

AFTERNOON DISCUSSION SESSION

Sandeep Chawla

If it is so difficult for researchers to put a consensus agenda forward for 15 or 25 countries at EU level, you can imagine the nightmare of trying to do it for 185 countries at UN level. That is the principle reason why debates in this field end up being so ideologically fixated between prohibition and legalisation. The only way to take this discussion forward is to put together the little empirical evidence we do have in the context of individual countries or international comparability, and offer it up for any pragmatic purpose it can be used for, rather than making general remarks about policies and strategies.

There is a lot of need for development when it comes to cross-national evidence, beyond individual research studies in different countries. For example, a figure frequently cited (for instance in the background paper for this seminar) is that 85% of countries feel that their drug problem is getting worse. This figure is constructed on the basis of findings from an annual reports questionnaire sent every year to every government of every member state of the United Nations. The relevant question asks governments if they think their drug problem is getting worse, better or is stable. An official in the government ticks a box, often purely on the basis of a hunch. These answers are then put together in quantitative terms to give us an overall figure on the status of the global drug problem. When speaking about drug policy at international level then, we need to come down to earth and focus on what is pragmatically possible given the circumstances.

Mark Kleiman

Coordination is only desirable if there is interdependency, when the right action for someone to take depends on the action someone else is taking. It is a good question to ask how many of the things put forward in these multi-national drug strategies are issues of interdependency, where it is valuable for each country to be pursuing comparable activities to others. We may be better off with many states serving as laboratories to determine which set of policies works best. Is it conceivable this rush towards coordination should or could be slowed? The principle of subsidiarity seems to suggest that things should only be considered at high levels if they cannot be dealt with at lower levels. Lip service is paid to this principle, but none of these international strategy documents seems to be dealing with it. We may want to ask whether these international conventions are actually of use.

Chung Yol Lee

It is important to differentiate strictly between two terms often used interchangeably: harmonisation aims to make things similar to each other, whereas coordination is needed exactly when there are differences, so providing a structure to learn from one another. What is the influence of the international conventions, given that they do not help with experimentation at local level?

Franz Trautman

It is crucial to have some sort of international framework, but such conventions do restrict flexibility. When we started prescribing methadone and giving out clean needles in the Netherlands, we had a massive influx of drug users from neighbouring countries because they were denied this sort of treatment. We chose to

serve a humanitarian interest, but got widely criticised by our neighbours who accused us of being a narcotic state. Coordination is key, but to allow people in different countries comparable treatment, there has to be an agreed-on standard. This would not have to go into detail, e.g. an internationally agreed-on specific methadone dose, but should give some guidelines as to effective services. It may be good to define different frameworks for countries at a comparable stage in their drug problem, e.g. Portugal, the Czech Republic and Iceland.

Peter Reuter

Coordination is the best policy. There are many problems with harmonisation. We do not know what good drug policy looks like. It is very hard to say that there is one model that would be appropriately adopted, putting aside the inherent heterogeneity of countries. It is harder to evaluate strategies that are carried out by more heterogeneous groups. Evaluation is best done on the most narrowly defined intervention and population. The whole notion of an EU strategy that goes beyond the principles of coordination should be examined fairly critically, as it is implausible to evaluate the success of an international strategy of this type.

Chip Steinmetz

Right now one can order almost any drug one wants over the Internet from any country and it is impossible for customs to regulate it. It would just be way too much work. Bearing this in mind, what is the feasibility of actually being able to coordinate and harmonise the control of drugs worldwide (not just between European countries)?

Dave Liddell

In terms of cooperation, we could do far more in terms of using a transfer of knowledge and understanding between member states. A lot of change is influenced by things like visits to services in Holland, or by guest speakers from other member states talking about their practices. It is possible that we should be looking at other models, not just evaluation, as vehicles to influence policy. These informal interchanges, coming more from the bottom-up, are crucial to developing a consensus. They may be more effective than more quasi-scientific methods adopting a top-down approach.

Michael Portillo

If you just have these very informal contacts and people come and have very bright ideas, how do you know whether you are adopting a good bright idea or a bad bright idea, if it is not being evaluated?

Dave Liddell

An example can be found in Swiss heroin-assisted treatment programmes, which are supported by ten years worth of rock solid evidence of their effectiveness. The problem in the Scottish context is convincing politicians that this is a good idea. What makes an impact with politicians and policymakers is actually seeing examples in practice; visiting a consumption room rather than having a moral view that it is somehow disgusting and encouraging drug use. Taking politicians there so they see it first hand can start to incrementally change their perspective towards understanding the pragmatic benefits of such services.

Alexander Dundee

I can think of two obvious, simple things that could have a positive effect on drug use. Young people should not be put in prison for minor drugs. Those who are put in prison for a long time should be helped with their addiction while they are there. Would you agree?

Mike Trace

Unfortunately, prisons are not free of drugs. Those that stay long-term in prisons may follow a full path of recovery, and remain drug-free, in those countries and prisons where there are services available. But research has shown, depending on the countries and depending on the prisons, that there is a large proportion of people who actually take up drug use while in prison. Prisons are far more likely to worsen the problem than solve it.

Mark Kleiman

The belief that prison is a good place for drug treatment is widespread; it seems obvious, but there is no research support for it. The best explanation for the failures in prison drug treatment is that not using drugs is not a skill; it is a set of social habits. Even if you could teach somebody not to use drugs in prison, the knock-on effect for his or her behaviour on the street would be quite limited. If we have limited resources to spend on improving drug-related behaviour of the offending population, most of it should be spent on community initiatives rather than those in institutions.

Peter Reuter

Another thing to worry about, in addition to prison increasing the use of drugs, is the increased risk that drug-abusing prisoners face on release. There are estimates of the excess mortality associated with the first two weeks of release from prison that are quite stunning. Reduced tolerance and lack of awareness of that leads to dramatically higher overdose rates.

Franz Trautmann

Everything that prisons can do to reduce the harm associated with drugs should be supported. Drug-free units in prisons in some countries have been quite effective. In Switzerland, prisoners were given pre-release training highlighting some of the risks, and a package containing clean syringes. In the Netherlands, prisoners were given training on how best to deal with substance use. Counselling can be very effective in preparation for treatment after prison. Although prisons are not the solution for substance users, as long as they are involved in the field, they should be working to reduce harms and promote safe use.

Rock Feilding Mellen

From your political experience, what do you think will have a greater impact on our policymakers? Evidence from prominent scientists, or articles written in the *Daily Mail*?

Michael Portillo

I once thought my role in politics was to try to emancipate politicians from the *Daily Mail*. The tendency, when people do not know what else to do, to chase after tomorrow's headline is really deeply depressing. Having listened with rapt attention to the talk by Colin Blakemore this morning, I unfortunately know that scientific evidence is not worth a damn compared with tomorrow morning's *Daily Mail*.

Cindy Fazey

We can repatriate domestic drug policy and leave all the cooperation at the international level for examples like precursors. Why then, when we are dealing with our own drug policy, do we have to compromise with those that are particularly anti-prescribing and anti-anything maintenance at all?

In 2000, the House of Commons select report made a lot of recommendations on whether drug policy was working, which influenced the 2002 policy paper. It said there are 250,000 problem drug users in the UK; some were crack addicts, but most were intravenous heroin users. A very important part of this document said that diamorphine heroin should be prescribed to those that need it. This has not been implemented and not because it is not in the policy papers but because it has been sabotaged by sections of the medical establishment.

Mike Trace

We have to remember that just because coordination is difficult to implement, we should not give up on it. Administrations coming together (whether through the UN, the Organisation of American States or the EU) to acknowledge the scale of drug problems, to try to set out a framework of what can be done about them and to agree some principles around those actions, has to be a good thing. Those administrations trying to constrain the actions of one another, even within the minor details of those principles, is not a good thing and explains why many people are against the ideas of harmonisation (i.e. an attempt to have the same laws implemented in the same way). There is a worrying movement towards harmonisation in European Union drug policy at the moment.