

**JAN WIARDA - HEAD OF POLICE, THE HAGUE
&
BOB AINSWORTH - MINISTER IN CHARGE OF DRUGS
POLICY IN THE UK**

Among the participants were Jan Wiarda and Bob Ainsworth who were kind enough to give presentations as a supplement to the scheduled scientific program.

JAN WIARDA

HEAD OF POLICE, THE HAGUE

MAIN FEATURES OF THE DUTCH POLICY ON DRUGS

- In the Netherlands the possession of drugs is illegal, but the *use* of drugs is NOT.
- Dutch legislation is consistent with the provisions of all the international agreements.
- The main aim of Dutch drugs policy is *harm minimization* – i.e., to minimize, if not prevent, harm to users, the people around them, and the public in general.
- The Dutch policy aims to prevent, or at least limit, the risks associated with drug use. The fact that users are not prosecuted, or stigmatized, makes it easier for them to seek help.
- The Dutch experiment started in the 1960s. Initially it was resisted, but in time it was accepted as people from all walks of life saw their children try cannabis and observed that its use generally did not progress on to the use of hard drugs.
- There is hardly any problematic cannabis use, and no reported casualties related to cannabis products. The long-term effects are less known at this stage.
- There is no evidence that the policy on soft drugs encourages the use of hard drugs and only a very small percentage of soft drug users change to hard drugs. An increase in the use of ecstasy parallels that seen in other countries and is unrelated to Dutch policy on drugs.
- Coffee shops found selling hard drugs are closed down immediately.
- The one major ambiguity in the system is that the supply to the coffee shops is not regulated and criminal organisations are still producing, transporting and distributing marijuana products.
- Ideally there would exist an official, closely regulated, closed market supply in the Netherlands. The revenue from taxes would go to pay inspectors to check quality and prevent it from being exported. However, international obligations led by the US do not allow it, so the ambiguity remains.
- Dutch policy on law enforcement and prosecution is set out in official guidelines, so is very transparent. It encourages a lot of teamwork between the police, judicial authorities, social work and the medical sector.

- Treatment has been found to be much more effective than detention, so it is supported. Drug addicts who are offenders are encouraged to have treatment and thereby suspend or waive their sentence.
- Addiction is considered a health problem. Needle-supply and exchange programmes were introduced to prevent the spread of HIV and AIDs, and methadone is prescribed as a heroin substitute to aid withdrawal.
- Since prevention is the main focus, preventive measures are targeted at young people. Schools provide information on the risks of drugs, alcohol, tobacco and gambling, and emphasise the dangers of driving while under the influence of drugs and alcohol.
- Dutch policy on drugs has given local authorities more power to deal with drug-related disturbances; stepped up co-operation with neighbouring countries to curb drug tourism; allowed tougher action to stop the production and traffic of drugs; and provided more money for specialised care services for addicts.

Drug use Among the Population Aged 12 Years and Over

| | Netherlands | United States of America |
|-----------------------------|-------------|--------------------------|
| Cannabis used at least once | 15.6% | 32.9% |
| Tried cocaine | 2.1% | 10.5% |
| Using heroin occasionally | 0.3% | 0.9% |

Number of “Acute Drug-Related Deaths”

| <i>Country</i> | <i>1994</i> | <i>1999</i> | <i>'99 per million pop*</i> |
|-----------------|-------------|-------------|-----------------------------|
| Austria | 173 | 128 | 8.1 |
| Belgium | 375 | n.a. | n.a. |
| Denmark | 271 | 239 | 44.3 |
| France | 564 | 118 | 2.0 |
| German | 1624 | 1812 | 22.1 |
| Greece | 146 | 255 | 24.2 |
| Ireland | 19 | 97 | 25.7 |
| Italy | 867 | 1002 | 17.4 |
| Luxemburg | 29 | 18 | 40.9 |
| The Netherlands | 50 | 76 | 4.8 |
| Portugal | 143 | 369 | 36.9 |
| Spain | 367 | 258 | 6.5 |
| Sweden | 85 | 99 | 11.2 |
| United Kingdom | 2861 | 3485 | 58.4 |

*According to national definitions used to report cases to the EMCDDA

BOB AINSWORTH

PARLIAMENTARY UNDER-SECRETARY AT THE HOME OFFICE RESPONSIBLE FOR DRUG CO-ORDINATION

BACKGROUND TO GOVERNMENT DRUG POLICY

- Before 1998 drug strategy was fragmented around different departments within the government.
- The main increase in the drug problem took place in the late 1980s and early 1990s
- In 1998 it was decided that a strategic overview of drug policy was required in an attempt to marry together the different elements of government activity related to drugs. It was at this time that the drug tsar was appointed.
- Despite frustration among practitioners caused by the absence of pure evidence-based policy formulation, some advance was achieved by focusing on a holistic approach.
- A concerted attempt was made to assimilate law enforcement, treatment, demand, supply, and education strands of government activity in order to point the people dealing with the drug problem in the right direction.
- As a result of the thin evidence base, many of the targets set were unrealistically optimistic.
- Over the last year drug strategy has been reviewed, and a new report is about to be published.
- The aspiration is to improve the co-operation between the Department of Health, Department of Education, and the Home Office. The government is trying to open up space in order to work towards *harm minimization*, focusing on problematic drug users, and targeting effective treatment.

LEADING TO THE PRESENT DAY.....

- The present review has received much media attention, incited much debate and is high on the political scale, but it is not a radical departure from the original approach.
- The growing evidence base should result in more realistic targets and more effective policies.
- Resources need to be re-allocated to reducing demand and finding effective treatments. Evidence suggests that treatment is about three times more effective than criminal justice interventions.
- The drug strategy will remain a holistic approach to the problem.

SPECIFIC CONSIDERATIONS

HEROIN

- The focus must be on *harm minimization* in order to prevent unnecessary deaths, and find appropriate evidence-based prescriptions for opiate users. .
- While heroin prescription should not be the treatment of choice, it should not be dismissed due to political fear and pressure, and lack of confidence by the medical profession.
- The aim is to increase the evidence base and to give the medical profession the guidance and confidence it needs to take the appropriate decisions on what is the appropriate drug for the treatment of the individual heroin addict.
- The Home Secretary has said to the Home Affairs Select Committee that he thought there was more scope for heroin prescription, that it was something that needed to be analyzed, and that these things need to be driven by medical decision and not by political pressure.

STIMULANTS

- Stimulants are a growing problem.
- There is evidence of a move out of amphetamines into cocaine and crack cocaine.
- Crack cocaine is still relatively low-usage by comparison with heroin, but its use is increasing and is associated with far greater levels of violence both by the people who are using it, and by those who are supplying and controlling the trade.
- Less effort has been put into research about crack cocaine, as the problem has not existed for as long, nor is it as widespread as heroin. Thus the evidence base for treatment is very patchy.
- Over the last year expert groups have been formed to draw up appropriate models of care and treatment so that effective practices can be introduced.

CANNABIS

- The main motivation for reclassifying cannabis as a Class C drug was to give consistency and credibility to drug education.
- Because young people have received mixed messages and been given information that is not based on fact and evidence, they do not presently believe what they are told about drugs by the media, their parents, teachers, or politicians.
- The people giving out the information need to be confident in the quality of the education they are providing in order for the message to be heard.
- Treating cannabis as equivalent to hard and lethal drugs like heroin has severely damaged the government's ability to influence public opinion in the drugs arena.
- In order to create a credible and effective educational program, the message must be evidence-based and differentiated with respect to what the different substances do and how harmful they really are.
- The secondary motivation in reclassification was to save police time in dealing with small possessions of cannabis, and thereby allowing the police more time to focus on tackling the supply chain, dealers and hard drugs.

ECSTASY

- The Police Foundation and the Home Affairs Select Committee recommended the reclassification of ecstasy from a Class A to Class B drug.
- Although some of the evidence supports reclassification, it is not felt that the evidence base is strong enough yet.
- It is believed that a lot of harm minimization practices can be introduced without reclassification.
- These include safer clubbing guidance and raising standards in the entertainment venues where ecstasy is widely used by, for example, training staff to recognize signs of distress, installing better ventilation and water fountains.
- The focus will also be on preventing ecstasy entering the premises in the first place.

LAW ENFORCEMENT

- Law enforcement will continue to try to infiltrate the supply chain back to the big suppliers and producer countries, linking up with other jurisdictions in order to do so.
- They will also try to disrupt the trafficking that takes place within this country, and deal with the problems that exist on the streets.
- The Proceeds of Crime Act aims to increase the rate of confiscation of criminal assets by introducing a comprehensive programme of criminal asset recovery. At present the UK confiscates at about a tenth of the rate of Ireland and a quarter of the rate of the US.

SUMMARY

- The aim is to introduce a more comprehensive package of harm minimization: making treatment more effective, putting in more resources, and trying to create the space for evidence-based heroin-prescription by the medical profession.
- The aim is also to become more effective in law enforcement, to dismantle the supply chain and remove the profits, and at the same time try to be more effective on the treatment side, since this is a demand-led business.
- Continue to shift resources towards demand reduction and treatment.
- Improve the quality of education to young people by giving parents and teachers the confidence to speak the truth about substances in a credible and effective way.
- Lift the level of understanding of what these substances do by giving people credible, non-judgmental information so that they can make informed decisions about them.