MEMORANDUM

UKDPC
UK DRUG POLICY COMMISSION

To: the Innovation, Universities, Science and Skills Committee
From: the UK Drug Policy Commission
Date: 5 May 2009

Re: The current inquiry 'Putting science and engineering at the heart of government policy'.

1. This memorandum provides a brief description of the use of scientific evidence within drug policy and reaches some conclusions about how this can be improved. The brevity is intended to assist easy assimilation into the Committee's final evidence session and where applicable references have been provided for further detail.

2. The UK Drug Policy Commission (UKDPC) is an independent charitable body that uses evidence to scrutinise current UK drug policies and to influence policy decision-making. Chaired by Dame Ruth Runciman, it includes experts such as Professor Colin Blakemore, Professor Ilora Finlay and Professor Alan Maynard. A full list of Commissioners is appended[1]. The Commission is particularly concerned about **the use of scientific evidence in the formulation of drug policy**, and reconciling science in this area with politics and public opinion. It has highlighted a number of concerns which are relevant to your inquiry[2]:

   2.1 **Investment in research and evaluation is extremely low, despite the high costs involved**. The UK drug strategy identifies close to £1 billion of direct Government expenditure and a further £1 billion of related spend[3]. The total economic and social costs of Class A drug use in England and Wales are an estimated £15 billion[4]. Yet we estimate (from inadequate available data) that annual spend on research to date is less than 1% of total direct public expenditure on the drug strategy. For comparison, within the federal US treatment & prevention budgets, research accounts for 18% and 27% of spend respectively[5].

All website links accessed May 2009

[1] For more information on the UKDPC, visit www.ukdpc.org.uk

[2] UK Drug Policy Commission, *A Response to Drugs: Our Community, Your Say Consultation Paper*, UKDPC 2007. http://www.ukdpc.org.uk/resources/Drug_Strategy_Consultation_Response.pdf
See also: UK Drug Policy Commission, *The UK Drug Classification System: issues and challenges,* UKDPC 2008. http://www.ukdpc.org.uk/resources/ACMD_Ecstasy_Submission_September_2008.pdf

[3] HM Government, *Drugs: protecting families and communities*, COI, 2008. http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008

[4] Christine Godfrey *et al*, *The Economic and Social Costs of Class A drug Use in England and Wales, 2000*, Home Office Research Study 249, 2002. http://www.homeoffice.gov.uk/rds/pdfs2/hors249.pdf

[5] See http://www.whitehousedrugpolicy.gov/publications/policy/09budget/tbl_3.pdf. This not only provides an international example of appropriate resource allocation for research, but also an example of transparency as research spend is clearly separated within 'Treatment' and 'Prevention' budgets. However, it is disappointing that research does not appear in the 'Supply Reduction' budget breakdown. This area attracts by far the most spend and suffers most from the poverty of evidence.

2.2 **There is poor coordination of current research, evaluation and knowledge transfer** exacerbated by the complex cross-discipline, cross-department and part-devolved nature of drug policy. There is no single body responsible for knowledge building and transfer in this area, although in last year's (2008) UK drug strategy the Home Office promised to develop "a cross-government research plan, aligned to the developing international evidence base".[6]

2.3 **There has never been an official independent evaluation of UK drug strategies** and their impact, which is likely to have hampered real progress to optimise their effectiveness.

2.4 **It is therefore unsurprising that there are enduring gaps in our knowledge** about 'what works' and why across many strands of the drug strategy which should be of serious concern for any Government seeking evidence-based policies. The Commission has identified 10 key gaps in the evidence for the 2008 UK Drug Strategy and noted that many of these correspond with those identified a decade earlier[7]. The Academy of Medical Sciences has also highlighted "the many unanswered scientific and clinical questions that remain" in the area of neuroscience and addiction[8].

2.5 **Drug policy has become increasingly politicised.** Issues related to illegal drugs attract significant media interest, public concern and moral judgement and the Commission has observed the increased politicisation of drug policy in recent years. This has put a strain on the relationship between scientific advice and the formulation of government policy. This has been particularly evident during recent debates on the legal classification of drugs (particularly cannabis and ecstasy).

3. The **Advisory Council on the Misuse of Drugs** (ACMD) is an expert, independent group provided for by the Misuse of Drugs Act (MDA) 1971 to "keep under review the situation in the United Kingdom with respect to drugs" and to advise ministers accordingly. Whilst it is best known for its role in advising on the legal status of drugs, its remit under the MDA extends to advising on a wide range of measures:
    - for restricting the availability of drugs;
    - for enabling people affected by drug misuse to obtain proper advice, treatment rehabilitation and aftercare services;
    - for promoting cooperation between the relevant services;
    - for educating the public about the dangers of drug misuse;
    - for promoting research and information about dealing with problems associated with drug misuse.[9]

4. The role of the ACMD was, of course, subjected to detailed parliamentary scrutiny by the House of Commons Science and Technology Committee in 2006[10]. Since then, the

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[6] HM Government, *Drugs: protecting families and communities, Action Plan 2008-2011*, COI 2008. See: http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-action-plan-2008-2011

[7] UK Drug Policy Commission, *A Response to Drugs: Our Community, Your Say Consultation Paper*, UKDPC 2007. http://www.ukdpc.org.uk/resources/Drug_Strategy_Consultation_Response.pdf

[8] The Academy of Medical Sciences, *Brain science, addiction and drugs*, AMS 2008. See: http://www.acmedsci.ac.uk/p99puid126.html

[9] See the Misuse of Drugs Act 1971: http://www.statutelaw.gov.uk/content.aspx?LegType=All+Legislation&title=The+Misuse+of+Drugs+Act+1971&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&TYPE=QS&PageNumber=1&NavFrom=0&parentActiveTextDocId=1367412&ActiveTextDocId=1367415&filesize=5871

Advisory Council has undergone some important changes, including moving the secretariat to the Scientific Branch of Home Office and holding meetings which are open to the public. However, a number of issues remain concerning the role of the ACMD which are relevant to this paper:

4.1 **The ACMD's work is constrained by available resources** and the Advisory Council has 'cut its cloth' accordingly. The Advisory Council has produced high quality, influential reports aimed at improving public policy. Most recently these included *Hidden Harm* in 2003, *Pathways to Problems* in 2006 and *The Primary Prevention of Hepatitis C among Injecting Drug Users* in 2009[11]. However, some areas of policy, particularly in the area of restricting drug supply and the criminal justice system, have not received attention for over a decade.[12] Yet it is these areas that account for over half of total resources spent and perhaps suffer most from the poverty of available evidence. Furthermore, resources seriously limit the amount of research the Advisory Council is able to commission. Increasing the resources and capacity of the ACMD would undoubtedly allow it to develop a more comprehensive approach.

4.2 **The Government's rejection of ACMD advice** on two counts in relation to drug classifications (cannabis and ecstasy) in the last 12 months **has led many to question the current standing of scientific advice in the formulation of drug policy**. The Commission has called for a review of the ACMD's role in drug classification decisions, which should examine options which might take decisions about where a drug should be ranked based on its harms away from direct ministerial influence[13].

4.3 The Academy of Medical Sciences has recommended that the ACMD should increasingly **engage with the general public** in order to reconcile scientific evidence and drug policies with public opinion[14]. Whilst the Advisory Council commissioned a public opinion poll to inform their cannabis classification review, and now have open meetings, there appears to be little in the way on ongoing informed dialogue with members of the public.

5. **We conclude:**

5.1 There is a strong case for a **substantive increase in the proportion of investment in research and evaluation**. This is even more important in a climate of shrinking or frozen budgets as the only way to improve outcomes is to optimise public expenditure. Maximising value for money and effectiveness must now be a priority, and this requires detailed scrutiny of policies and their implementation.

5.2 **New systems should be adopted for the coordination and delivery of research and evaluation, and to promote use of the findings**. The Medical

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[10] House of Commons Science and Technology Committee, *Drug Classification: Making a Hash of It?*, fifth report from session 2005/06, TSO, 2006. http://www.publications.parliament.uk/pa/cm200506/cmselect/cmsctech/1031/1031.pdf

[11] All available at: http://drugs.homeoffice.gov.uk/drugs-laws/acmd/reports-research/

[12] The ACMD's last report to focus on this area was in 1996: *Drug Misusers and the Criminal Justice System Part III: Drug Misusers and the Prison System: An Integrated.Approach* (no longer in print).

[13] UK Drug Policy Commission, *The UK Drug Classification System: issues and challenges,* UKDPC 2008. http://www.ukdpc.org.uk/resources/ACMD_Ecstasy_Submission_September_2008.pdf

[14] The Academy of Medical Sciences, *Brain science, addiction and drugs*, AMS 2008. See: http://www.acmedsci.ac.uk/p99puid126.html

Research Council together with the Economic and Social Research Council have recently introduced a 'research clusters' initiative which is to be welcomed[15] but we have yet to see the overarching research plan that was promised in the UK drug strategy. A single point of leadership might be required. Given the ACMD's independent status and its remit which already extends to advising on measures for promoting research and information, one option is to resource the Advisory Council to fully adopt this responsibility. We note that a National Drugs Evidence Group has recently been established as a project group of the Scottish Advisory Committee on Drug Misuse (SACDM – soon to be reconstituted as the Drugs Strategy Delivery Commission, see below) to advise on research priorities and coordinate research and evaluation efforts.

5.3 **There should be an independent evaluation of the UK Drug Strategy** which considers its impact, including any unintended consequences and cost effectiveness. Details of an independent evaluation of the Scottish drugs strategy are expected to be announced shortly, and the UK strategy should be subjected to similar independent scrutiny.

5.4 **There should be a stronger emphasis on sustained deliberative engagement with the public to help reconcile policy, evidence and public opinion**. This would allow the Government to reference *informed* public opinion in complex areas where science may seem to run counter to popular opinion.

5.5 **Options for placing the Advisory Council on a stronger footing, with enhanced resources and capacity, should be considered**. It may also be appropriate to provide the Advisory Council with some **executive powers** so that some policy decisions can be made within an objective and scientific environment outside of direct control of Government ministers. The Scottish Government has just announced a new expert 'Drugs Strategy Delivery Commission' to replace the Scottish Advisory Committee on Drug Misuse, which will oversee the implementation of the national drugs strategy[16]. It will operate at arms-length from Government with an independent chair, unlike the Scottish Advisory Committee on Drugs Misuse which is chaired by the Scottish minister for Community Safety. There are also international models worthy of consideration, including the Canadian Centre on Substance Abuse which has "a legislated mandate to provide national leadership and evidence-informed analysis and advice",[17] the Special Research Centres funded by the Australian Research Council[18] and the Addiction Technology Transfer Center in the US[19].

The UK Drug Policy Commission would certainly welcome any measures that improve the footing of scientific advice in the formulation of drug policy and therefore eagerly awaits the outcome of the Committee's inquiry.

UKDPC, May 2009

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[15] See http://www.mrc.ac.uk/Fundingopportunities/Calls/Addictionresearch/Addictionresearchclusters/index.htm

[16] See: http://www.scotland.gov.uk/News/Releases/2009/04/20130938

[17] See: http://www.ccsa.ca/Eng/AboutUs/Pages/default.aspx

[18] See: http://www.arc.gov.au/ncgp/src/src.htm

[19] See: http://www.attcnetwork.org/index.asp

Annex: List of UKDPC Commissioners

Dame Ruth Runciman (Chair).
- Chair of the Central and North West London NHS Foundation Trust
- Deputy Chair of the Prison Reform Trust

Professor Baroness Haleh Afshar OBE
- Professor of Politics and Women's Studies at the University of York.

Professor Colin Blakemore FRS
- Professor of Neuroscience at the Universities of Oxford and Warwick
- Chair of the Food Standard Agency's General Advisory Committee on Science.

David Blakey CBE QPM
- Former President of the Association of Chief Police Officers and Chief Constable of West Mercia.

Annette Dale-Perera
- Director of Quality at the National Treatment Agency (NTA)

Daniel Finkelstein OBE
- Comment Editor and a weekly columnist of The Times

Baroness Finlay of Llandaff
- Consultant in palliative medicine and honorary professor of Cardiff University's School of Medicine

Jeremy Hardie CBE
- Research Associate of The Centre for Philosophy of Natural and Social Science at the London School of Economics, Treasurer of the Institute for Public Policy Research and a trustee of Somerset House and International House.

Professor Alan Maynard OBE
- Professor of Health Economics at the University of York

Adam Sampson
- Chief Executive of Shelter

Professor John Strang
- Director of the National Addiction Centre, Institute of Psychiatry, King's College London.

John Varley (Honorary President)
- Group Chief Executive of Barclays Bank Plc
- Chair of Business Action on Homelessness and President of the Employers' Forum on Disability.