) has argued that the Drug Treatment and Testing Order has provided a mandate for joint working between health and law enforcement agencies to coerce problem drug users into treatment, which Bewley-Taylor et al argue has '*failed to fundamentally alter the scale and nature of the illegal drug market*' (2005:1). Further, a tough drug policy based upon the 'war on drugs' has created significant financial, social and health costs and resulted in a spiralling prison population.

Research by Mike Shiner and colleagues (2004) expressed concern regarding the use of enforcement to direct users into treatment. They found it was important that community drug services were not closely aligned with law enforcement and criminal justice, otherwise they were less likely to be used. Instead, they argue that policy and community responses should incorporate a stronger focus upon welfare-based rehabilitative activities that take into account the views of drug users. This is difficult because within the wider community, problem drug users have limited social capital, tend to be marginalised, and are separated by a 'wall of exclusion' (Buchanan 2005). Further, hostility towards problem drug users has made recovery more difficult and some drug users have accepted and internalised prejudicial remarks believing '*the negative and harsh stereotypes imposed upon them*' (Buchanan 2004a)

It has long been argued (Raymond 1975; Wilkinson 2001) that enforcement measures have not only failed to curb the drug problem but have increased its magnitude and fuelled criminal activity. Drug prohibition has created new risks, that are often more damaging than those posed by the actual drug. Despite the failure of prohibition to demonstrate positive outcomes and with little scope for critical policy debate, considerable sums of money continue to be directed towards enforcement agencies (such as the £447 million Drug Interventions Programme). Pearson argued that debate about drug policy has been characterised by '*an agitated paralysis*' (Pearson 1992:363). Any criticism of current drug policy is often discredited and characterised as subversive. More recently Parker suggested the difficulties in moving the drug policy debate forward are a result of: '*The combination of*

institutionalised dishonesty, the war on drugs discourse and the politics of re-election [which] collectively remain a drag anchor on progress' (2001:152).

The connections between drugs and crime are not straightforward. Toby Seddon (2000) questioned the simple causal relationship that drug use leads to crime. He suggested a more complex set of relationships applied. This point is highlighted by Stevens et al (2005), who link crime and drug taking with social and economic deprivation. Susanne McGregor in her editorial of a special issue drugs journal examining the drugs crime connection, further highlighted the links with structural changes within society; *'Throbbing throughout [This special issue on drugs and crime] is the underlying theme of the impact of deindustrialisation and the rise of the consumer market society which has created a class of losers and discarded youth who continue to provide new recruits to the ranks of problematic drug misusers' (2001:315).* Current dominant thinking in respect of problem drug use focuses upon drug testing, monitoring, accountability, enforcement and coercion, with an implicit preoccupation with physical dependence. Much greater understanding is needed of the social aspects which underpin and sustain problematic drug use. The evidence and arguments for seeing problematic drug use within a wider social context will be more fully explored in the following section.

The Problem Drug Use Legacy: A social issue not a medical condition

The economic recession of the early 1980s, exacerbated by Thatcherist monetarist policies and deindustrialisation, left many working class areas severely blighted by mass unemployment. McGregor (1989) noted that badly affected cities like Liverpool and Glasgow that once had a strong manufacturing base, became symbols of economic decline. In the mid 1980's a study of young people and heroin use in the North of England (Pearson et al 1987a) found unemployment rates in excess of 40%. The extent and longevity of unemployment was unprecedented. Pearson suggested unemployment became so 'scandalously high' and access to housing so difficult, that it made it extremely difficult for young working class people to 'fashion meaningful identities' (Pearson 1987).

A study carried out in Sefton, Merseyside (Buchanan & Wyke 1987) to understand the extent and nature of drug use amongst probation 'clients' and make recommendations for drug policy and practice, identified long term unemployment and limited job prospects for young people as key factors. This work also identified that heroin was used by long term unemployed youth to help occupy 'a void in identity, purpose and meaning' (1987). In the early 1990s further research conducted with problem drug users in Bootle, Merseyside (Buchanan & Young: 1995) found that limited social and economic opportunities for young people made it difficult for them to move away from drugs. This study highlighted how heroin had become an alternative to employment for a group of young people excluded from a shrinking labour market. The difficult socio-economic climate in industrial based cities across the UK had detrimentally impacted upon young unskilled people who struggled to secure employment (Buchanan & Young 2000). This raised issues for young people seeking to make the transition to adulthood and independent living:

Whole communities were destabilized by mass long-term unemployment. In the 1980s, for the first time in the post-war period, a generation of school leavers who would otherwise have secured employment in apprenticeships, factories or semi-skilled positions, found themselves surplus to requirements. ... it was in this depressing environment that the youth of the 1980s attempted to make the transition to adulthood.' (Buchanan & Young 2000:410-11)

Unemployment and heroin emerged in the early 1980s as two major social problems affecting young people in de-industrialised cities across the UK. An important study based in Scotland involving 1,036 people (Peck & Plant 1986) made comparisons with data across the UK to examine the association between illicit drug use and unemployment. Peck and Plant's investigation found that between 1970 and 1984 unemployment had risen from 2.6% to 13.1%, and that the rise in drug use was significantly and positively correlated with unemployment. Pearson et al's. (1987a) research identified unemployment rates ranged between 45% - 66% in those areas where heroin was a significant problem. A study of drug users on the Wirral (Parker et al 1988), found the area with the highest rate of unemployment (33%) also had the highest rate of known heroin use. In this area 8.6% of all 16-24 yr olds were using heroin (1988:69). In the Sefton area of Merseyside Probation in 1986, research not only found connections between unemployment and drug use, but also identified links with crime - 37% of probation clients had a drug problem and 81% were believed to be committing crime as a direct result of their drug dependence (Buchanan & Wyke:1987). These links have been subsequently highlighted by Bennett (2000) and Bean (2002) who argued that the high cost of addiction makes criminal activity almost unavoidable.

These links between unemployment, drug use and crime resonated with American research many years earlier by Preble & Casey (1969). Their work in the New York 'ghetto' identified heroin, crime and unemployment as major social problems, and found that 43% of the respondents had been in prison at some point in their life. Preble & Casey argued that heroin was not a 'euphoric escape' from the psychological and social difficulties of ghetto life, but rather the pursuit of a highly structured demanding life. The busy lifestyle of the heroin user was also observed in a UK study by Auld et al (1984) who suggested heroin users became just as much addicted to the lifestyle as the drug.

In many areas across the UK where long term unemployment was high, drug misuse was 'endemic' (Newcombe & Parker 1991). The lure of drugs was described by Parker et al as hanging '*over a predominantly deprived urban 'underclass' of unqualified, unskilled and unemployed young adults*' (1988:67) . Research with problem drug users in Bootle, Merseyside (Buchanan & Young 1995) found similar patterns - 40% had failed to complete their education, 78% did not have any qualifications, and 96% were unemployed.

Since the 1980s society has changed considerably (Hutton 1996), but opportunities for unskilled, non academic youth from disadvantaged backgrounds have remained limited at best, and a significant proportion continue to drift into problematic drug use which has become a huge well organised underground business that 'employs' thousands of people. Melrose suggests (2004) this marginalised group of young people is confronted by multiple disadvantage and an uncertain fractured transition from adolescence to adulthood, that make it difficult for them to avoid drugs. The position was further identified by the Audit Commission who identified that those most at risk of becoming problem drug users were young people from deprived areas with high levels of unemployment and economic inactivity (Audit Commission 2004).

A Drugs/Crime Sub Culture

Parker's research (1988) suggested that once dependent, problem drug users became entrenched within a dominant drug sub-culture which further complicates strategies to tackle the problem. Indeed, to successfully maintain the 24/7 daily cycle outlined below necessitates a high degree of secrecy and isolation from the 'legal' world, while at the same time it requires the problem drug user to maintain useful contacts and acquaintances within a criminal 'underworld'. The existence of a deviant sub culture in which crime and drugs play a key role was also identified in Burr's (1987) anthropological study in Southwark. She argued that drug users became so immersed in a drug sub culture they would continue to use drugs regardless of any social intervention. A similar point was made by Peck and Plant in their study of unemployment and drug use in Scotland; they argued that even if jobs became available the legacy of drug misuse would be unlikely to be affected (1986).

The creation of a deviant sub-culture entrenched in crime and drug taking has led to tensions within communities. McKeganey's (2004) study of a deprived area in Glasgow found that anti social behaviour, problem drug use and crime, dominated day to day community life and that hostility and blame was often directed towards drug users in the community. The identification of 'undesirables' within communities to whom hostility is directed was also explored by Barry Goldson who examined the attitudes and responses toward vulnerable young people who were labelled 'criminals' or 'yobs'. He argued that such hostilities have unhelpfully led to harsher policy and practice responses (Goldson 2000). While these are important findings, if the drug problem is going to be successfully tackled it is important to better understand and appreciate the needs of the problem drug user, in particular the underlying political, legal, social and economic factors that make problem drug use more likely and those factors that make recovery and reintegration from a drug centred lifestyle so difficult.

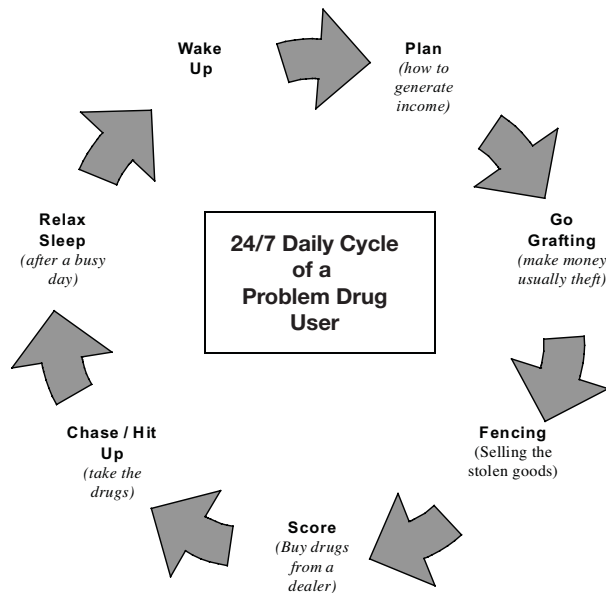
In 1985 the Social Services Committee (SSC) recognised the related problems of unemployment and social deprivation and stated that drug services at the time were too medically orientated and needed to encompass a social approach (SSC:1985). Despite this acknowledgment, dominant theoretical approaches over the subsequent years have made scant reference to the social dimension of problem drug use (see for example Denning et

al 2004, Millar & Rollnick 2002, Di Clemente 2004). The connections between problematic drug use, poverty and social exclusion remain relatively unexplored; a point recognised by McGregor who also argued for drug policy and practice to take greater account of *'socio-economic environmental factors, instead of the tendency to stress personal responsibility and genetic predisposition'* (1995:20). While physiological and psychological understandings have an important contribution, they fail to provide a comprehensive appreciation of the nature of the problem, which can sometimes lead to narrow policy and intervention strategies that internalise and pathologise drug dependence by taking little account of structural factors (Buchanan 2005). Attempts to tackle the drug problem in local communities by a combination of tough enforcement measures, drug education and drug treatment, have had little success (Foster 2000, Parker & Egginton 2004). These studies emphasised the importance of understanding and addressing the underlying social inequalities and deep rooted local cultures.

Criminal activity and social isolation are not unexpected consequences of a chaotic drug centred lifestyle. However, a significant proportion of problem drug users experienced exclusion and disadvantage *prior* to the onset of a drug habit (Buchanan 2005). Many problem drug users have had limited options in life, have lacked personal resources (confidence, social skills and life skills) and importantly have had few positive life experiences to recall or return to. The Social Exclusion Unit later acknowledged that they *'tend to be members of the most deprived and socially excluded communities'* (SEU, 2004:11), while Foster's work in the North East of England found that they had been *'forced out to the margins with no sense that their future will be any improvement on the present ... a deadening experience'* (2000:322). The association between problem drug use and enduring social disadvantage and exclusion has major policy and practice implications. For example, expecting a long term problem drug user to lead a constructive and fulfilling life is unrealistic if their entire adult life experience has been centred upon drug related activities. Therefore it may be more accurate to speak of habilitation rather than rehabilitation, or social integration rather than social reintegration as a significant proportion of problem drug users have no adult life experience of being part of mainstream society - *'This makes living without drugs a very tough option indeed'* (Buchanan 2004:393).

Creating a Busy and Demanding Lifestyle

A significant proportion of problem drug users have a history of a disrupted childhood, low educational achievement and social exclusion which make steady employment difficult to secure and sustain. The Commission for Social Justice recognises that employment provides more than a regular income; it helps meet social and emotional needs, shape personal identity and provides social status within a network of relationships (Commission for Social Justice 1994). The impact of long term unemployment and social exclusion upon recovering drug users is graphically illustrated by one problem drug user: *'No prospects for someone like me. I gave up years ago thinking I could get a job, I might as well reach for the moon'* (Buchanan 2005:127). Unable to secure routine, income, status and identity through employment a 24/7 drug centred lifestyle is able to provide a number of these functions. It should be acknowledged that problem drug use provides a purposeful, focused and routinised structure - the *'daily cycle of problematic drug misuse'*.



First a drug centred life style is able to provide an underground economy giving disadvantaged people access to income and goods that they would otherwise be unlikely to secure. They become *'part of an elaborate and well developed alternative economy ... [which] has become a major source of income and exchange of goods within deprived communities. The sale and purchase of stolen goods is the only way that many families are able to partake in the trappings of an affluent society'* (Buchanan & Young 2000:124).

Secondly, a drug centred lifestyle addresses the boredom and frustration of a daily existence with no employment and limited opportunities; *'for many drug taking was an alternative to unemployment, boredom and monotony'* (Buchanan 2005:127). Thirdly, for those socially excluded this 24/7 existence provides similar demands and rewards to employment. Finally, and perhaps most significantly, problem drug use gives the individual a focus for the day, involving an all consuming and highly structured routine. While a drug centred life offers similar benefits to employment, it usually has damaging social and psychological consequences and leaves the problem drug user increasingly isolated and excluded. Those involved who are seeking to treat problem drug users by removing them from this highly structured activity will need to start thinking what they intend replacing it with, otherwise relapse will be almost inevitable.

Research by Klee et al 2002, Kemp & Neale 2005, and Foster 2005, has found that drug users face discrimination when seeking employment. Robertson (1987) acknowledged that problem drug users are frequently subjected to prejudice, and they seem to be afforded little protection from institutional discrimination (Buchanan 2005). No matter how physically free from drugs, nor how well motivated, recovered problem drug users must overcome personal, cultural and structural discrimination (Thompson 2001), a discrimination that is given legitimacy through the 'war on drugs';

‘a growing hostility has developed especially in the UK and US towards problem drug users, resulting in legitimized marginalization and social exclusion. This structural discrimination has become a serious debilitating factor for many problem drug users, hindering opportunities for recovery’ (Buchanan 2005:65-6)

Conclusion

Recovery and reintegration within wider society seems a long way off for many problem drug users. It is an enormous challenge for recovered problem drug users to re-enter (or enter?) mainstream society to find suitable accommodation, secure a place in further/higher education, find meaningful employment, develop a non drug using network of friends, establishing basic daily social routines and skills, such as shopping, cooking, budgeting, picking children up from school, going to the cinema, etc. What are seen as basic everyday tasks pose a real challenge for many recovering long term problem drug users. Many problem drug users have endured a difficult and disadvantaged childhood, have been immersed in a dehumanising drug centred lifestyle for most of their adult life, and have been subject to considerable prejudice and discrimination. If we are serious about addressing the drug problem agencies will need to concentrate their efforts on the social aspects of problematic drug use and be less preoccupied with addressing physiological aspects. There is an urgent need to develop services that are able to advocate on behalf of recovering drug users, tackle discrimination and begin understanding and addressing the underlying causes that cultivate, foster and sustain problem drug use.

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