



## DRUG POLICY: TIME FOR CHANGE IN BOTH USA AND UK

An [Editorial](#) in this week's *Lancet* welcomes US President Barack Obama's new 5-year National Drug Control Strategy, which takes a more balanced approach to the problem and emphasises prevention and treatment, as well as law enforcement. In linked [Correspondence](#), experts from the UK Drug Policy Commission outline what they believe is required to repair UK drug policy after the recent episodes involving the sacking of chief drug advisor David Nutt and the mephedrone affair.

The [Editorial](#) highlights the US plan's ambitious aims, including a 15% reduction in the rate of youth drug use and the number of chronic drug users; and also the aims in the first year, which will focus on preventing drug use, driving under the influence of drugs, and prescription drug abuse. The [Editorial](#) says: "These are well chosen priorities since those who reach 21 years without developing an addiction are less likely to do so afterwards, driving under the influence of illegal drugs is now more common than drunk driving in the USA, and the abuse of prescription drugs is the country's most rapidly growing drug problem, with over 6 million Americans currently using prescription drugs for non-medical reasons."

It concludes: "Obama's new plan is a welcome departure from the ideologically driven measures of previous administrations and from other countries such as the UK, which have failed on several occasions to use evidence as the basis of drugs policy."

The [Correspondence](#) addresses the situation in the UK and is written by Ruth Runciman, Colin Blakemore and Tracey Brown, all of the UK Drug Policy Commission\*, London, UK.

The authors say: "We have seen drug policy increasingly affected by media pressure, sometimes hysteria, and by the ideological and polarised opinions of campaigning organisations and others, often based on flimsy evidence. Successive governments have tacitly acquiesced to this shift from evidence to opinion by not building an adequate evidence base along with suitable

machinery and structures for independent scrutiny and evaluation. This point has been commented on by the National Audit Office and the Public Accounts Committee. This changing pattern of influence has eroded the provision of objective advice for the development and implementation of drug policy.”

The authors highlight that, over the next 18 months, their Commission will carry out a serious review of drug policy governance and stewardship in the UK. Their initial view of what is needed to deliver an appropriate mechanism for better and effective drug policy and governance is:

- (1) Solid investment in developing the evidence base to inform drug policy analysis and decision making;
- (2) An independent mechanism and body for the evaluation and scrutiny of policies;
- (3) Inclusive and transparent methods, machinery, and structures to take account of public opinion and “political” considerations, against a background of the best scientific evidence and expert advice;
- (4) Enhanced political accountability through parliament and devolved bodies, and
- (5) Clear and open reasoning that people can understand and hold to account.

The authors conclude: “The new government will now have an opportunity to reflect on recent events and make a fresh start in strengthening the overall governance of drug policy, rebuilding the processes, structures, and practices, so that a new consensus about the aims and directions of drug policy can be created. We hope that the work of the UK Drug Policy Commission can facilitate this much-needed review.”

The Lancet Press Office T) +44 (0) 20 7424 4949 E) [pressoffice@lancet.com](mailto:pressoffice@lancet.com)

For Ruth Runciman, Colin Blakemore and Tracey Brown, all of the UK Drug Policy Commission, contact Victoria Silver T) +44 (0) 7866 757 389 E) [VSilver@ukdpc.org.uk](mailto:VSilver@ukdpc.org.uk)

For full [Editorial](#) and [Correspondence](#), see:  
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