How Effective Street Drug Testing Is?

...no policy, program or project is adopted without first having the answer to these questions:
(1) Are there better ways to achieve this objective?
(2) Are there better uses to these resources?

The UK Treasury Green Book

Background

In developed countries, it is widely agreed that the democratic public policies should be evidence-based. Evidence-based policy has been defined as an “approach that helps people make well informed decisions about policies, programs and projects by putting the best available evidence from research at the heart of policy development and implementation. This approach stands in contrast to opinion-based policy, which relies heavily on either the selective use of evidence (e.g. on single studies irrespective of quality) or on the untested views of individuals or groups, often inspired by ideological standpoints, prejudices, or speculative conjecture.” (cited in Goosdeell et al, 2010)

One of the main principles of the evidence-based policies is ongoing evaluation of the interventions in terms of their application, their efficacy, and cost effectiveness. This applies specifically to the (anti-)drug policies that are considered as one of the political priorities in the developed countries.

It was exactly the principles of evidence-based democratic governance that led the authors of this report to undergo an exercise that is rather novel in the history of drug policy of Georgia. Since 2006, about 50,000 people annually are detained by the police in streets and tested for drugs based on the shift in drug policy as defined by (Amendment # 2962-Is to the Code of Administrative Offences and Common Order # 1244-278/n). Positive test results lead to high penalties or imprisonment. The major rationale behind this policy is an assumption that strict punitive measures (a) prompt drug users to quit using drugs and (b) prevent children and young adults from experimenting with illegal drugs. Nevertheless, opponents of such policy consistently argue that hunting thousands of young people to test them for drugs has very limited, no or negligible influence on the level of drug use. This study wants to cast some light on this discussion using internationally established scientific methods.

1 Asking the question “Was the intervention applied the way as it was planned?”
2 “Did the intervention reached the goals that were defined / planned by the policy makers?”
3 Asking questions as: “Are the benefits of the intervention higher than its cost? Is there second intervention that would have better benefit/cost ratio reaching the same goals?” etc.
4 As shown, e.g., by the evaluation of EU Drugs Strategy and Action Plans, the regular and periodic evaluations of Australian Drug Strategy, annual reporting of the US Office for Narcotic Drugs Control, evaluations of Canadian drug policies, evaluations of National Drug Strategies and/or Action Plans of EU countries, etc.
5 Amendment # 2962-Is to the Code of Administrative Offences 28.04.2006 – defines 5-fold increase in drug related fine
6 Common Order of the Minister of Internal Affairs and Minister of Labor, Health and Social Affairs “About Defining the Rules of Establishing an Administrative Offence for the Use of Drugs and Psychotropic Substances” # 1244-278/n, 24 October 2006 – defines new rules for conducting drug testing procedure
Research Questions

a) How much did the Republic of Georgia spend on random street drug testing and consecutive legal measures in 2008?
b) What were the impacts of the random street testing for the drug users in terms of their drug career/use, and the related disorders?
c) What could be achieved if the funds specified in a) would have been spent on increase of the availability of OST, or possibly other treatment or prevention measures?

Methodology

Semi-economic study using combination of quantitative and qualitative techniques: surveys using assisted questionnaires, qualitative interviews and focus group discussions, expenditure calculations and economic modelling. Data of 2008 were collected from all relevant ministries and governmental agencies. 500 persons whose urine was tested for drugs following street detention at least once in 2008 were interviewed.

Funding, scientific supervision

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Association of Young Economists of Georgia (AYEG)
Center for Protection of Constitutional Rights (CPCR) and
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The scientific supervision was performed by Dr. Tomas Zabransky, M.D., Ph.D. (head of research and developments programs in the Centre of Addictology of the Charles University in Prague), who was principle investigator of and advisor to several methodologically related studies commissioned by the Czech Government, Czech scientific agencies, and international bodies.

Consultation was provided by Curatio International Foundation regarding data collection employing Respondent Driven Sampling technique, analyzing survey data and interpreting study results.

Results

Out of 43,029 drug testing cases that were performed in 2008, 19,302 (45%) were positive for one or more of the controlled drugs. 1,605 persons were sentenced to prison term for repeated drug use based on evidence provided stripe tests that are seen as rapid/approximate only and, according to international standards, cannot be accepted as judicial evidence and should always be confirmed by standard laboratory methods; it has never been practiced in Georgia. 18,076,245 GEL were paid as drug use related fines. Average drug testing episode took at least 8.43 policeman/hour, which suggest that about 10% of the total working time of the Police officers who control the streets was devoted to detaining possible suspects and testing them for drugs in 2008. Based on most conservative, minimalistic calculations, the total annual cost of drug testing and consecutive legal procedures and measures constituted about 18 mil. GEL in 2008 (police - 5 831 463 GEL, drug testing - 1 528 679 GEL, court - 658 459 GEL, prosecutor's office - 6 378 100 GEL, imprisonment - 8 061 567 GEL). In 84.5% of cases, drug use related fines were paid from sources other than legal income of fined person (family, friends, loans, criminal activity). Out of 491 persons who were tested for drugs and have with valid data in our sample only 36 (11%) stopped using drugs for a short period of time after they were tested and punished, but the majority of them (53%) returned to the drug use in less than 3 month and all of them did so within 11 months after the test/punishment.
Conclusions

Study results show that the punishment and imprisonment of drug users in Georgia has no or little influence on the drug related behaviour and is a dramatically inefficient waste of limited resources of law enforcement and judicial system. Punitive measures that have no analogue in the developed democratic countries did not result in any measurable reduction of drug use, caused harmful criminalisation of 1,605 persons that notoriously leads drug users to involve not only in "consensual" drug crime but also to criminal activities significantly more dangerous for public order.

As such, we can safely conclude that the random drug testing did not fulfil the expectations of its proponents in terms to decrease drug use, and caused significant economic costs to the Georgian society, together with difficult-to-monetarise intangible costs (secondary market consequences, humiliation of those tested, suffering of families, criminalisation of drug users, etc.). Moreover, given the zero impact of the tested interventions on the drug use, we can safely conclude that the focus of two Police branches on street-hunting of young people diverted precious Police (and other law enforcement) resources from activities that would serve their purpose: improving public order and safety.

Recommendations

- **Remove article 273 from Criminal code, which will prevent sending some 1,600 people to prisons and saves more than 8 mil GEL in imprisonment costs.** Research has consistently shown that imprisonment is not an effective option for reducing prevalence of drug use. Fear of punishment and imprisonment do not (significantly) influence person’s decision to take drugs. There is no any significant correlation between arrest rates and number of drug users in different countries (Bewley-Taylor et al, 2007). According to UNODC, 70-98% of those imprisoned for drug related crimes come back to using drugs within one year after release, if no effective treatment is provided (UNODC, 2003).

- **Shift police priorities from hunting drug users to criminal activities that have either real impact on criminal situation, or on public safety.** For methodological framework on Police resources, see, e.g., Craig 1987, Goldstein 1989, Benson et al 1992, 2001, etc.

- **Allocate saved amount (8 mil GEL) to definition and enforcement of modern, structured National Drug Strategy and Action Plans of the EU style, that would introduce and /or expand effective demand reduction programs (treatment, harm reduction, rehabilitation, prevention)** that are highly cost effective from the perspective of both society and state budget. Research has shown that inclusion in drug dependence treatment significantly reduces criminal behaviour and economic benefits of treatment several-fold outweigh its costs (Stevens et al, 2005).  

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7 As a rather theoretic example: allocating 8 mil. GEL to drug demand reduction will be sufficient to provide a yearlong MMT to more than 1200 patients, out-patient detox to some 2700 patients and in-patient detox to more than 700 patients, psycho-social consultation to some 26000 people, and engage more than 6000 people in needle and syringe exchange programs (calculations based on Radimecky et al, 2006).

8 “Widespread availability of and easy access to treatment has broad social benefits. Every US$1 invested in treatment reduces the costs of drug-related crime, criminal justice costs and theft by US$4-$7. When health-care savings are added in, total estimated savings can exceed costs by a ratio of 12 to 1.”
References


United States of America, Department of Health and Human Services, Centers for Disease Control, Policy Issues and Challenges in Substance Abuse Treatment, 2002 (see www.cdc.gov/du/facts/Policy.htm)