UKDPC

UK DRUG POLICY COMMISSION

Submission to Sir David Omand's Review of the Advisory Council on the Misuse of Drugs (ACMD)

Briefing

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Summary of key conclusions:

The ACMD's working practices have meant it has been largely independent, systematic, objective and comprehensive in the way it goes about its business and has achieved international recognition as a 'model of good practice'.

The ACMD's composition has, by and large, ensured it has the requisite skills and competences available to it. It has been able to draw on wider experience as and when necessary.

The Council has discharged its duties as laid down in the Act in most respects. However in three important areas (restricting supply, educating the public and promoting research) it is clear the Council could and should be doing more (given additional resourcing).

The ACMD has had significant influence over many years with its advice mainly accepted and, in large parts, implemented. However we are concerned that there is no process for ensuring the Council's recommendations are actually implemented and/or acted upon when accepted. Perhaps Parliamentary Committees could be invited to scrutinize governmental responses and actions to scientific advisory committee's (SAC's) advice on a more regular basis.

The current level of expenditure on the ACMD represents extraordinary VFM (ie actual spending amounts to only 0.001% of the total estimated costs of Class A drug use). It is a cause for concern that such an important scientific and expert advisory body has such limited resources to spend on research and analysis to underpin and inform its deliberations.

It is the UKDPC view that the time is now right to look afresh at the governance of drug policy. We realize this lies outside the strict terms of reference for the current quinquennial review and might involve legislative implications.

Preface:

The UKDPC is uniquely placed to provide a considered input to this quinquennial review. Its Commissioners and staff have extensive experience of serving on the ACMD and/or similar Scientific Advisory Committees and of leading and chairing many inquiries and investigations into significant policy issues including drug policy. As such, they have straddled the scientific advice and policy analysis and development roles exemplified by the ACMD.

The UKDPC Chair, Dame Ruth Runciman was a member of the ACMD for 21 years between 1974-1995 (probably its longest serving member) and acted as Chair of the ACMD Criminal Justice and HIV/AIDS Working Groups. Commissioner Professor John Strang was a member for some years. Commissioner Professor Colin Blakemore is currently Chair of the Food Standards Agency's General Advisory Committee on Science as well as previously being Chief Executive of the Medical Research Council. Commissioner Baroness Ilora Finlay is a co-opted member of the Council's Technical Committee. Many of our other Commission members have served on a range of governmental and other official bodies and inquiries. The UKDPC's Chief Executive, Roger Howard was also an ACMD member for seven years until 2003.

Clearly there has been much discussion about the role of the ACMD given the recent dismissal of its Chair by the Home Secretary. It is not appropriate for us to comment on this given the Science & Technology Committee is currently looking at the matter and the Chief Scientist is considering the basis on which scientific advisory committees (SACs) operate.

However, some fifteen months ago, in a submission we made to an ACMD consultation about Ecstasy, we raised some fundamental concerns about the implications of the government's decision to reject the Council's earlier scientific assessment and advice. We argued: *"the… decision by the Government to reject the Advisory Council's advice…raises a range of deeper questions about drug policy than simply which class a drug should be placed in. For example, it challenges the role of expert advisory bodies and the analysis of scientific evidence in the formulation of policy".* [1]

Your review therefore offers a timely opportunity to examine the role of scientific and expert advice and the governance of drug policy.

1. Sir David Omand's Review Terms of Reference

We understand the overall **aim** of the review as outlined by the Home Office Chief Scientist, is to satisfy ministers that the Advisory Committee on the Misuse of Drugs (ACMD), for which it is accountable, is **discharging the function** it was set up to deliver within the existing legislation. Also, that it continues to represent **value for money (VFM)** for the public, taking account of the likely **future workload** of the committee and key **future issues**.

[1] See: http://www.ukdpc.org.uk/resources/ACMD_Ecstasy_Submission_September_2008.pdf

The Home Secretary has asked that the review consider the **functioning and processes** of the ACMD to assess how it undertakes its duties.

We understand the review is likely to consider:

- the **composition** of the body and the **roles** of members, secretariat and officials;
- the **resources** available to the body and the costs in undertaking its duties;
- the **process** by which the agenda of the body is set, and how **decisions** on what to investigate are made;
- how the ACMD arrives at its decisions and general **working practices**; and,
- how the advice is provided, including issues relating to **transparency** and **communication**.

2. **The UK Drug Policy Commission**

UKDPC is a registered charity, established to provide independent and objective analysis of drug policy and find ways to help the public and policy makers better understand the implications and options for future policy. See Appendix A for more information on the Commission and its members.

3. Evaluating the functioning of the ACMD

Any reference to VFM or the functioning and processes of the ACMD has to be set in the context of the original statutory purpose as enshrined in the legislation (see Appendix B). The 1971 MDA does not set out specific measures of impact or effectiveness of the Council against which it can be objectively assessed nor how it is expected to carry out its functions. Hence 'custom and practice' prevail. Essentially this has served the government well, at least until relatively recently

Since 1971, the Advisory Council's advice can be broadly broken down into two types:

- Expert advice on a wide range of drug policy issues, drawing on research evidence, professional and public consultation, with the aim of improving public policy (for example, its influential reports on the Criminal Justice System and HIV/AIDS in the 1990s and more recently, the reports Hidden Harm in 2003 and Pathways to Problems in 2006);

- Scientific assessment and technical/quasi legal advice as to whether particular substances should be controlled and, if so, in which class and schedule they should be placed. Here the ACMD has advised on drugs brought under the MDA 1971 for the first time (for example, ketamine, GHB and steroids) and the reclassification of some drugs, both 'downwards' (for example, cannabis) and 'upwards' (for example, methylamphetamine).

Thus crucially, the ACMD is both a Scientific and Expert Advisory Committee as well as having for nearly forty years provided valuable policy analysis and development advice to Ministers and professionals involved with implementing drug policy.

In the absence of clear or specific performance expectations for the Council one has to resort to common-sense perceptions about processes. We have assumed any assessment as to whether it is *'**discharging the function** that they were set up to deliver within the existing legislation, and that they continue to represent **value for money'*** needs to be based on a number of criteria:

- Whether the Council developed its advice in an independent, systematic, comprehensive and objective manner;
- Whether its composition is fit for the purpose(s) intended;
- Whether the Council has discharged the duty placed on it by the legislation;
- Whether the recommendations and advice proffered were accepted and subsequently implemented by the Government and/or Parliament. This also includes whether there is evidence of the utility and benefit of the advice given.
- Does the expenditure on the Council's operation appear reasonable, when set against the functions laid out in the legislation and in comparison with other similar bodies?

Developing advice & working processes

The ACMD has been rigorous in the processes it has adopted. In particular:

- It has used a range of specialist Sub Committees & Working Groups (eg on Technical, Criminal Justice or Prevention matters).
- It has used 'away-days' to develop and decide on work priorities.
- It has used hearing type sessions (sometimes latterly, open ones) to 'grill' scientists, researchers, experts and interested parties.
- It has initiated open calls for evidence and research and respondents from various persuasions have participated, including those from allied areas such as mental health charities and self-help groups.
- It has undertaken some modest commissioning of independent evidence overviews.
- It has opened up part of its meetings to public involvement.
- It has sought to ensure that the particular needs of the constituent countries of the UK are recognized and understood.
- It has transparent agendas, minutes and outputs and also produces Annual Reports.
- It has canvassed public opinion and undertaken limited public consultation input through opinion polls. It has not been able (limited resources, interest and expertise) to systematically pursue deliberative engagement strategies with a wider range of experts and the public. This can be contrasted with other SACs and areas where contentious policy and scientific issues have been addressed through public engagement programmes (eg through the activities of the Government's *Sciencewise* initiative and the funding of the Foresight and Academy of Medical Science reviews around brain science and addiction).
- The Council has worked effectively through consensus building approaches, which recognize that some members may not agree with every conclusion and recommendation.
- Recently, and importantly, the Council has established a mechanism for reviewing the implementation of earlier proposals and advice to see if they have been acted upon.

- In terms of independence, following criticism by the Science & Technology Committee, responsibility for the Secretariat moved from the Home Office drug policy branch to the office of the Home Office Chief Scientist.
- Its reports have been published in accessible language for the public.
- Home Office communications advisors have provided specialist media advice. The clear risk though is that this may at times conflict with Ministerial priorities and policies thus creating potential conflicts of interest.

In summary we conclude that, in its working practices, the Council has been largely independent, systematic, objective and comprehensive in the way it goes about its business and has achieved international recognition as a 'model of good practice'.

It is important to recognize that critics of its deliberations and conclusions are likely to be those who have political, ideological or moral positions which differ fundamentally from the broad consensus ACMD has been able to achieve throughout its existence. The fact that such people continue to have influence elsewhere says more about others' acquiescence in those views than about any fundamental flaw with the Councils modus operandi (for example, the unhelpful regular re-opening of the classification of cannabis issue has in all probability not assisted public understanding of the broad weight of scientific and expert analysis).

In terms of critique of current functioning we would draw attention to concerns about:

- Whether there have been some unintended consequences of moving the Secretariat to the Home Office Chief Scientist's office. On the one hand the link with science is important. However, social science capacity has been slimmed down in the Home Office and much competence lost. Given that much of the Council's work is also about social science perspectives this is regrettable. Also the synergy of productive relations between advisers and policy makers may have been eroded.

- Recently a number of eminent scientists have urged that SAC's should have access to genuinely independent communications advice, given the controversial nature of their deliberations. We have sympathy with this proposal. The risk of the current arrangements is that such advice may at times be geared to support Ministerial and governmental priorities and policies rather than the Council thus creating potential conflicts of interest.

- The Council has not been able (limited resources, interest and expertise) to systematically pursue deliberative engagement strategies with the public.

- Whether arrangements for formally linking together the devolved governments' interests and their own internal mechanisms for advice are optimized. This raises a question about the adequacy of current arrangements for addressing specifically England only matters.

- Given the breadth of the Council's remit an important question to raise is whether the Home Office continues to be the 'best fit' department to oversee the Council's

activities. The 1971 MDA allows flexibility in this matter. We are aware that in other European countries, leadership and coordination of drug policy lies with either health or central (Cabinet) committees rather than with interior or justice ministries.[2]

Composition

- The Council has embraced a diverse membership, balancing scientific (natural and social sciences) and research expertise with much wider practice delivery experience from the 'front line', such as teachers, police, probation, judges, treatment services and service users.
- It has used co-opted members with additional specific expertise as and when necessary.
- It has accommodated, in a constructive way, those who have vested interests to promote in terms of funding (eg the police, drug treatment services, as well as researchers) though it is not always clear with the ACMD whether and how conflicts of interest are declared.
- Recruitment to the Council is now carried out through an open process in order to meet both Nolan rules and the MDA legislative requirements for specific professional skills.
- It is not clear though what role Council members have in identifying particular gaps (or over-representation) or whether this is left to officials to decide.

In summary, our conclusion with respect to the Council's composition is that, by and large, it has the requisite skills and competences available to it. Through its working practices it has been able to draw on wider experience as and when necessary.

Discharging legislative duties

In most respects the ACMD has over the years fulfilled most of the duties laid down in the legislation, to varying degrees as the range of issues addressed testifies. However we have concerns in three areas:

- Whether function 2 (a) in the 1971 MDA (advice on restricting the availability of such drugs…) has been largely ignored insofar as the Council has not, for many years, examined in detail the evidence about the effectiveness of various enforcement activities aimed at restricting the supply of controlled drugs to the general public.

- Whether function 2 (d) of the Act (advice on educating the public) has been sufficiently prioritised. Given Ministers' concerns about 'messages to the public' and governmental information campaigns we find it surprising that the sponsoring departments and the Council have not examined in more detail the evidence about ways in which the legislation, policy and practice help or hinder this.

[2] In 2003 the European Monitoring Centre for Drugs and Drug Addiction found that only Spain and the UK placed responsibility for drug coordination in the Ministry of Interior. 9 of the then 15 states located it within Health or Social Affairs ministries.
http://www.emcdda.europa.eu/attachements.cfm/att_33723_EN_Dif09en.pdf

- Whether function 2 (e) in the Act (advice on promoting research) has been sufficiently prioritised. The Council's Statistics, Information and Research standing committee was some years ago deemed not to be working effectively and disbanded. Unfortunately nothing has taken its place to promote research to underpin the Council's advice. For example, we are not clear whether the Council was a key influencer and closely involved in shaping the new MRC/ESRC Addiction Research Cluster initiative. Understanding and interpreting research and data findings takes time and resources. It cannot rely on the goodwill of members to do this because of the complexity and range of research to be embraced. It is clear the Council cannot discharge this function adequately without recourse to adequate funding.

In summary, we conclude that the Council is discharging its duties in most respects, within its terms of reference as laid down in the Act. However in three important areas (restricting supply, educating the public and promoting research) it is clear the Council could and should be doing more (this would require additional resourcing).

Adoption and implementation of advice

Any assessment as to whether the Council represents value for money can only be set against an assessment of its overall impact, not simply its published advice outputs. As described earlier, the Council's work can be divided into two broad areas. We have summarized our assessment of the impact of its advice over the past few years:

(a) drug classification assessments

Drug Classification assessments	**Outcome**
1978 Cannabis –from B to C	Rejected (only small majority of ACMD supported)
2009 Cannabis – stay at C	Rejected (Gov't/Parliament moved it from C to B against ACMD advice)
2009 MDMA (Ecstasy) – from A to B	Rejected (by Government)
All other classification and scheduling proposals	To the best of our knowledge, all other of the recommendations made over many years have been accepted (by Government & Parliament)

(b) Drug policy and practice intervention Inquiries

Policy reports (see Appendix C)	**Outcome assessment**
Inquiry reports into thematic issues (eg Hidden Harm, Pathways to Problems and earlier reports around the CJS or HIV/Aids)	Wide ranging conclusions gaining mixed traction. Most largely accepted with some clear subsequent action and implementation by government. Of particular importance in terms of their implementation by government have been the Inquiry reports over many years covering: ▪ The Treatment & Rehabilitation report which established much of the pattern of subsequent services to help drug users, along with the establishment of local partnerships. ▪ The HIV/AIDS reviews which established the practice of harm reductions services. There has been evidence of the effectiveness of the impact of the ACMD's advice (eg the UK has one of the lowest HIV infection rates from injecting drug users following the ACMDs radical advice of the late 1980's) ▪ The series of three criminal justice reports (on prisons, probation and policing) provided the foundation for many of the interventions we now see in place throughout Britain aimed at getting offenders with drug problems into treatment. ▪ The Hidden Harms report has provided focus and impetus for a host of initiatives aimed at protecting children from harmful adult drug use. ▪ The Pathway to Problems report has provided considerable food for thought about ways to intervene early to prevent drug and other substance use gaining traction amongst children and young people. However some of the various advice and recommendations have been 'cherry-picked' and many recommendations made over the years have not been acted upon, despite being accepted by the Government. A very useful new development has been the establishment of a follow up process to review the actual implementation of recommendations. Regrettably there appears little evidence of traction with some government departments outside of Home and Health (for example Communities & Local Government in England).
Reports on specific drugs (eg Khat, methylamphetemine, ketamine etc)	Ditto. We are aware there has been some concern expressed about the slowness in the way officials and Ministers have acted on some of the Council's advice (eg on GBL)

In summary, we conclude that the ACMD has had significant influence over many years with its advice mainly accepted and, in large parts, implemented. However we are concerned that there is no process for ensuring the Council's recommendations are actually implemented and/or acted upon. Perhaps Parliamentary Committees could be invited to scrutinize governmental responses to SAC's on a more regular basis.

Expenditure & VFM

- We understand the annual cost of the ACMD is approximately £150K. We understand this excludes the secretariat and the costs of officials and expert inputs from other government departments (whether from England, Scotland, Wales or Northern Ireland).
- The Council benefits from huge amount of goodwill and time resource inputs given freely through its members or co-opted members and through inputs from consultations, submissions and presentations.
- We are aware the government has estimated the costs to society of Class A drug use alone as being in the order of £15bn.
- We understand the Council has not been given the resources to commission a significant volume of research overviews or future scenario planning such as was carried out through the Foresight programme and the Academy of Medical Sciences programme into brain science and addiction.

In summary, our conclusion with respect to ACMD expenditure and VFM is that the current level of expenditure on the Council represents extraordinary VFM (ie actual spending amounts to only 0.001% of the total estimated costs of Class A drug use). Additionally it is a matter of great concern that an important SAC has such limited resources to spend on research and analysis to underpin and inform its deliberations.

4. The wider context for ACMD's work and ability to discharge its function

Any consideration as to whether the ACMD is discharging the function it was set up to perform by the legislation must look to benchmark this against a changing environment. Since 1971 much has changed:

- There has been an obvious escalation of drug use and associated problems.
- There are apparent linkages to important international situations over which the Council has little apparent capacity or competence (eg security & terrorism).
- There are new international bodies, processes and requirements which impact on the Council's work.
- There are new bodies such as the Sentencing Guidelines Council whose work complements the ACMD in some ways. Additionally the ACMD now has parallel bodies operating in Scotland, Wales and Northern Ireland. While the MDA and classifications apply across the UK, much of the other drug policy advisory/inquiry related work is now the responsibility of devolved institutions.

- There has been a clear politicisation of the provision of drug policy advice since the Council was established (for example the role of a Drug Czar and political advisers).
- There has been growing, and potentially competing, civil service influence on policy analysis and advice as Ministers seek to exert their control over actions designed to reduce the harms from controlled drugs. We have seen also devolution of many powers and the setting up of specialist bodies such as the National Treatment Agency.
- The challenges of media demands and the drift to sensationalist and sometimes inaccurate reporting place great strains on both SAC's and Ministers.
- New means of harnessing and mobilising public opinion through digital and social media create both challenges and opportunities.
- There appears to be a confusion amongst many politicians and the public about the purpose of the classification system. This was originally intended to guide sentencers but is now expected to 'send public messages' and inform policing priorities. This begs the question as to whether the three level classification system (and schedules) is still fit for purpose. The ACMD will face considerable difficulties in exercising its statutory function to assess and advise on drug harms in an objective fashion and to anticipate its advice will be adopted.
- Concerns have been raised about how scientific and expert advice is acted upon by both the Government and Parliament.

In short, there has been a shifting centre of gravity of influence away from the ACMD and its independent scientific/ expert analysis and advice being almost universally accepted. In its place we have seen a worrying shift towards a more overt 'political' imperative shaping policy. This inevitably raises questions about the future utility of a scientific and expert advisory committee in this arena, at least as currently conceived and constituted. This is perhaps best illustrated by the Government's response to the Science & Technology Committee 2006 report about the drug classification system (see Appendix C).

Crucially, what is in no way explicit in the Government's response is how the different perspectives identified are practically reconciled in order to achieve a broad consensus. The consequence is a perceived diminution of the influence of scientific and expert advice. This governance and stewardship of drug policy has now become strained and in need of overhaul.

It is our Commission's view that the time is now right to look afresh at the governance of drug policy. We realize this lies outside the strict terms of reference for the current quinquennial review and might involve legislative implications.

Nonetheless our initial view is that an effective mechanism to deliver effective and good governance of drug policy would have a number of essential ingredients including:

- Solid investment in developing the evidence base to inform drug policy analysis and decision making.
- An independent mechanism/body for evaluation and scrutiny of policies.

- An inclusive method and machinery to synthesise science, expert advice, public opinion and 'political' considerations.
- Political accountability through Parliament.

We are aware there are many different models where Parliament has established mechanisms to bring science, evidence and expert opinion together, sometimes not only to provide advice but also to make some difficult decisions. For example: Food Standards Agency; NICE; Bank of England; Human Embryo & Fertilisation Authority; Infrastructure Planning Commission.

Many of these deal with similarly challenging and contentious policy issues and we see an opportunity to learn from them in order to explore different options for strengthening the governance of drug policy.

This is something the UKDPC is hoping to explore in more depth over the next eighteen months.

UKDPC
November 2009

Appendix A

THE UK DRUG POLICY COMMISSION (UKDPC)

We are a registered charity which provides authoritative and objective analysis of UK drug policies and practices. Our mission is to encourage to the formulation and adoption of evidence-based drug policies.

WHO WE ARE

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

OUR COMMISSIONERS

John Varley (President): Group Chief Executive of Barclays Bank Plc.

Dame Ruth Runciman (Chair): Chair of the Central & NW London NHS Foundation Trust & previously Chair of the Independent Inquiry into the Misuse of Drugs Act and member of the Advisory Council on the Misuse of Drugs.

Professor Baroness Haleh Afshar OBE: Professor of Politics & Women's Studies, University of York

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

David Blakey CBE QPM: formerly HM Inspector of Constabulary, President of ACPO and Chief Constable of West Mercia Police.

Annette Dale-Perera: Strategic Director of Addiction and Offender Care for the Central & NW London Mental Health Foundation Trust. Former Director of Quality at the NTA

Baroness Finlay of Llandaff: Professor of Palliative Care, University of Wales Cardiff & Former President of the Royal Society of Medicine.

Jeremy Hardie CBE: Former Chair of WH Smith.

Professor Alan Maynard OBE: Professor of Health Economics and Director of the York Health Policy Group, University of York and Adjunct Professor, University of Technology, Sydney, Australia.

Adam Sampson: Chief Ombudsman, Office for Legal Complaints. Former CEO, Shelter.

Professor John Strang: Director of the National Addiction Centre, Institute of Psychiatry, Kings College London.

Vivienne Parry: Science writer and broadcaster and Vice-Chair of University College London.

Tracey Brown: Managing Director of Sense About Science.

Chief Executive: Roger Howard, formerly Chief Executive of Crime Concern & DrugScope.

Appendix B

Summary of the Terms of Reference for the Advisory Council on the Misuse of Drugs

"It is the duty of the Advisory Council on the Misuse of Drugs to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem, and to give to any one or more of the Ministers, where either Council consider it expedient to do so or they are consulted by the Minister or Ministers in question, advice on measures (whether or not involving alteration of the law) which in the opinion of the Council ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse, and in particular on measures which in the opinion of the Council, ought to be taken.

A further duty is placed on the Advisory Council to consider any matter relating to drug dependence or the misuse of drugs which may be referred to it by any Government Minister (as defined in the Act).

Ministers - ordinarily the Home Secretary - are obliged to consult the Advisory Council before laying Orders before Parliament or before making Regulations (or any changes to the same) under the Act".

Extract from the 1971 Misuse of Drugs Act

The Advisory Council on the Misuse of Drugs

1.-(1) There shall be constituted in accordance with Schedule The Advisory 1 to this Act an Advisory Council on the Misuse of Drugs (in then s this Act referred to as " the Advisory Council ") ; and the supplementary provisions contained in that Schedule shall have effect in relation to the Council.

(2) It shall be the duty of the Advisory Council to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem, and to give to any one or more of the Ministers, where either the Council consider it expedient to do so or they are consulted by the Minister or Ministers in question, advice on measures (whether or not involving alteration of the law) which in the opinion of the Council ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse, and in particular on measures which in the opinion of the Council, ought to be taken-

(a) for restricting the availability of such drugs or supervising the arrangements for their supply ;

(b) for enabling persons affected by the misuse of such drugs to obtain proper advice, and for securing the provision of proper facilities and services for the treatment, rehabilitation and after-care of such persons ;

(c) for promoting co-operation between the various professional and community services which in the opinion of the Council have a part to play in dealing with social problems connected with the misuse of such drugs ;

(d) for educating the public (and in particular the young) in the dangers of misusing such drugs, and for giving publicity to those dangers ; and
(e) for promoting research into, or otherwise obtaining information about, any matter which in the opinion of the Council is of relevance for the purpose of preventing the misuse of such drugs or dealing with any social problem connected with their misuse.

(3) It shall also be the duty of the Advisory Council to consider any matter relating to drug dependence or the misuse of drugs which may be referred to them by any one or more of the Ministers and to advise the Minister or Ministers in question thereon, and in particular to consider and advise the Secretary of State with respect to any communication referred by him to the Council, being a communication relating to the control of any dangerous or otherwise harmful drug made to Her Majesty's Government in the United Kingdom by any organisation or authority established by or under any treaty, convention or other agreement or arrangement to which that Government is for the time being a party.

(4) In this section " the Ministers " means the Secretary of State for the Home Department, the Secretaries of State respectively concerned with health in England, Wales and Scotland, the Secretaries of State respectively concerned with education in England, Wales and Scotland, the Minister of Home Affairs for Northern Ireland, the Minister of Health and Social Services for Northern Ireland and the Minister of Education for Northern Ireland.

Appendix C The mechanics of drug policy decision making

In 2006 the Science and Technology Committee published a report 'Drug classification: making a hash of it?'[3] It was one of three case studies under the Committee's over-arching inquiry into the Government's handling of scientific advice, risk and evidence in policy making. It addressed the relationship between scientific advice and evidence and the classification of illegal drugs.

Shortly after the Government made its response as follows (extracts)[4]:

31. We acknowledge that in this sensitive policy area scientific advice is just one input to decision making, The Home Office should be more transparent about the various factors influencing its decisions.

Accept in principle.

Decisions made by Government on classification matters rightly attract considerable interest and, in many cases, polarise views. The Government has made significant efforts to make very clear the reasons why it has classified or reclassified a drug, whether to Parliament or the public.

The drug classification system is not a simple measure of medical or social harms caused by drugs. Whilst these measures are at its very core and cannot be overstated, it represents a more complex assessment from a wide range of sources to ensure that any decision to classify or reclassify a drug is as unbiased and objective as possible.

Decisions are based on 2 broad criteria – (1) scientific knowledge (medical, social scientific, economic, risk assessment) and (2) political and public knowledge (social values, political vision, historical precedent, cultural preference). Decisions must take account of scientific knowledge of medical harms, and social and economic evidence, as well as the insight provided by public consultation, and the knowledge and understanding provided by public bodies and Government departments.

The table below expands on these criteria and sets out a range of knowledge inputs upon which decisions are made within the classification framework.

TABLE OF KNOWLEDGE INPUTS INTO CLASSIFICATION SYSTEM

Knowledge type	**Comment**
Scientific evidence on medical harms and risks is integrated into the drug classification system; this is always under review, as the nature and content of scientific knowledge changes.	Integrated into classification via the Council
Social and economic knowledge: Understanding of the social context and complexity of social harms and risks is (cont)	Integrated into classification via the Council

[3] Science and Technology Committee ' Fifth Report, Drug Classification: Making a Hash of it?, HC 1031 July 2006

[4] The Government reply to the fifth report form the House of Commons Science & Technology Committee Session 2005-06, HC 1031, October 2006

provided through consideration of social research generally as well as the pursuit of in-house research into the drugs problem (covers e.g. user groups, vulnerable groups, social impacts such as crime, interaction with Criminal Justice System, economic costs of use and treatment). This is similarly under continuous review as the nature and content of social scientific knowledge changes.	
Public consultation is an important mechanism for accessing and considering wider views of experts and non-experts alike, assessing core social values and consensus.	Input into process through post Council's Recommendation consultations and current broader consultations with the public/ stakeholders
International partners' insight and experience is important source of learning from other contexts.	Liaison with international officials provides input into process
Political knowledge: the expertise of politicians – an understanding of the political context, the potential long term consequences of decisions.	Integral to the process

All of these inputs to the decision-making process are important. No single form of knowledge or rationality associated with that knowledge (for instance, that rationality associated with medical science) is sufficient on its own. However, in the exceptional cases where the scientific knowledge is overwhelming, the Government may take a view whether further knowledge and understanding can be provided by public consultation and will exercise its discretion accordingly, in line with Cabinet Office guidelines.

32. If the Government wishes to take into account public opinion in making its decisions about classification it should adopt a more empirical approach to assessing it. The Government's current approach is opaque and leaves itself open to the interpretation that reviews are being launched as knee-jerk responses to media storms.

Reject

As the response to finding 31 establishes, there are many factors that influence decisions on classification issues, one of which is the views of the public and stakeholders. Ministers and officials continually receive representations, information and evidence from a broad spectrum of organisations not least academics, the police, service providers, frontline workers and pressure groups. Major campaigns such as FRANK are continually monitored and evaluated, providing Government with insight into levels of public awareness and concerns, as well as the most common myths and misunderstandings. In addition, large-scale Government research such as the British Crime Survey and National Schools Survey provides information on patterns and trends of drug use. It is these sources of information from the public that are routinely gathered and assessed that inform decisions on classification, not media storms.