



**Press reporting of issues relating to illicit drug use**

**UK Drug Policy Commission submission to  
the Leveson Inquiry**

**January 2012**

UK Drug Policy Commission  
Kings Place  
90 York Way  
London  
N1 9AG  
(t) 020 7812 3790  
(e) [info@ukdpc.org.uk](mailto:info@ukdpc.org.uk)  
(w) [www.ukdpc.org.uk](http://www.ukdpc.org.uk)

The UK Drug Policy Commission (UKDPC) is an independent body providing objective analysis of evidence related to UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an effective, evidence-led response to the problems caused by illegal drugs.

UKDPC is a company limited by guarantee registered in England and Wales No. 5823583 and is a charity registered in England No. 1118203. The UKDPC is grateful to the Esmée Fairbairn Foundation for its support.

The UKDPC brings together senior figures from policing, public policy and the media along with leading experts from the drug treatment and medical research fields:

John Varley (President)  
Dame Ruth Runciman (Chair)  
Professor Baroness Haleh Afshar OBE  
Tracey Brown  
Professor Colin Blakemore FRS  
David Blakey CBE QPM  
Annette Dale-Perera  
Baroness Finlay of Llandaff  
Jeremy Hardie CBE  
Professor Alan Maynard OBE  
Vivienne Parry OBE  
Adam Sampson  
Professor John Strang  
UKDPC Chief Executive: Roger Howard

## **1. Introduction**

Use of illicit drugs is a topic of frequent interest to the UK press and public, and some aspects of the reporting are a cause for concern, with frequent examples of exaggerated and inaccurate coverage.

An analysis in 2010 by the Loughborough Communications Research Centre for UKDPC examined in detail the nature of such coverage in the print media<sup>1</sup>. This submission draws on the findings from this research, and from other aspects of UKDPC's work, including research on the impact of stigma on recovery from addiction<sup>2</sup>, as well as from other publications. It also draws on a forthcoming guide on reporting drug addiction, which we are developing with the Society of Editors<sup>3</sup>.

We focus in this submission on two aspects of press coverage of issues relating to illicit drug use.

Firstly, we explore the influence of press coverage on policy about illicit drugs. We are concerned that the reporting of stories relating to drugs can introduce exaggerations and inaccuracies that create unnecessary pressure on policymakers to quickly take particular policy decisions, on the basis of insufficient evidence.

The second part examines how the press approach stories about people with drug dependency problems. It is apparent that news stories about celebrities and others with addiction problems may fuel stigma experienced by those seeking to rebuild their lives, with consequences for their efforts to recover from addiction.

Within each of these areas, we propose specific recommendations for regulation, which we would encourage the Inquiry to consider.

## **2. Coverage of harms from drugs, and the impact on public policy**

Harmful recreational drugs provide popular material for the press. Stories typically focus on the threat posed by drugs, drawing on examples of severe injury or, more usually, death caused by their consumption. Other stories draw on statistics to seek to demonstrate rising levels of drug use, or harms caused by drugs, including in terms of associated crime. Reports are ubiquitous in local press of court cases where crimes are alleged to have been committed by someone with a drug problem.

It is our view that the selection and presentation of the material for these stories can have the effect of presenting a somewhat misleading picture of drug use and harms, and that this can influence government policy in a manner not always supported by

---

<sup>1</sup> UKDPC, "Representations of Drug Use and Drug Users in the British Press: A Content Analysis of Newspaper Coverage", December 2010

<sup>2</sup> UKDPC, "Getting Serious About Stigma: the problem with stigmatising drug users", December 2010

<sup>3</sup> To be published early 2012

evidence. We shall illustrate this through case studies of press coverage of three issues that have been prominent in recent years.

### **Case study 1: cannabis reclassification**

In 2004, the legal classification of cannabis was downgraded from class B to class C. In the following years, there was extensive press coverage of the possible link between cannabis use and mental illness. There was also much associated coverage of the apparent increase in the strength of cannabis on sale, with growing availability of stronger 'skunk'. This was against a backdrop of a decline in cannabis use that received little attention in the press, and no evidence for the increase in psychotic disorders that might have been expected from claims of strong causal links between cannabis use and psychosis. Nevertheless, cannabis was subsequently reclassified to class B in 2009.

There is no evidence that the decision to reclassify cannabis was driven primarily or exclusively by the pressure of press stories on the subject. It seems, however, likely that these stories were a significant influence. The Science and Technology Committee's 2006 report, "Drug classification: making a hash of it", discusses the decision by Home Secretary Charles Clarke to review the classification of cannabis in 2005. It concluded "the timing of the second review against a backdrop of intense media hype and so soon after the change in cannabis classification had come into effect gave the impression that a media outcry was sufficient to trigger a review."<sup>4</sup>

Malcolm Dean, a former Guardian assistant editor, has made similar points in his recent book, "Democracy Under Attack". With reference to the 2001 Police Foundation Inquiry Report on the Misuse of Drugs Act, he has argued that the government's decisions on drug policy are heavily influenced by its expectations of how the media will view its actions. Sometimes this is misjudged, as was the case with the 2001 Report, where the government initially rejected the findings before realising that the press were reacting more positively, and subsequently softened its stance<sup>5</sup>.

The Loughborough/UKDPC report included a study of press coverage of a particular article in the British Journal of Psychiatry, which claimed that skunk-cannabis was more likely than other forms of the drug to trigger psychotic illness. This article was published in 2009, after the reclassification of cannabis, but provides a useful example of the nature of coverage of such scientific articles relating to the impacts of drug use. The report examined coverage in the Daily Mail, Guardian, Mirror and Sun<sup>6</sup>.

Of the four reports, the Daily Mail article is particularly worthy of attention. While it was the longest, it was a combination of two unrelated news items: one on the

---

<sup>4</sup> See: <http://www.publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/103102.htm>

<sup>5</sup> Malcolm Dean, "Democracy Under Attack", 2011

<sup>6</sup> For details of article titles and publication dates, see pp48-49 of UKDPC, "Representations of Drug Use and Drug Users in the British Press: A Content Analysis of Newspaper Coverage", December 2010

coverage of the Institute of Psychiatry (IoP) report, the other a case study of a person who suffered from schizophrenia who stabbed his parents to death. The first item covered the IoP report with reasonable accuracy, but the second item appeared to be based on court proceedings with no sources provided.

By having this second item alongside the report of the IoP study and stating that the attack was carried out "after smoking super-strength skunk", the clear impression is given that the use of skunk was directly responsible for the attack – whereas the refusal to give the user his medication, mentioned much further down the article, was clearly a contributory factor, as was perhaps the alcohol also consumed, but it was not suggested as such. The article seemed deliberately to seek to reinforce the relationship between skunk, schizophrenia and violence, skewing the way information was presented.

### **Case study 2: the rise and risks of mephedrone**

Mephedrone (usually named in the media as 'meow meow') is a new synthetic stimulant that became popular in the UK from 2008, particularly among young people and clubbers. During late 2009, the drug received a great deal of attention in the press. In much of this, it was portrayed as extraordinarily popular and extremely dangerous. Among this coverage were several reports of young people apparently having died after consuming the drug.

In March 2010, the government's Advisory Council on the Misuse of Drugs recommended that mephedrone should be controlled as a class B substance. This classification was then brought into place in April of that year. This represented an unusually short period between the first identification of a substance, and such controls being introduced.

As with the reclassification of cannabis, it is not possible to prove that press coverage had a decisive impact on the decision to introduce stricter controls. However it again seems likely that the coverage had at least a significant effect on expediting the process, given the pressure on the government to act.

Importantly, the accuracy of that coverage was often poor. As DrugScope have pointed out, "one of the most widely reported cases [of deaths from mephedrone] involved the deaths of two young men in Scunthorpe. Several months later it was reported by the coroner that in fact they had taken the opiate-based drug methadone and had not taken any mephedrone at all"<sup>7</sup>. The claim that mephedrone had caused their deaths was prominent in the debate about the risks posed by the drug, yet proved to be false.

Other inaccurate or unverifiable claims about the drug's effects were also made at this time. A story published in the Sun in November 2009 (and repeated elsewhere),

---

<sup>7</sup> DrugScope, "The Media Guide to Drugs", 2011

reported that a user ripped off his own scrotum while hallucinating under the influence of mephedrone<sup>8</sup>. This claim appears to have been taken from an internet forum; there is no other evidence that it ever happened.

Another case was that of a 14-year-old, Gabrielle Price, who died in November 2009. Immediately afterwards, press coverage stated that mephedrone was 'linked to' or 'blamed for' her death<sup>9</sup>. However, a toxicology report in December 2009 showed that the cause of death was an infection, unrelated to the drug<sup>10</sup>. It is understandable that press coverage at the time of a death like this should raise the possibility that mephedrone was involved, particularly given the slow timescales of post-mortem inquiries. However, it is a cause for concern that there appears to have been little attempt to correct the original error. Indeed, an article in the Sun several months after the inquest repeated the claim that mephedrone was responsible for her death<sup>11</sup>.

One challenge is that local police are often put under pressure to make a public statement, sometimes with the understandable concern that there may be a rogue batch of drugs on sale in local drug markets, about which they wish to alert users. However, the police have a well-established protocol in other situations about not revealing too much information about suspects for fear of prejudicing subsequent court proceedings. It would not take too much effort to formulate new media announcement guidelines for the police to follow in relation to sudden deaths where drugs are suspected of being implicated, but before forensic studies and coroner deliberations are concluded.

### **Case study 3: the sacking of David Nutt as Chair of the ACMD**

The sacking in 2009 of Professor Nutt as Chair of the Advisory Council on the Misuse of Drugs has been well documented, and provides a further example of the influence of the press on drug policy.

In January 2009, Professor Nutt published an editorial in the Journal of Psychopharmacology, in which he compared the risks involved in taking ecstasy with those involved in horse-riding. Following criticism from the Home Secretary, Jacqui Smith, Professor Nutt apologised for the comparison.

---

<sup>8</sup> The Sun, "Legal drug teen ripped his scrotum off", 26 Nov 2009, <http://www.thesun.co.uk/sol/homepage/news/2747979/Miaow-miaow-drug-teen-ripped-his-scrotum-off.html>

<sup>9</sup> Eg People.co.uk, "Top school drug storm", 13 Dec 2009, [http://www.people.co.uk/news/tm\\_headline=top-school-drug-storm&method=full&objectid=21893553&siteid=93463-name\\_page.html](http://www.people.co.uk/news/tm_headline=top-school-drug-storm&method=full&objectid=21893553&siteid=93463-name_page.html)

<sup>10</sup> Sky News, "Police rule out 'legal high' link to death", 16 Dec 2009, <http://news.sky.com/home/uk-news/article/15501782>

<sup>11</sup> The Sun, "Meow Meow' kids go off sick", 9 Mar 2010, <http://www.thesun.co.uk/sol/homepage/news/2883607/Meow-Meow-kids-go-off-sick.html>

Later that year, Professor Nutt gave a lecture on the relative harms of licit and illicit drugs, which included the suggestion that alcohol and tobacco were more harmful than some other drugs. He also called into question the government's approach to classification. As a result, he was sacked from his post by Smith's successor as Home Secretary, Alan Johnson.

At the times of both incidents, there was considerable press coverage in the form of news and comment, much of which was highly critical of Professor Nutt. Some of this coverage was quick to call for his resignation or dismissal<sup>12</sup>, and other articles focused on the claim that his children had taken drugs<sup>13</sup>.

While other coverage was more sympathetic to Professor Nutt<sup>14</sup>, along with support from members of the wider scientific community, the overall effect in each case was to produce an incident to which the government was forced to respond. It is hard to imagine that he would have been sacked if there had not been such a press reaction. It is also hard to imagine that there would have been a similar response to a government adviser comparing relative harms in another policy field. There is a sensitivity particular to drug policy that appears to make presentation of many scientific findings of the comparative harms of different drugs difficult, without provoking controversy.

This case has troubling consequences for evidence-based policy and scientific advice to government. The reaction to Professor Nutt's work was due to his position as an advisor to the government; other potential advisors may conclude from this that either they should refrain from expressing their scientific opinion, or they should avoid becoming advisors to the government altogether. Neither is positive for UK policy.

### **Recommendations about the interaction between press and politicians**

In the cases of skunk-cannabis and mephedrone, the press brought a considerable level of pressure onto policy-makers and advisers to toughen legal controls over particular substances. Particularly as some press stories about these drugs' harmful effects have proved to be inaccurate, we are worried that such great pressure is being brought to bear, often on the basis of only very limited and unbalanced

---

<sup>12</sup> See for example: The Sun, 7 Feb 2009, "Anger at 'riding' ecstasy claims" <http://www.thesun.co.uk/sol/homepage/news/2216008/Anger-at-riding-ecstasy-claims.html>;  
The Daily Mail, 9 Feb 2009, "Government's top drug advisor faces calls to resign after claiming taking ecstasy is 'safer than riding a horse'" <http://www.dailymail.co.uk/news/article-1138957/Governments-drug-advisor-resign-claiming-taking-ecstasy-safer-riding-horse.html>;  
The Sun, 29 Oct 2009, "E 'safe as horse ride'" <http://www.thesun.co.uk/sol/homepage/news/2704041/Govt-chief-drug-czar-says-taking-ecstasy-is-as-safe-as-riding-a-horse.html>

<sup>13</sup> See for example: The Daily Express, 31 Oct 2009, "Sacked adviser: my kids took drugs" <http://www.express.co.uk/posts/view/137324/Ex-drugs-czar-warns-more-may-quit>

<sup>14</sup> See for example, Daily Mirror, 6 Nov 2009, "We need more like Professor David Nutt to stand as MPs" <http://www.mirror.co.uk/news/top-stories/2009/11/06/we-need-more-like-professor-david-nutt-to-stand-as-mps-115875-21800828/>

evidence. Similarly with the case of Professor Nutt, the press appeared to give little consideration to the validity of the evidence presented, yet the impact on the government's advisory body was significant.

The timescales for evidence-gathering and analytic processes are much longer than those of press reporting. The consequence seems to be that decisions about drug policy are, at least partly, being made to show the government's responsiveness to the press, rather than to take account of new evidence. At the same time, with news websites constantly updated, the pressure for speed appears to be increasing the risk of misleading stories being published.

We do not suggest that the press should cease reporting initial findings on emerging or possible public health harms posed by new drugs or variations on existing ones, even when this means drawing on incomplete or sketchy information. One of the values of a free press is its ability to draw attention to dangers that authorities would prefer not to be widely known.

However, there appears to be a problem in the way that coverage of these potential harms is overwhelming the policy process. The response to this must in part be political<sup>15</sup>, but there is also a need for the press to address how it reports such information.

There are a number of measures that we believe could improve the process:

- Where information is preliminary or derived from hearsay, this should be clearly noted, to a greater extent than the current practice of including a short qualifying remark towards the end of the article. Subsequent stories should also avoid leaving out this qualification and treating the information as established fact. While this is theoretically covered by the existing PCC Code of Practice, this principle does not appear currently to be followed as closely as is desirable, nor does the system of redress seem to be functioning effectively.
- Police bodies and the press regulatory system should develop joint protocols which ensure that police media spokespeople do not provide conjecture about the possible cause of death where drugs may be implicated until the results of toxicology tests are made available. Where there is an immediate wider public health concern to be conveyed via the press, warnings would be better routed through a senior local public health official.
- Where a serious inaccuracy has been identified, the correction should be displayed as prominently as the original story, particularly where the original claim has been repeated in multiple stories.
- Stories about drugs tend to be written by home affairs or crime specialists. This is understandable given that the Home Office is the lead government department for drug issues, but it may create a focus on crime-related

---

<sup>15</sup> UKDPC is in the early stages of a project on how drug policy is made in the UK, which will explore this question among others. The findings will be published in late 2012.

aspects of the story, with less attention to data on relative risks to health and safety. We therefore echo the Science Media Centre's recommendation that such stories should be checked by specialist science reporters.

- The outraged response to Professor Nutt's comparisons of relative harms suggests there is a particular problem with how scientific advice is viewed. The government's principles of scientific advice to government states that "scientific advisers have the right to engage with the media and the public independently of the government". It is important that the press view these advisers as independent experts whose skills are sought by the government, but not as members of the government. The pretence that they speak for the government – and so should be dismissed if they disagree with government policy – damages the quality of advice that the government receives.

### **3. Coverage of people with drug addictions: the press and the public**

The remaining part of our submission is concerned less with the accuracy of reporting and its influence on high-level policy, but rather with the tone of coverage of people with drug dependency problems, and the choice of what is reported in the press.

We are not only concerned with the challenge about the reportage of high-profile public figures. The case of the press disclosure of Naomi Campbell's attendance at a drug clinic is well known. Similarly well known is the inaccurate initial press assertions that Amy Winehouse died of a drug overdose, when subsequent toxicology tests showed that alcohol, and not drugs, was implicated in her death. The desire for a sensational headline appeared in her case to outweigh respect for the family and for accuracy about the cause of her death.

What also concerns us is the everyday reporting of people who currently have or previously have had drug addiction problems. Over many years, the press has developed a much more constructive and positive approach to the reporting of certain health-related conditions. Their leadership around reporting of suicides, mental health problems and conditions like HIV/Aids has been commendable.

However, through our work on recovery from drug addictions, it has become clear that the label of 'drug user' is particularly difficult for people to escape. Even when they have long since stopped using illicit drugs, the label remains with them. This stigma makes it even harder for this group to sustain recovery and rebuild their lives as well as making people reluctant to face up to having a problem and seeking help. It also impacts on the family members of people with drug problems who, because of the negative attitudes displayed towards drug users, are fearful of seeking help and hence become increasingly isolated, with serious consequences for their health and well-being.

Attitudes such as these exist throughout society but are also influenced by the media. While there are many examples of positive coverage of people with drug

dependency problems, there are also many examples of stories that stigmatise this group and make recovery and reintegration into society more difficult.

We are currently working with the Society of Editors on a guide for media reporting of people with drug problems. This is due to be published in early 2012, and the following points draw from that work.

### **How the press can reinforce stigma**

Some examples of stigmatising or hateful reporting are easier to spot than others. Fortunately, the most extreme recent example that we are aware of appeared not in the UK but in the Irish Independent.

A 2011 column, headlined "Sterilising junkies may seem harsh but it does make sense" commented favourably on a suggestion by a doctor that drug users should be offered money to be sterilised. It went on to describe a group of drug users as "junkies" and "feral, worthless scumbags" and voiced the opinion that "if every junkie in this country were to die tomorrow, I would cheer".

This piece was found in breach of the Code of Practice for Newspapers and Magazines, and is no longer available online.

Similar pieces are rare in the UK press, but do exist. One example was a column by Rod Liddle in the Sunday Times, in response to a UKDPC publication on the impact of stigma on recovery from addiction. The column, "My daily fix, Prof, is to stigmatise these smackheads", described people addicted to heroin as "drooling mindless imbeciles", and "glassy-eyed and threatening, desperate and aggressive"<sup>16</sup>.

These cases, where they occur in the UK, may be covered by Clause 12.i of the PCC Code. This would be contingent on dependency on drugs being classified as a mental illness or disability.

We remain concerned, however, by the complaints procedure of the current PCC, whereby only the subject of an article can complain about the article under this Clause, and where the Clause only applies to named individuals and not to groups of people. This seems hard to justify when prejudicial references to one individual can lead to discrimination against others who exhibit similar characteristics.

Indeed, while some such examples are easily identifiable, others are more subtle. One particular challenge is around the reporting of a subject's previous drug dependency. It is common for subjects to be described in the press as a "former heroin addict", even when this does not appear to be relevant to the story<sup>17</sup>.

---

<sup>16</sup> Sunday Times, 19 Dec 2010

<sup>17</sup> Eg, Birmingham Mail, "Small Heath helicopter laser attack man faces jail", 23 Jul 2011  
<http://www.birminghammail.net/news/top-stories/2011/07/23/small-heath-helicopter-laser-attack-man-faces-jail-97319-29103930/>

The implication behind the use of this label is that someone can never fully recover from drug dependency: it is always relevant to their identity and explains future odd or criminal behaviours, even if they have not used illicit drugs for many years.

Again, this is in principle covered by the PCC code (Clause 12.ii), so long as dependency on drugs is considered to be within the scope of mental illness or disability. However, the restriction on complaints is greatly limiting. This is particularly problematic given the situation of many of those who are subject to these stories. It is likely that many would not be aware of their right to redress, and others would wish to avoid drawing further attention to themselves.

### **Recommendations about reporting of people with drug problems**

We recognise that regulation is not well suited to determining how the press select stories and frame certain issues.

While we think it is helpful for stories about people with drug addictions to include some context about how and why they developed these problems, we do not suggest regulating the press to enforce this. We hope that our forthcoming Society of Editors media guide will justify why more balanced coverage is important, and will encourage journalists to consider how they write about people with drug problems.

However, we do think that there are some instances where regulation of these issues should be more effective than it has been in the past. As noted above, we feel that the PCC Code of Practice as it stands contains the necessary elements to protect against the most harmful discriminatory or hateful language directed against those addicted to drugs, provided there is agreement that Clause 12 applies. However, the restriction on who can make such complaints serves to undermine the utility of these controls.

Therefore, we recommend that the PCC complaints procedure should be modified so that:

- Any individual may make a complaint under Clause 12, regardless of whether or not they were the subject of the story or exhibit similar characteristics to the subject. These complaints should be considered in the light of the Code, without reference to the identity of the complainant.
- The restriction that Clause 12 applies only to individuals, and not to groups, should be lifted, so that prejudicial or pejorative references towards a category of people (eg those with addictions to drugs or other substances) are regulated with similar controls as equivalent references towards named individuals.

**Statement of Truth**

I believe the facts stated in this witness statement are true.

Signed .

Date ..... *27 January 2012* .....