

Pompidou Group



**Connecting research, policy
and practice**

Lessons learned, challenges ahead

Proceedings



Council of Europe Publishing
Editions du Conseil de l'Europe

Connecting research, policy and practice

Lessons learned, challenges ahead

Proceedings

Strategic Conference
Strasbourg, 6 and 7 April 2004

Organised by the Pompidou Group
(Co-operation Group to Combat Drug Abuse
and Illicit Trafficking in Drugs)

Council of Europe Publishing

French edition:

Comment rapprocher la recherche, les politiques et les pratiques de terrain?

ISBN 92-871-5534-8

The opinions expressed in this publication are those of the author(s) and do not necessarily reflect the official policy of the Council of Europe/Pompidou Group.

All rights reserved. No part of this publication may be translated, reproduced, stored in a retrieval system or transmitted, in any form or by any means – whether electronic (CD-Rom, Internet, etc.), mechanical, photocopying, recording or otherwise – without the prior permission of the Publishing Division, Communication and Research Directorate (F-67075 Strasbourg or publishing@coe.int).

Cover design: Graphic Design Workshop, Council of Europe

Cover picture: Drawing by Sara Whomsley based on an idea by Martine Gerhart-Freyermuth, artist/painter, Strasbourg 2003.

Council of Europe Publishing
F-67075 Strasbourg Cedex

ISBN 92-871-5535-6

© Council of Europe, August 2004

Printed at the Council of Europe

Pompidou Group

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an intergovernmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. Thirty-four countries are now members of this European multidisciplinary forum which allows policy-makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. Its new mission adopted at the Ministerial Conference of Dublin in October 2003 is the promotion of dialogue and interaction between policy, practice and science with a special focus on the practical implementation of drug policies.

Through the setting-up in 1982 of its group of experts in epidemiology of drug problems, the Pompidou Group was a precursor for the development of drug research and monitoring of drug problems in Europe. The multi-city study, which aimed to assess, interpret and compare drug use trends in Europe, is one of its major achievements. Other significant contributions include the piloting of a range of indicators and methodological approaches, particularly in the areas of school surveys, resulting in the ESPAD (European School Survey Project on Alcohol and other Drugs),¹ treatment demand (Treatment Demand Indicator),² prevalence estimation (*Estimating the Prevalence of Problem Drug Use in Europe* publication) and qualitative research. The most recent activity has been the development of an indicator of the social cost of drugs, which has been successfully tested in Poland. Over the years, the Pompidou Group has served as a key forum for epidemiological research and monitoring in Europe, including central and eastern Europe and subsequently the Russian Federation and the Mediterranean region.

1. Initiated by the Swedish Council for Information on Alcohol and Other Drugs and supported by the Pompidou Group.

2. See Pompidou Group list of documents and publications at the end of this publication.

CONTENTS

Introduction	7
Sequence of events	11
<i>How to learn lessons and to beat challenges or rats learn from experience, why don't we? Alfred Uhl (LBISucht, Vienna, Austria)</i>	<i>15</i>
Session 1: How can policy, practice and research deal with the complexity of the drug issue	23
<i>A response from a research management perspective by Charlie Lloyd (The Joseph Rowntree Foundation (JRF), United Kingdom)</i>	<i>23</i>
<i>Scope of drug research and drug policy, a response from Prof Henk Rigter (Erasmus University, Rotterdam, Netherlands)</i>	<i>27</i>
<i>Summary of Session 1</i>	<i>31</i>
Session 2: How can policy, practice and research deal with underlying values and paradigms in questions and answers.....	33
<i>Response from the perspective of prevention by Prof Alfred Springer (Ludwig-Boltzmann Institut für Suchtforschung, Vienna)</i>	<i>33</i>
<i>Response from the perspective of treatment by Prof Helge Waal (University of Oslo, Norway)</i>	<i>37</i>
<i>Response from the perspective of Criminal justice by Prof Dr jur. Lorenz Böllinger (University of Bremen, Germany)</i>	<i>45</i>
<i>Summary of Session 2</i>	<i>51</i>
Session 3: How to strengthen the research basis of policy and practice?	55
<i>Response from the perspective of science and policy by Prof Virginia Berridge (London School of Hygiene and Tropical Medicine, Department of Public Health, United-Kingdom)</i>	<i>55</i>
<i>Response from the perspective of evidence-based policy by Dr Martin Buechi (Office Fédéral de la Santé Publique, Bern, Suisse)</i>	<i>63</i>
<i>Summary of Session 3</i>	<i>67</i>
Conference conclusions and follow-up	69
Appendices	71
Appendix I – Programme	73
Appendix II – List of participants	79
Appendix III – List of Pompidou Group documents and publications	85

Introduction

Background of the conference

The initial idea of organising a strategic conference on the epidemiology of drug problems was first included in the Pompidou Group 2000-2003 work programme with the aim of devising a work programme for the Pompidou Group research field. In order to take into account the ongoing reflections taking place in the different organisations active in the field of drugs, the objective of the conference has broadened to include policy and practice components. In so doing, the conference was expected to respond to the new mission of the Pompidou Group which is the interaction between research, policy and practice through the exchange of experience and/or transfer of knowledge.

Preparation of the conference

A preparatory committee including representatives from EMCDDA and WHO was set up and held four meetings between October 2002 and February 2004.

Preparatory committee

Ruud Bless (Project co-ordinator)

Chris Luckett (Pompidou Group Executive Secretary)

Bob Keizer (Chairman of the Permanent Correspondents of the Pompidou Group)

Richard Hartnoll (Consultant, drug research and policy analysis)

Paul Griffiths (Programme Co-ordinator, Situation Analysis EMCDDA)

Richard Muscat (Co-ordinator of the Pompidou Group Research platform)

Alfred Uhl (Ludwig-Boltzmann Institut für Suchtforschung, Vienna)

Florence Mabileau-Whomsley (Pompidou Group Secretariat)

Background document

In order to assess what has been learnt and to identify gaps in knowledge, the Pompidou Group commissioned Richard Hartnoll in his capacity as a former consultant in epidemiology for the Pompidou Group and as the former head of the Epidemiology department of EMCDDA to prepare an overview of the state of the art of 20 years of drugs research. The paper "Connecting research, policy and practice: lessons learned, challenges ahead" together with its summary was sent to the participants before the conference.

Format of the conference

The conference was held over one and a half day in a plenary session. It was moderated by Ms Annette Verster, an external consultant. The committee decided to ask seven speakers to participate in the discussion panels.

Speakers in the discussion panels

Professor Henk Rigter (Erasmus University, Rotterdam, Netherlands)
Professor Charlie Lloyd (The Joseph Rowntree Foundation, York, United Kingdom)
Professor Alfred Springer (Ludwig-Boltzmann Institut für Suchtforschung, Vienna, Austria)
Professor Helge Waal (University of Oslo, Norway)
Professor Dr. jur. Lorenz Böllinger (University of Bremen, Germany)
Dr Martin Buechi (Office Fédéral de la Santé Publique, Bern, Switzerland)
Professor Virginia Berridge (London School of Hygiene and Tropical Medicine, Department of Public Health United Kingdom)

Invitations

Invitations were addressed to the Pompidou Group Permanent Correspondents with a request to nominate participants in the field of research, policy and practice. The following organisations were also invited: EMCDDA, WHO, UNODC and NIDA.

Objective of the conference

A key forum for the development of drug research and monitoring of drug problems in Europe for the last 20 years, the Pompidou Group felt the time had now come to assess what has been learnt and to identify gaps in knowledge in order to strengthen the research basis for policy making and thus promote evidence-based policies.

The objective was to discuss how research, policy and practice could better interact to tackle the complexity of drug issues.

The conference aimed at providing policy-makers, researchers and practitioners in the field of prevention, treatment and criminal justice with a unique opportunity to discuss the issues identified.

The conference was also considered as a first attempt towards the development of strategic thinking on the connection between research, policy and practice.

Expected output

The discussions were expected to produce a number of recommendations on how to strengthen the research basis of policy and practice.

Sequence of events

Participants

67 participants from Austria, Belgium, Bulgaria, Cyprus, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Luxembourg, Malta, Netherlands, Poland, Portugal, Russian Federation, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey, the EMCDDA and WHO attended the conference.

Opening session

Mr Muscat, in the Chair for the opening session, introduced the three speakers from the Pompidou Group, EMCDDA and WHO.

Mr Luckett (Pompidou Group Executive Secretary) opened the conference by underlining the importance of this event for the Pompidou Group which, after 20 years as a precursor in the field of data collection and definition of indicators, has been given a new mission by ministers: the interaction between policy, research and practice. In focusing on the practical implementation of drug policy and the way research could support the practitioners in the field, the Pompidou Group would like to be proactive and contribute to the European Union drugs strategy 2005-2012.

Mr Nikogosian (WHO) stressed that WHO approached substance abuse in the context of public health in three areas: mental health, prison and health, poly-drug use. He congratulated the Pompidou Group for initiating this timely debate which will help to define policies for the different international organisations

Mr Griffiths (EMCDDA) conveyed the thanks from his organisation to be part of this event which is considered as a unique and timely opportunity to reflect on the progress made and the challenges ahead in view of the future EU drugs strategy. Faced with the widening of the data collection networks to 25 countries, and the need to provide clear evidence of its added value, EMCDDA was also seeking ways with for improved co-operation with the Pompidou Group.

The representatives of the three organisations congratulated Richard Hartnoll for the excellent paper he provided for the conference.

Richard Hartnoll, who worked with the Pompidou Group in the group of experts in epidemiology of drug problems from 1982 to 1995 and then became the head of the epidemiology department at the EMCDDA until 2002, explained some of his thoughts appearing in his paper which will be published and widely distributed after the conference. (For further details, please refer to his publication: "Drugs and drug dependence: linking research, policy and practice: Lessons learned, challenges ahead".)

These were the following:

- While recognising problems of communication between research and policy, there has been substantial progress in the fact that policy-makers have taken on board research results to develop policies.
- Once published, if the research results are given without an interpretation, this interpretation is left to policy-makers.
- The description of prevalence and health consequences of drug use has improved through research done by the Pompidou Group and EMCDDA and this objective description of the situation has helped to take the emotion out of the debate.
- However, with the development in neurosciences, genetics and social research, it had been thought that the reasons why an individual uses drugs would become clearer. This was not the case and there is no linear logical explanation that everybody can adhere to.
- The biggest challenge of research is both to avoid simplistic answers which do not take into account the mental health components of the individual, the cultural and economical factors and prevailing societal values (consumerism, public attitudes towards drug use) and at the same time avoid any unnecessary complication. The example given was the interconnection between drug use and social exclusion: was drug use leading to social exclusion, unemployment or was social exclusion leading to drug use? or was it in fact much more complex than that?

- To better grasp the issue of complexity, the drug use phenomenon should be envisaged from a wider perspective outside the too narrow specialised “drug experts circles”. One needed to think beyond drugs and consider other areas of social policy (crime, exclusion and poverty, and so on). A multi-disciplinary approach to the issue should be encouraged.
- Research needs continuity to be able to put all the missing pieces of the puzzle together. In order to do that, the setting up of centres of excellence following programme-based research strategies instead of short-term funded contracts and think-tanks aiming at critically questioning research results in a wider context should be supported.

How to learn lessons and to beat the challenges or rats learn from experience, why don't we?
by Alfred Uhl (LBISucht, Vienna, Austria)

The German philosopher Carl Friedrich von Weizsäcker (1978) said on the relationship between philosophy and the so-called positive sciences: "Philosophy formulates the questions which when not asked constitute the conditions of success of the scientific process!" This sharp-witted interpretation holds true for those large areas of the natural sciences that form the basis for technical applications – i.e. areas where grave logical and conceptual errors instantly produce failure. The situation is very different though in the human and social sciences, where a diversity of contradicting scientific claims coexist without any clear-cut strategies to unequivocally judge their appropriateness. Under such conditions, philosophy – at least philosophy of science and basic research methodology – has an important role to play. Here logical reasoning to detect intrinsic contradictions in the current body of science as well as using and interpreting formal models correctly is not only important in exploratory research endeavours but equally essential in the context of confirmation.

The human and social sciences are characterised by severe economic, technological and ontological research limits, whereby the term "economic research limits" refers to the fact that interesting research projects are far too expensive to have any chance of realisation, the term "technological research limits" points to the fact that some research questions cannot be tackled since technology is not yet adequately developed and the term "ontological research limits" refers to limitations imposed by reality itself. Due to these limits the human and social sciences do not impress as a permanently growing body of cumulative evidence but resemble a continuously changing puzzle, where missing pieces have to be substituted by logic, analogy and common sense, where pieces have to be rearranged if new pieces turn up, where commonly more than one interpretation is justified and where well founded conclusions are the exception rather than the rule.

In some areas of human and social sciences, randomised controlled trials (RCTs) are highly useful procedures but this "gold standard" is not feasible in most research areas. Therefore it makes little sense to rigidly insist on "evidence-based research" in the sense of well controlled experiments and depreciate all other forms of research endeavours.

The term “evidence-based” only makes sense if it is understood in the much broader sense to which Richard Hartnoll defined in the background paper to this conference, i.e. as “a step-by-step process of building evidence through observation, developing theory, testing hypotheses and crossing information“. Aiming for as much empirical evidence as possible is essential for a researcher, but equally important is interpreting existing evidence rationally and dealing sensibly with missing evidence.

The intrinsic problems of scientific research are a very important aspect for discussion. The second important aspect is how research is organised practically. The basic epistemological and methodological problems on one side and the organisational and practical problems on the other side are highly interrelated, but they should be kept apart in the discussion. I will now move to the organisational side of the problem. Adequate research can only evolve if the organisational context is set up adequately.

The wider understanding of “evidence-based research” defined above, demands for specific background conditions. The process must be led by experienced senior researchers who are truly at home in their field, who aware of the blind spots in the research puzzle and who know the limits of research. The necessary competence can only evolve if the researchers can remain in their field for many years, if they have time to reflect and if they have a chance to exchange routinely with colleagues. What we need are “centres of excellence” respectively “think tanks”. This means research should be organised on a long-term basis largely independent of everyday politics with reliable core funding. It is counterproductive to create institutions depending on short-time projects with a highly fluctuating staff and no core funding, who can only survive if they chase desperately for projects and have to accept any project regardless if the topic fits into their overall programme or not. Quality in research depends highly on experience. It is naïve to believe that students who have just finished their university courses and were taught basic research tools can produce quality in research without being intensively supervised by experienced senior scientists.

In the last decade the research situation in Europe has continuously moved away from the above-defined ideal, driven by economic constraints and by the emerging idea that the optimal research quality can be guaranteed by formalistic tendering rules, going for the cheapest bid and by funding individual projects rather than core funding institutions carrying out long-term research programmes. Due to limited time, I cannot cover this matter systematically but only mention some characteristic examples and arguments.

Realism in cost calculations

If an architect has calculated the costs to build a certain house, if the customer then asks him to build this very house for half of the price and if the architect accepts the task anyway, we should be highly sceptical. Either the architect wanted to cheat his customer initially by overestimating the costs dramatically, or he now plans to cheat the customer by not fulfilling the contract adequately, or he is just an incapable businessman who may go bankrupt before the house is finished. For good reasons unrealistically low prices should make customers as suspicious as an unrealistically high prices, but nevertheless, in the research funding world decision-makers commonly try to cut the project prices dramatically and still expect the same outcomes. The loss in quality to be expected very likely exceeds the reduction in costs by far. Somewhat different in procedure but similar in outcome is to tender for research projects publicly and to define an objective decision algorithm based on tender content and the price of the bid only, since such conditions force all competitors to offer unrealistically low prices which do not allow to do the job well. This is particularly true in large international projects, where a large fraction of the planned costs is reserved for travelling and meeting expenses, and where a dramatic budget cut means that no money is left for the essential research work. I will deal with this issue specifically later.

Long-term perspective

If the manager of a research institute cannot plan his research projects on a long-term basis, since customers and funders do not want to bind themselves too early, he has to potentially overbook his staff by excessively tendering for projects. If he acquires many more projects than his staff can handle, he has to instantly employ additional personnel to fulfil the project. Under circumstances where there is hardly time to thoroughly select new employees, particularly if so many newcomers are contracted that the capacity of the senior staff to supervise them adequately is overdrawn bad quality is inevitable. If on the other hand the manager fails to acquire enough projects to finance his staff he has to release personnel, even though he is aware that building up the same level of expertise in newcomers will take years again and that therefore the quality of future projects will suffer.

On a purely operational level it makes sense for funders to remain flexible by making vague commitments and to save money through not investing in core funding, but if output quality is the issue, such a strategy is highly counterproductive. Research institutes need a relatively continuous staff and at least some core funding independent of research projects to develop the competence they need to contribute sensibly to science.

Objective rules for projects to accept

There are several examples where funders favour friends and examples where publicly funded researchers produce inadequate quality and charge too much. One approach to prevent such problems is to formulate objective funding rules and to demand that the cheapest one out of comparable competing tenders is chosen. The problem here is that written tenders – even if they are professionally formulated and very detailed – hardly allow for anticipation of the quality of future results and that the cheapest bid is often highly unrealistic. Such mechanical funding procedures force decision makers to make sub-optimal decisions. We should be realistic concerning quality indicators: the most relevant indicator for good quality in research is high quality of previous projects, that the experienced staff is not overbooked with other projects, that there is sufficient funding to take all necessary research steps adequately and that the project staff expects that good results will produce further projects.

Evaluation

Common sense tells us, that quality should be controlled and that demanding an evaluation of projects makes sense. There can be no doubt that documentations and independent experts judging the results make sense as well, but we should also be realistic and see that the categorical demand to evaluate projects often leads only to pseudo-evaluations. There are several reasons for this. To name just a few:

- Evaluations, like any other research endeavours require adequate funding and the amount that would be necessary to arrive at sensible answers may exceed the amount that is justified in relationship to the total project sum.
- Often the persons demanding and financing evaluations expect outcomes that cannot be achieved realistically and many evaluators are reluctant to inform them about this fact, to avoid losing the project.

- More and more evaluation projects are tendered throughout Europe causing evaluators, who live very far very away from the project location, to become involved. Consequently they often have to rely primarily on questionnaire data without being able to exchange adequately with the project staff.
- Commonly all stakeholders involved – even if the evaluation is organised externally – have a common interest in a “positive result”. The person or institution carrying out a project is naturally interested in positive results, most financiers, after the money has already been spent, also prefer a positive outcome to justify their spending and any evaluator interested in similar evaluation projects in the future has a lot of motivation to produce results in order to make his partners happy.

The desirable notion of developing well planned and methodologically adequate evaluations thus often deteriorates to a ridiculous ritual of pseudo-evaluation. One could speak of “evalopathy” as a new form of mental disease spreading through the scientific community. A development producing evaluation output which is not good enough to learn anything from, but nevertheless drawing on scarce resources from more sensible work (Uhl, 2000b).

National and EU interests are not research focused

The national governments pay money to the EU administration and they get back some of the funds via EU-research projects. Participation in EU-projects requires national co-financing. As a result the aim behind funding at national level moves away from the scientific goal of supporting good quality research towards the economic goal of getting as much money back from Brussels as possible. The EU on the other hand wants to create international networks and support international projects to create a European identity and to interlink European research. This again is not a scientific but a political goal. What commonly happens as a result is that small groups of competent researchers interested in a certain research topic form a core group, search for partners through various contacts in the other EU-states and then tender for a large EU-research project. Most of the partners recruited this way are somehow interested but it is foreseeable right from the start, that they will neither contribute much to the project nor be part of a lasting research network after the very project is over.

It would be much preferable in terms of costs and outcome if only the core group started the project, but this is not in line with the funding ideas of the EU. Since the initially calculated project sum is usually reduced dramatically, hardly any money remains for essential research work and everything goes into project administration and financing travelling and hotel accommodations for international meetings. In some cases – due to large amounts of extra national funding or very involved individuals – the results of the project are nevertheless worthwhile, but commonly an honest comparison of the funds invested with the results produced gives a catastrophic picture. Here too, much more realism with regards to funding, less bureaucracy and more flexibility in topics would be a great advantage for the advancement of research.

To expect unpaid work

Bodies like WHO, EMCDDA, the Pompidou Group, the European Commission and some national research centres commonly initiate projects where a key researcher is paid to collect data from other international researchers. The latter not being paid for their work at all. If neither the bodies who started the project nor any national funders cover the emerging costs for the work of the national expert, it is foreseeable that the data quality will be extremely bad and that the whole project is very likely not worth the effort. I have repeatedly been asked to fill in extensive questionnaires from different international projects and if I usually stated that I could not invest very much working time without any funding, I was confronted with some incredible reactions. To just give an example: when asked to supply the average wine, beer and spirits prices in Austria for a very respectable international data base, I responded that I would try to collect the data if possible from the central census bureau and was confronted by the project leader with the following: “Don’t bother, just go to the next supermarket, chose an average wine, beer or spirits product and write down the price!”

I will stop giving examples now and try to arrive at a conclusion. There is a chance to improve the research situation if we decide to clearly mention the existing obstacles and criticise problematic developments. As long as we imply to be able to do impossible things we will be asked to do so, and eventually only work in impossible missions.

If we express the inherent uncertainties encountered in daily research, put the finger on weak spots, reject tasks that are not feasible because of economic and/or epistemological restraints, are precise in terminology and do not avoid methodological problems, we may risk disappointing potential customers, but in the long run improve our profession and contribute to a sound foundation for a good and lasting reputation. Some researchers, frustrated by the complexity of their task and tempted by the need to tender for projects for economic reasons, may be tempted to ignore the problems or sympathise with opportunistic strategies – two strategies that I previously (Uhl, 2002a) labelled “deliberate ignorance” respectively “cynical opportunisms”. But we should rigorously reject those notions. I am convinced we may be quite optimistic in spite of the difficulties we encounter. If we really understand our profession, despite all its limitations, there are numerous promising approaches, sensible options and solutions available. We have to convince the public and the public financiers, that research can only flourish under certain background conditions and that worth while results from research investments will only happen if the funding strategies and expectations are changed dramatically. Explaining to outsiders and financiers what is feasible and sensible in research is not equivalent to cutting the branch on which we researchers sit, but constitutes an investment to make these branches stronger, enabling us as researchers to do a useful and fulfilling work that at the same time serves public interests.

Selected reading

EMCDDA *Scientific monograph series*, No 5, Lisbon.

Uhl, A., 2000a: “The Limits of Evaluation” in, Neaman, R.; Nilson, M.; Solberg, U., *Evaluation – A Key Tool for Improving Drug Prevention*.

Uhl, A. (2000b), “Evaluation vs. Evalopathy: Support for Practical Improvement vs. Irrational Nuisance”, in *Abstracts of the 3rd Nordic Health Promotion Research Conference*, Tampere, 6-9 September, 2000, University of Tampere, Tampere.

von Weizsäcker, C.F., (1978): “Deutlichkeit Beiträge zu politischen und religiösen Gegenwartsfragen”, *Deutscher Taschenbuchverlag*, München.

Session 1: How can policy, practice and research deal with the complexity of the drug issue?

***A response from a research management perspective
by Charlie Lloyd (The Joseph Rowntree Foundation (JRF), United Kingdom)***

This is a response from a research management perspective – rather than solely a research, policy or practice perspective. I manage a research programme on drugs and alcohol within a large charitable foundation in the UK: the Joseph Rowntree Foundation (JRF). The JRF's primary aim is to bring about evidence-based change, through researching the underlying causes of social problems. My viewpoint is therefore one of someone who attempts to bridge the gap between policy and research.

As a research funder, my first response to Richard Hartnoll's paper is that I wish I had funded it. It is thoughtful, honest and makes a whole host of crucial points. Many of these strike a strong chord with me – including the issue of complexity. What I would like to do in this talk is to make a number of more general points on the issue of complexity, referring to some examples from the UK; and then make some suggestions on the main theme of how we might deal better with the complexity of the drug issue.

Some general points

Is “the drug situation” particularly complex compared to other areas of social policy? It occurs to me that in almost any area of social policy, the further one gets in understanding an issue, the more bewilderingly complex it becomes. I am not sure that this “complexity effect” is any worse in the drugs field than the crime field, for example. However, this certainly does not discount it as an important issue for drug research and policy – but it probably merits more attention elsewhere as well.

Another point I would make here is that there is a balance to be struck. Research inevitably has to focus down to some degree in order to make sense of the world. Policy-makers also have to generalise and make pragmatic decisions, where evidence may be unclear and pulling in a number of different directions. So, while I agree that research and policy should embrace complexity – there probably has to be limits to the relationship.

One area where I think the drugs field has tended to shy away from confronting complexity is in contextualising drug use within people's wider lives. Drug researchers inevitably focus on people's drug use – that is what they are primarily interested in. However, for the large majority of drug users, drug use is not the defining feature of their lives. Even for problematic users, use is often just one of a large number of problems that they face. I think drug research could do more to recognise the wider context of drug use and drug-related problems. Failure to do so can lead to terribly naïve recommendations to policy-makers, which take no account of wider issues that may take precedence over drug use. An example here would be drug researchers arguing that social deprivation should be tackled simply because it is associated with problematic use.

On the policy side, I think there is a continual battle being fought between politically-driven policy and rational, informed policy. The former has the attraction of simplicity; the latter, the disadvantage of complexity. Given the potent combination of deep-seated fear and fascination that underlies public and media understandings of illegal drugs, drugs are inevitably a big political issue. Politically-driven answers to drug problems tend to be short-term and ineffective (or positively destructive) – but they also tend to be simple, emotionally appealing and espoused by the people with the real power – government ministers. When things get political, researchers – even when they are embedded within a government – hold no sway. This argues strongly for helping the public and the media to develop more sophisticated understandings of drug-related issues. Government ministers play continually to those voters in the gallery – and researchers and research funders need to educate those voters.

As an example here, the Independent Inquiry into the Misuse of Drugs Act (2000) made a number of (then) quite radical recommendations, including the reclassification of cannabis. The resulting positive media and public response was due to a number of things: it was authoritative and well-prepared, the Chair, Ruth Runciman, and the other Inquiry members were well-respected and there was a very careful media strategy. While the UK Government initially rejected the whole report out of hand (a politically-driven policy response), two years later they announced the reclassification of cannabis. This report has played a vital part in increasing the sophistication with which the public – and particularly the media – regard drug policy issues.

Richard Hartnoll's paper includes some very perceptive comments on causality and complexity. This is another area where I think research has tended to shy away from complexity and take a more limited, single perspective. As the paper also points out, a fundamental failing here has been the lack of interdisciplinary work. Any cursory reading of the risk factor literature shows that factors have been identified in the genetic, psychological and social fields. However, only comparatively recently have these factors been brought together into theories that draw across the range of relevant disciplines. This area provides an interesting example of where, once causal complexity has been recognised and (as far as possible) understood, the potential for more sophisticated and targeted policy can result.

Back in the late 1990s, while still working as a researcher in the UK government, I undertook a review of risk factors for problem drug use. One notable feature of the risk literature which resonates with some of the commentary in Richard Hartnoll's paper, was the implicit assumption that risk and protective factors were somehow immutable and unaffected by time and place. Much of this research focused on the background factors associated with crack cocaine use in the USA in the 1980s and early 1990s: and it was an open question whether such findings could simply read across to heroin use in the UK, for example. This reflects a wider tendency to see the current drug situation as 'the norm' and to fail to recognise that drug use varies – often quite dramatically – over time and place. Complexities we could do without – but have to confront.

The review went on to identify a broad range of inter-related risk factors that had been shown to be associated with problem drug use: a "web of causation". Risk factors interacted with other risk factors as part of a complicated, developmental process.

So what were the implications for policy? At the time, the UK prevention focus was almost exclusively on primary prevention and it was virtually unacceptable to consider harm reduction or secondary prevention with the younger age range. However, with the new Government in 1997, there was a definite thawing of attitudes (I remember as particularly significant the fact that policy-makers in my department ceased to sanction the word "use" rather than "abuse"). The risk factor review helped in the process of looking beyond primary prevention, to appreciate a more complicated picture of drug use, its origins and possible responses to it. This more nuanced viewpoint has prepared the way for policy responses which target particular groups who are at greater risk of problematic use, rather than solely universal preventive approaches.

Conclusions

So how do we deal with complexity? One clear conclusion from Richard Harnoll's paper and my example above on risk factors is that us research funders need to fund more multi-disciplinary research. I am strongly in favour of this type of work but it is not without its problems. Research in the UK is increasingly carried out by teams from a number of universities – drawing across a range of skills and disciplines. My experience is that these ventures often end (almost literally) in tears: there are frequently disagreements and sometimes complete breakdowns of communication. Moreover, this seems more likely with people from very different academic backgrounds. There is probably a lot that could be done to ease this situation: at the practical level there have to be proper agreements and protocols that clearly distribute responsibilities for the work. However, perhaps more could also be done to break down the disciplinary barriers more generally within universities. For example, university teaching on drug issues should be truly multidisciplinary, whether a course is based within a sociology or psychiatry department.

I think one way of dealing with complexity that got less coverage in Richard Hartnoll's paper is to better inform the public. The media and the public tend to hold simplistic views about drug issues and politicians therefore often feel driven toward simplistic statements and policies, which “play to the gallery”. Research funders and researchers therefore need to do much more to disseminate findings to the general public. Experts should be more willing to take part in television and radio debates – and to be interviewed on their area of expertise. Educating the public allows the public to make a more sophisticated analysis of drug policy – and forces governments down the line of rational, informed policy-making rather than the politically-driven line. It may also serve to take some of the heat out of the drugs debate by reducing some of the exaggerated fears that surround illegal drugs and make rational policy so difficult.

Finally, on research in government, I would say that protecting the professionalism and independence of research is crucial. As Richard Hartnoll points out, the best policy advice comes from researchers who have been immersed for a considerable period of time in their area of expertise. They should have had time to conduct their own research; to think and to write. Unfortunately the trend in the UK is in the opposite direction, with growing numbers of heavily-burdened staff who are increasingly answerable to “policy customers” and who move quickly on to their next job.

A response from Professor Henk Rigter (Erasmus University, Rotterdam, Netherlands)

Scope of drug research and drug policy

Richard Hartnoll has done a wonderful job in outlining the complexity of the “drug phenomenon” and what this multifariousness should mean for drug research and drug policy.

I would like to stress this even more strongly.

Take concepts like “drug research and “drug policy”. These are too narrow to fully address the essential issues.

- Drug use is part of substance use. Regular drug users are more likely to drink and smoke (heavily) than other people. Drug taking affects smoking and drinking habits, and vice versa.
- Substance use is part of (youth) culture and behavioural patterns involving much more than just drug consumption. Problematic drug use is associated with pre-existing mental and conduct disorder and with (other) behavioural problems such as truancy, school drop-out, delinquency, inability to cope with the demands of daily life, and so on.

Although this wider view is increasingly shared by experts, drug researchers and drug policy-makers still organise themselves in restricted groups as if the “drug phenomenon” is the centre of the universe. This is an example of how the repression paradigm continues to affect the public health paradigm. Drugs are a problem, because Conventions say so. Even opponents of these Conventions rarely demonstrate in their scientific work and in their professional networks a sense of a broader public health perspective that extends beyond noncommittal phrases. (We don’t like to turf out our hard-won professional territory and identity, do we?)

Question for the Pompidou Group: why not expand your scope?

Barking up the wrong trees?

I agree that policy-makers and scientists should meet each other to discuss drug issues (in a broad perspective).

Policy questions should lead to research, but this is only possible to the extent that drug policy-makers control research budgets. They do not, at least not nearly enough to make a difference.

- Drug policy-makers have minimal influence on the research budgets of, for example, Inserm in France, Max Planck in Germany, the Medical Research Council in the UK, the Science Foundation in Switzerland, and ZonMw in the Netherlands.
- Neither the EMCDDA nor the Pompidou Group has money to really stimulate drug research (such stimulation would not fit their mission, though). The “drug phenomenon” is flagrantly absent from the priorities of the main (sixth) EU research programme. NIDA (the U.S. National Institute of Drug Abuse) is more powerful in steering European drug research than European institutions are because of its sizeable funds.
- Scientists tend to go where the action is. Action is dependent not just on money, but also on intellectual challenge. Presently, Europe does not offer much of a challenge to drug researchers.
- In view of all this, we should not be amazed that quite a number of Europe’s best drug researchers are not regularly seen in Pompidou meetings and in EMCDDA projects.

To cut a long story short, what is missing in the Pompidou proposals is (1) a strong link with science policy and major research funds, (2) an intellectually satisfying role or challenge that would interest scientists in the public cause to be served by the Pompidou group.

A niche for the Pompidou Group

One point at issue is the division of labour between the EMCDDA and the Pompidou Group. I agree with many of the suggestions made, with some comments.

- I think the Pompidou Group should create just one Platform (think-tank), with the best of our scientists (not to be nominated by policy-makers or politicians) and the best of our policy-makers including science policy-makers.
- That Platform could identify topics for (1) discussion and (2) synthesis of the scientific evidence. Such syntheses could be done by experts or expert groups, which report to and via the Platform.

Put differently, there is one missing link in European evidence-based drug policy: a think-tank annex advisory or mediation body. Such bodies do exist at national level (the Health Council in the Netherlands; the Royal Colleges, NICE and the Medical Research Council in the UK; SBU in Sweden; ANAES and Inserm in France; medical technology assessment organisations in Spain, and so on), but not beyond. The USA provide just one example of how scientific functions can be differentiated. NIDA and SAMHSA fund and co-ordinate monitoring projects, and the Institute of Medicine issues high-quality advisory reports on priority (drug) topics. In Europe, the Pompidou Group could subsume the role of the Institute of Medicine.

One problem remains: the Pompidou Group is not linked to a particular government, or to the EU or individual countries. So, to whom should the Pompidou Group direct its advisory reports? Or is it going to be an inwardly looking think-tank that carries no weight?

Summary of Session 1

Mr Richard Muscat, (Permanent Correspondent for Malta and Co-ordinator of the Research Platform) in his capacity as Chair for this session, summarised the discussions as follows:

Summary of Session 1: How can policy, practice and research deal with the complexity of the drug issue?

Background:

- Research on drug-policy related questions involves seeking to understand not only drug phenomena and responses to them but above all calls for analysis and interpretation of how situation and responses interact. The low level of analysis of their interactions has been identified as the main gap.
- As in any other fields, the more our knowledge increases, the more the complexity and uncertainty of the issue increases. This means that researchers need time to analyse and interpret the existing data. This necessity of taking time for reflection implies the promotion of a long-term research strategy.

Some possible ways for better dealing with the complexity of the drug issue:

- Communication between researchers and policy-makers needs to be improved. Researchers should not accept projects that they cannot realistically conduct with the limited funds and short time periods. Policy-makers must clarify their expectations.
- Communication of research findings should also be directed to the public arena which includes the media. Findings should be disseminated by researchers with communication skills participating in TV and radio debates.
- Due to the complexity of the drug issue and its connection to other social areas, multidisciplinary research should be encouraged. To achieve such an aim, university teaching of substance use issues should also be truly multidisciplinary.

- The issue of complexity also has consequences on research methods thus advocating the need for more qualitative research.
- In order to obtain reliable results, researchers need to rely on sustainable research programmes for which the funding is secured.
- Researchers should sometimes go beyond being too cautious with the results of their research and take the next step – suggest recommendations.
- For the Pompidou Group, one option could be to enlarge its scope: analyse the use of substances in the broader context of life-styles, youth culture. In order to do that, a bigger pool of researchers and science policy-makers should participate in the Pompidou Group discussions.
- As a consequence of the above, it would be timely if the Pompidou Group could signal to the community as a whole that better co-ordination of issues pertaining to substance use in the framework of “life in general” may result in a more cohesive interplay between policy, science and practice.

Session 2: How can policy, practice and research deal with underlying values and paradigms in questions and answers?

Response from the perspective of prevention

by Professor Alfred Springer (Ludwig-Boltzmann Institut für Suchforschung, Vienna)

In this contribution, I will focus on some problem areas and will present some proposals. As a reference frame, I am primarily using the results from initiatives that have already been put into action within the EU. For example, the COST A-6 research initiative and Pompidou Group activities such as the round table on the role of police work within prevention which took place last year in Bremen.

Problem areas:

The scope of prevention

One main difficulty with prevention results from the situation that it is a very broad concept and that it is implemented on different levels within different areas of social control. The system of prevention includes supply reduction, as well as demand reduction. Within this context, various tasks exist such as supply prevention, use prevention, abuse prevention, health promotion, risk reduction, harm reduction and crime prevention. Interventions include diverse and seemingly incompatible types of action such as police work, crop eradication, crop substitution, school based efforts, safe dance offers, needle-exchange programmes, drug testing, maintenance treatment and community work.

Terminology

In the various action fields, the terms are often used with different meanings and in different ways. Therefore, a certain language confusion exists with respect to terminology results between different intervention types. This confusion impedes the efficiency of the concerted efforts that are essential for prevention work.

Paradigms

As Hartnoll points out in his excellent paper, the response to the drug problem takes place according to different paradigms. In prevention, this leads to a very complicated situation. Diverse paradigms are steering activities on different levels and in different disciplines.

However, some paradigm confusion also exists within singular task areas. As a result, it seems adequate to delineate a hierarchical structure of paradigms:

First order-paradigms, such as abstinence vs. harm reduction. Second order paradigms constitute a reference frame for special preventive activities, such as a moral paradigm, a medical paradigm, a psychosocial paradigm or a pedagogic paradigm.

Confusion results when controversial paradigms are followed in a single action or in overall drug policies. For instance, when police simultaneously enact a “zero tolerance” policy and school based drug education that sends out risk reduction messages.

A confusion of paradigms can also be identified within addiction prevention messages. For instance, in respect of “legal” drugs the argumentation is derived from the medical model, whereas in respect of “illegal” drugs a moral argumentation is the leading one.

Division of labour

The principle of co-operation is sometimes replaced by efforts, which blur the demarcation lines between the different set of actors. As a result, the transgression of professional boundaries takes place. For example, policemen are acting as teachers or educators (as in the case of DARE), medical doctors are assuming a role like policeman, clergymen feel obliged to make statements which should be left to medical doctors, politicians are deciding about the structure of medical interventions, social workers are applying medical care, and so forth.

The utopian character of the goals of prevention

Prevention work is political work. The goals of prevention are entwined with the goals of drug policies. Drug policies tend to target utopian goals, such as “a drug free society, an addiction-free society or a society where risk free drug consumption takes place, etc”. In that sense, prevention must fulfil an impossible task: to make the dream become a reality.

Ethical problems: the area of human rights

Contrary to other interventions, such as treatment, prevention programmes are usually not assessed by an ethical control body.

This presents a problem since many types of prevention contain components that are incompatible with ethical principles and even human rights. The following are some examples:

- Scare techniques that are used in campaigns and in certain primary prevention programmes are exaggerating the subject, demonising the effect of drugs and of drug users and misinforming the public.
- Preventive attitudes are sometimes abused in a populist way.
- Undiscriminating alliances with anti-drug groups might be used by marginalised political groups to gain respectability and political influence.
- Drug abuse resistance training includes the dangerous possibility that certain training strategies and model situations become models for exclusion and to scapegoat.
- School based drug education programmes may include components of moral education and of “value clarification”, which are influencing the attitude of pupils into a certain direction. They may damage the principle that political influence should be kept away from the classroom.

The problem of profiteering

Similar to any other intervention with high social priority, prevention can be misused to gain power at a political, an ideological and a professional level.

Some recommendations

1. Promote the understanding of the political nature of prevention.
2. Promote awareness of the fundamental experimental situation of prevention; prevention work regularly takes place as an experiment. The outcome is never guaranteed. The experimental character increases with a degree of utopian goal setting.
3. Ensure a sensible division of labour. As early as 1993, Nicholas Dorn pointed out that in the prevention of drug abuse the division of labour is an essential aspect. There should be no blurring of professional abilities and tasks. These abilities and tasks should be clarified. Within co-operation between prevention workers from different task fields, the task of each collaborator should be clarified and kept within the professional boundaries.

If transgressions of professional boundaries are necessary or cannot be avoided, special training should be available as well as co-operation with counselling institutions in the sense of a vital multi-professional approach to the drug problem.

4. Promote awareness that the work in the different fields is complementary rather than competitive. Often the different prevention approaches are interpreted as opposing forces, and their differential nature is used to devalue a certain approach out of ideological reasons. In reality, evidence clearly shows that in many preventive objectives a collection of preventive approaches is required in order to reach preventive aims.
5. Clarify the terminology and conceptualisations in the different fields. Within the COST-A6 venture, we tried to clarify the terminology and the conceptualisation(s) within the use of primary prevention. The same procedure should take place on all levels and in all prevention sub-disciplines.
6. Identify similarities and incongruence between terminology and conceptualisation within the different types of prevention in order to structure the frame for co-operation, and to develop a common language.
7. Implement on all levels and in all sub-disciplines these concepts, which have been used empirically regardless of populist opinions.
8. Develop rules of good practice including ethical standards, and make sure that all activities are brought within the context of human rights.
9. Define the ethical aspects of the political dimension of prevention. With respect to politics, care should be taken into account that the use of prevention messages and campaigns for political means (e.g. in the context of election periods) take place on the basis of the framework of human rights and under the same ethical control mechanisms as other types of preventive interventions.
10. Avoid contradicting messages and avoid the use of different primary paradigms in certain regions and at given times.
11. Initiate a continuing discussion between the EU member states and the countries in transition. Guidelines and proposals should be respected by all member states of the Union. Prevention attitudes should not reflect political positions and preferences with respect to political collaborations, but instead they should keep to their own professional and ethical rules.

***Response from the perspective of treatment
by Professor Helge Waal (University of Oslo, Norway)***

General comment

Richard Hartnoll gives an impressive overview of a complex and conflicting field of research. He rightfully points to unclear concepts and definitions, to contextual dependence and to the multi-factorial nature of the problems. His insistence that the lack of analyses diminishes the usefulness of research is timely, and I fully endorse that hidden agendas and insufficiently declared values influence the choice of questions posed and methods chosen (this is not to say the conclusions drawn). There are also questions connected to what type of research is funded – by public authorities and research boards – and by private companies and interests.

In addition, it might be stated that even Hartnoll seems influenced by values, at least if I am correct in presuming that Hartnoll is more comfortable with the salutogenic approaches. These were described by him as democratic, emancipating and empowering rather than with “paternalistic, controlling and coercive” traits, which he sees as inherent in the disease model. Read in a somewhat paranoid way, Hartnoll might be taken to advocate a line from the Ottawa declaration to the Universal Human Rights and the Social Charters as the backbone of some of the good guys in the field, while the less admirable and basically moralistic actors rely on concepts such as “misuse” and “abuse”. In addition, they stigmatise and incarcerate vulnerable and marginalised groups armed with the epidemiological disease model. There is nothing wrong with this, though, except that values and beliefs might be unavoidable and perhaps even become fruitful as they grow out of engagement in real life situations and experiences. The conclusion, therefore, would be that values should not be avoided but clarified and made explicit – and perhaps that good guys might be found on both sides of the fence.

Some objections or supplementary views

Hartnoll’s use of the concept of paradigm might be debatable. According to the definition used by Hartnoll, a paradigm is “a mode of viewing the world which underlies the theories and methods of science in a particular period of history”. Given that there are at least three types of paradigms, each with several sub-paradigms, we seem to live in a truly complex world – unless Hartnoll’s concept should be reinterpreted as models, theories and scientific bodies of research, best coined as perspectives. In Figure 1, I propose six models of dependency on psychoactive substances.

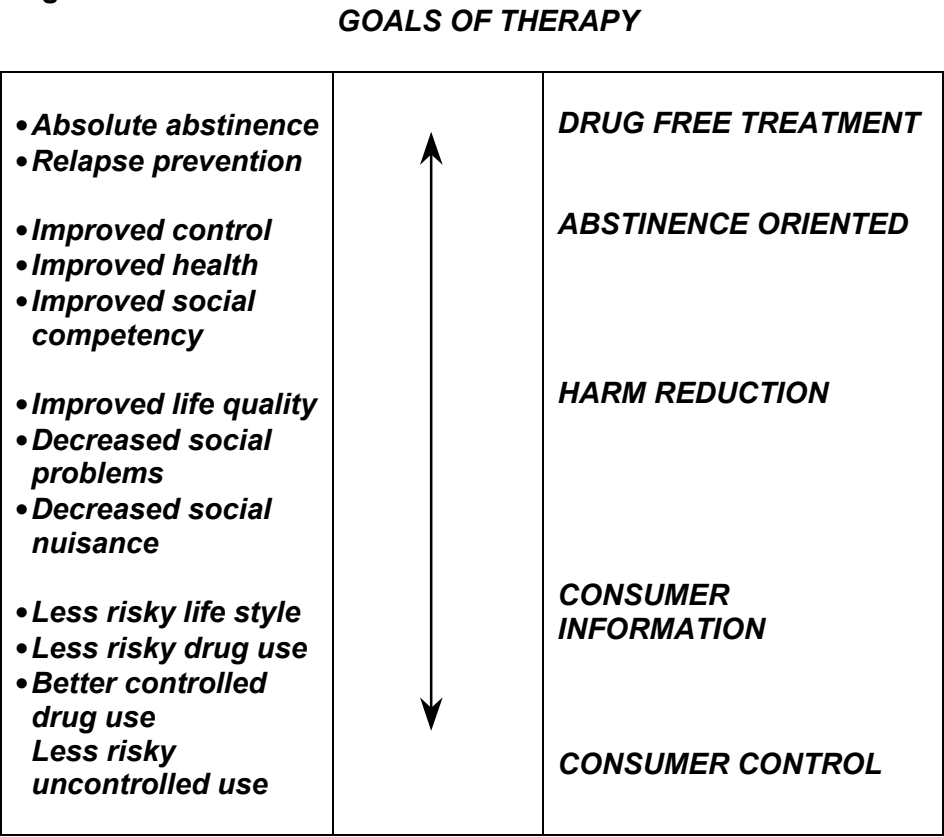
Figure 1

<i>PERSPECTIVES ON DEPENDENCY</i>	
<i>MODELS OF ADDICTION</i>	<i>THE ADDICT</i>
• <i>Moral & normative</i> • <i>Chronic brain disease</i> • <i>Psychosocial disease</i> • <i>Learned appetites</i> • <i>Developmental</i> • <i>Choice</i>	– <i>weakness of the will</i> – <i>obeys biology</i> – <i>self medicates</i> – <i>learned helplessness</i> – <i>deviancy, stigmatization</i> – <i>impeded rationality</i>

The point to be made is that approaches in understanding are better understood as models, and that the models do not represent reciprocally exclusive perspectives but rather supplementary perspectives.

If paradigms exist in the field, these basic modes of understanding and thinking underlie the models. One such view illustrates substances as inherently destructive forces that tend to corrupt human societies and cause social and medical problems. The contrasting understanding, though, is that the same substances are neutral commodities. It is the various types of use and, even more, certain restrictive policies that cause the problems. Even here, though, the paradigms may better be seen as polarities in a continuum. In the field of treatment, these polarities might be illustrated by choice of goals of therapy as seen in Figure 2.

Figure 2



The point to be illustrated, is that the choices made are influenced by the basic view of the nature of drugs, and that the positions are relative rather than absolute.

Cultural and national patterns

Some national and cultural patterns are recognizable (Waal 1998) and should be understood with respect to their historical background (Berridge 1996). In Figure 3, I point to five national models with consequences for goals of therapy, for belief systems and values.

Figure 3

MAIN DRUG POLICY MODELS

United States	<i>War on drugs</i>	<i>Addiction is a crime, responsibility of the court</i>
Nordic welfare state	<i>Goal of drug free societies</i>	<i>Addiction is a public responsibility</i>
England	<i>Public health</i>	<i>Addiction is responsibility of the GP</i>
Netherlands Switzerland	<i>Harm reduction</i>	<i>Negative consequences is public responsibility</i>
Italy, Spain	<i>Alcohol use in the Mediterranean countries</i>	<i>Families, local authorities have the responsibility</i>

Each of these models has a historical context, reinforcement from cultural traditions, strategies for problem solving and core policy builders (Berridge 1998, Thams 1998).

These models or national positions on drug policy tend to influence national and international research bodies in at least three ways:

- National pride and positioning: The ideas that gain attention are often those concordant with national policies – primarily noticeable in meetings and seminars. Conclusions or proposals that are judged incompatible with national investments could be unwelcome.
- The researchers' interests: The researchers' future project support and job-offers might be dependent upon or perceived to be dependent upon support from governmental or national boards.
- The researchers' ingrained views and belief systems: Researchers might believe themselves to be independent and objectively science-oriented individuals. While some are, most are biased in varying degrees by their background.

Influence from economic interests might also constitute a problem. Some years ago, a WHO initiated project on alcohol policies resulted in a core publication: Alcohol and the public good (Edwards 1994).

The publication was met with more than expected criticism. It turned out that the Portman group, a funding body of liquor and wine retail companies, had sponsored a group of researchers to examine and find weaknesses without disclosing their motivation (Doyle 1994 a,b). This is perhaps somewhat of an extreme example, but it would be naïve to overlook that the wine industry, the pharmaceutical companies, the cannabis planters, and the producers of utensils for urinary controls are without influence. Moreover, both law-and-order representatives, as well as proponents of specific therapeutic programmes, have large and sometimes enormous economical interests. It is well known from medicine, that research funding and presentations might be tailored to increase the sales of certain pharmaceuticals.

In his report, Hartnoll points to some specific problems connected to treatment research. One problem is that of causality. He stresses that while randomised controlled trials (RCTs) are the best ways to isolate and study effects, only some types of research questions easily render themselves to this approach. This view is supported by for instance Gossop (2003). The approach tends to suit pharmacological treatment approaches better than more complex treatments. Furthermore, it is necessary to have homogenous populations, often by selection differing from the real world substance users. As researchers perish if they do not publish, and RCTs are more easily published by journals, the trajectories in the world of science may multiply skewed views and the selection of facts. This is also a problem in relation to the time perspective since most studies have a short follow up.

Possible solutions and advice

1. Values and interests should be accepted, but also openly declared and described. The precondition is that researchers should be aware of their values and interests. Some years ago, I partook in COST A-6 Evaluating action against drugs in Europe. During the first meetings, I discovered that I behaved as a delegate from Norway, and I felt obliged to take care of national interests and positions. However, so did several other participants both in choice of chairs in the different groups and in choice of agendas. During discussions, I discovered that I tended to interpret some of the findings and statistics according to Norwegian views. Obviously, I had to examine my positions and interpretation of facts. While such introspection might be difficult to implement as obligatory exercises, the subject should be emphasised in researchers' training and in project descriptions.

2. Declaration of interests is presently a precondition for publication in several international medical journals. With increasing economic interests in the field of substance abuse treatment, the same should be

applied here. Reports and papers should always have a declaration of interests. The relation to national politically influenced bodies should perhaps be described, as well.

3. Open scientific exchange should be stressed, both through formal meetings and by informal exchange, as necessary to interpret findings. One example: in trying to interpret the prevalence figures of drug use and HIV in Europe, it seemed to me that the northern parts of Europe with their restrictive policies and a protestant puritan culture had low prevalence in both phenomena. I discussed this with Richard Hartnoll who pointed out that a more likely explanation was the centre-periphery type of explanations. Since then, the development definitely seems to give him support.

4. Sometimes more systematic procedures for interpretation are necessary. In a study of overdoses in four European cities, the group of researchers had increasingly conflicting views (Reinås et al 2002). It was possible to interpret the evidence only through repeated meetings with guided discussions. National ideas and preset values clouded the evaluations. The solution seemed to be a process towards jointly accepted interpretations – very much after the procedures of focus groups.

5. Methodology should be adequate and limitations acknowledged. One warning seems timely. In reality, methadone maintenance is documented in a scarce and definitely insufficient manner by RCTs. Nevertheless, this treatment is accepted as a core treatment. While evidence base for choice of treatment is the aim, RCTs are not the only approach. Other methods include prospective controlled and open clinical studies with clear description of instruments and modes of analyses. The weakness of single studies, though, might be diminished by meta-studies and aggregates of studies. There is an increasing competency in systematic reviews with a reliance on Cochrane library and similar sources.

6. Nevertheless, one needs awareness of contextual dependencies. This means that anthropology and sociology are important competencies for evaluating results.

7. Single studies are seldom sufficient. Hartnoll recommends research programmes rather than projects. He also recommends “centres of excellence” which are a trend in present research policy.

While I endorse the view, at the same time, I would give a warning that even such centres might be influenced by underlying values and investments, and through a dominating position, they may attain undue influence. In other words, one should secure a variety of voices and be aware of the dangers of research monopolies.

8. This means that an increase of independent groups of researchers and broadly schooled academics might constitute a necessary counterbalance. Here, I would support the idea of think-tanks, analysis groups and reflexive seminars, which are advocated by Hartnoll.

Finally, I would present Figure 4 as an impression of the development. This is neither a development caused by single studies, nor even by research programmes. The driving forces seem to me to be more or less aggregates of several resources of knowledge in interaction with the social realities in Europe as perceived by scientists, but also by the public, the politicians and the clinical experiences as well. In this, I would like to stress that while underlying values and investments might cloud the perspectives, most researchers, and even some politicians when given the opportunity, seem interested in open examinations of the facts. After all, this is what science is all about.

DEVELOPMENTAL TRENDS

- From ideology to pragmatism
- Integration of services
- Documentation and evaluation
- Results as guidelines
- Diagnostics and differentiation (matching)
- Emphasis on biological models
- Increasing acceptance of harm reduction

Selected reading

Berridge, V., "European Drug Policy: The Need for Historical Perspectives", *Eur Addict Res*, 1996; 2: 219-225.

Berridge, V., "British Drug Policy: A Post-War Situation?", in Waal H (edit) *Patterns on the European drug scene. An exploration of differences. Report based on COST A-6*, Oslo: National Institute for Alcohol and Drug Research 1998; 27-32.

Edwards, G., (Edit), "Alcohol policy and the public good", *Oxford University Press*, 1994.

Doyle, L., "Pro-alcohol academics paid by drinks lobby", *The Independent*, 5.12.1994:1.

Doyle, L., "Secret campaign to smear anti-alcohol books. Drinks industry picks up bill for researchers", *The Independent* 5.12.1994:3.

Gossop, M., "Randomised and controlled, but irrelevant?", in Waal, H., Haga E (edit) *Maintenance Treatment of Heroin Addiction. Evidence at the Crossroads*. Oslo, Cappelen 2203:91-106.

Tham, H., "Sweden – The Case for a Restrictive Drug Policy", in Waal, H. (edit) *Patterns on the European drug scene. An exploration of differences. Report based on COST A-6*, Oslo, National Institute for Alcohol and Drug Research 1998; 11-16.

Reinås. K., Waal, H., Buster, M.C., Harbo, M., Nolle,r P., Schardt, S., Müller, O., *Strategic Choices for Reducing Overdose Deaths in Four European Cities*, Oslo, Alcohol and Drug Addiction Services and Brüssels; European Commission, 2002.

Waal. H., "Similarities and Differences Behind the Smoke Screen of War Rhetoric", in Waal. H., (edit) *Patterns on the European drug scene. An exploration of differences. Report based on COST A 6*, Oslo, National Institute for Alcohol and Drug Research, 1998; 80-85.

***Response from the perspective of Criminal Justice
by Professor Dr jur Lorenz Böllinger (University of Bremen,
Germany)***

Criminal justice and drug policy

One basic principle of a democratic, rule-of-law system is that state action which affects citizens' rights must always be lawful. This means that policies and criminal justice initiatives must ultimately be grounded in written law. To apply the law, legal terms must be interpreted, and this interpretation must itself follow state-of-the-art methods and be based on the essential values embodied in the constitution. In other words, drug policy measures taken by the criminal law authorities, and criminal justice action taken under narcotics law, must themselves apply the principles and insights on which the law is based. They must not be dictated by situational ethics, ad hoc requirements or public opinion, if these are not in line with the general principles of law.

Drug prohibition in criminal law: underlying assumptions and worldview

In German legal theory, criminal law serves to protect basic societal values, or "Rechtsgüter" (legal interests). Officially, the essential value protected by the German Narcotics Act ("Betäubungsmittelgesetz") is public health ("Volksgesundheit"). The German Constitutional Court ("Bundesverfassungsgericht") has added to this by ruling that the Act also protects the life of the community ("soziales Zusammenleben"). This can be seen as a further expression of the paradigm and worldview underlying the Act: the desire to promote individual autonomy and a drug-free society.

In the German legal system, prevention of the public nuisance associated with drug use and drug trafficking is not one of the values primarily targeted by criminal law.

A number of basic causal assumptions underlie the definition of aims, and the choice of means to achieve them:

- certain drugs invariably damage or endanger individual and public health;
- drugs are addictive and render individuals incapable of exercising responsibility for themselves;
- drug-trafficking and drug-use are a source of public nuisance;
- a drug-free society is possible;
- criminal law offers effective means of achieving this goal.

Prohibition in criminal law and social reality

The question is whether these assumptions and world-views are sustainable when set against the complex social reality revealed by modern research.

German constitutional law obliges the law-maker to base any state interference with civil rights on law, and on the universal and supreme constitutional principle that such interference must always be proportional (the “Verhältnismäßigkeitsprinzip” or proportionality rule). This principle must be applied most stringently to criminal law, which covers the most extreme forms of interference with civil liberties. German constitutional theory holds that the law-maker must, in deciding whether a projected criminal law is proportional, apply three sub-principles. He must decide whether the threat of punishment is:

1. apt and expedient to serve the intended purpose and achieve the aim (“Geeignetheit”);
2. necessary, in the sense that no other, less invasive means is available (“Notwendigkeit”);
3. proportional to the potential damage done by the act which is being criminalised (“Proportionalität”).

Criteria 1 and 2 are basically empirical: legal theory requires that the legal programmes and institutional practices used to implement policies be based on scientific evidence. Criteria 1 is strictly normative, in the sense that the general social and cultural values must be considered, weighed and balanced.

Laws must also be reviewed at regular intervals, to establish whether they still serve their purpose, or whether social or other changes make it necessary to amend or repeal them.

This traditional constitutional law requirement, that policy must be based on evidence, ties in with modern approaches to organisation development and quality management.

So far, there has been no sound, scientific evidence to show that the basic assumptions behind the present Narcotics Act are correct. On the contrary, there are ample scientific reasons for doubting and criticising those assumptions. This evidence still needs to be collated, to give law-makers and criminal law specialists a fuller picture.

Lack of expediency: the ambivalence of drug use and criminalisation of drugs

To establish whether criminal law is the best means to the stated ends, one first needs to scrutinise the three above assumptions. Is it really true that drugs invariably damage or endanger individual and public health? Is it really true that they are invariably addictive and erode personal responsibility? Are they necessarily a cause of public nuisance? Is a drug-free society possible?

The media and politicians take a simplistic view of the problem, establishing a direct causal link between supposedly drug-related damage and risks, and drugs as such. A sounder view is that held by today's experts: the drug problem, as most people understand it, results from a specific and complex interplay of factors. Simplifying slightly, these manifold factors and interactions can be grouped under three headings:

- *drug pharmacology;*
- *individual personality and expectations;*
- *social norms, circumstances, situations.*

The legal and illegal use of drugs is always ambivalent, having the potential both to harm and to benefit users and society. Drug risks exist, but need to be redefined in terms of misuse. Misuse, harming the user and others, may be due to problems in the way in which the drug, the user and the broader setting interact.

Personal factors leading to misuse may include primary psychopathology, and primary or secondary deviance.

Social factors leading to misuse may include the erosion of protective cultural rituals, deviant sub-cultural norms, peer group influence, drug availability, etc. Other factors may include society's response to the drug problem, and criminalisation itself, which may well produce unintended side-effects. In fact, criminalisation generates environmental variables which have a strong influence on drug misuse, epidemiology and destructive behaviour. Inevitably, criminalisation and a relatively persistent demand create a black market, and all the phenomena which typify the underground economy and international trafficking: very high prices determined by risk, gang warfare, violence and organised crime. Public nuisance and crime are the most obvious products of the black market, and criminalisation makes them inevitable.

Individual consumers' health is endangered by haphazard mixing of substances, the lack of consumer protection, and the non-availability of adequate drug education, counselling or treatment. Dangers to others – e.g. instigating other adults and minors to use drugs – result mainly from peer-group pressure and typical risk-taking behaviour among the young, which is itself dynamised by criminalisation and by individuals with primary disturbances or deviance.

A general look at human history and culture also shows that nothing like a drug-free society has ever existed. We still need proof that such a goal can be attained – if only for illegal drugs.

All in all, it has never been scientifically shown that criminal law has the potential to solve, or even mitigate, the social problem of illicit drug use. Indeed, its unintended counter-productive effects may even aggravate the problem. Criminal law is a formal instrument, which uses punishment in an effort to influence human behaviour. Psychological and learning-theory research have shown, however, that drug taking is driven by pleasure-seeking or psycho-pathology, and there is no empirical evidence that deterrence works against it. And general prevention, which seeks to win acceptance for “official” values, has not been shown to work either.

At the same time, criminal law sanctions in Germany have themselves become more complex, since they now include compulsory treatment for addicts. This means that the criminal justice system must now take the public health approach seriously. Critical evaluation and research are needed to show whether implementation of this law is producing the hoped-for results. If it is not, then solutions matching the complexity of the whole interaction process should be worked out on the basis of multidisciplinary.

Absence of necessity: opting for a public health approach

As we have said, the second sub-principle, into which the constitutional principle of proportionality has been resolved, is necessity. The question here is whether there are other, less intrusive means of achieving the goal than criminal law.

Given that protecting public health is the essential purpose of the Narcotics Act, and that policy and practice must be evidence-based, it has yet to be shown that there are no other, less invasive and perhaps more effective ways of achieving this aim.

A genuine and substantial public health and social policy drive seems likely to tackle the negative and pathological aspects of the drug problem more effectively. Measures taken in this context can be more complex, differential and effective in dealing with the specific problems of drug users and addicts. Such measures are available and have been found to work. Research might suggest that the role assigned to criminal law could – and should – be reduced to avoid unintended side-effects.

Non-proportionality: principles of effective action

Deciding whether the state action provided for in law and implemented by the criminal justice system is proportional to the damage done society by drug users or traffickers is a strictly normative exercise. However, social and cultural change, research findings, and the problem's huge complexity should lead the standard-setters to re-think some of their criteria.

Criminal law is formalistic, insofar as it takes an offence and determines its exact consequences. It is also simplistic, insofar as it reduces the complex drug problem to a linear chain of cause and effect. This rigid approach is softened to some extent by the German Narcotics Act's emphasis on "treatment, not punishment". Nonetheless, a substantial action programme, based on differential analysis of the various aspects of the problem, seems likely to produce less counter-productive and more effective solutions to the whole range of drug-related problems.

Universality of human rights and values

The Narcotics Act must not be seen only as an instrument designed to tackle the drug problem by targeting drug users and traffickers. Like any criminal law in a democratic, rule-of-law system, it must also protect the human rights of offenders. The German Constitution recognises the reality and dignity of the universal human drive for pleasure ("pursuit of happiness" in the U.S. Bill of Rights!) – alcohol, relaxation, pain-killing substances, etc. – and basically accepts it as a human right. Only if it endangers others, or public health, may it be punished. Even then, the state's reaction, in passing and enforcing criminal law, must respect the right of individuals to harm themselves, and the basic values of equality and proportionality.

Equality implies that the harmful potential of legal and illegal drugs must be compared. The assumption that "cultural acceptance" makes legal drugs – alcohol, nicotine, psychotropic medication – less dangerous needs to be looked at more closely.

Even if this were shown to be true, certain values would still have to be assessed and weighed: do the dangers of illegal drug use really justify the vast difference in the intensity and invasiveness of the action taken (alcoholics have consumer protection and are subjected only to ordinary public health measures, while drug addicts have no consumer protection and are exposed to specific black market risks as well as harsh punishment). Under German constitutional law, the state must cause citizens no disproportionate harm.

Linking the criminal justice system and interdisciplinary research

Lawyers, both law-makers and practitioners, tend to stick to their own territory and operate in compartments. Consciously or sub-consciously, they base their perceptions, reasoning and judgements on pre-conceptions, convenient assumptions and well-worn paradigms. Society today is constantly having to adjust to social change and deal with new social problems. To avoid stagnating or losing ground, it seems vital that the criminal law response to the drug problem should adopt an interdisciplinary approach.

Summary of Session 2

Professor Alfred Uhl, in his capacity as Chair for Session 2 summarised this session as follows:

Summary of Session 2

How can policy, practice and research deal with the underlying values and paradigms in questions and answers?

I should like to give you a subjective summary of what our three speakers discussed yesterday.

- In order to avoid any misunderstandings which may have arisen, I would like to reiterate that the position of Alfred Springer and Helge Waal is that research in the field of drug research is not value free – and that we should make the implicit values an explicit research topic rather than pretend that our conclusions are objectively science-based. This is the state of the art of epistemology and can hardly be disputed. We may argue if mere observing and defining a phenomenon is value dependent or not – but if we come close to decisions concerning policy decisions, values obviously must play a central role. e.g., to state that excessive alcohol consumption increases the risk of liver cirrhosis is a factual statement but whether we decide to treat alcohol abusers by force or accept their decision to destroy their health without intervening is a clear value decision. In methodological literature, the idea that value decisions can be derived from facts is called “naturalistic fallacy”.
- Lorenz Böllinger claimed that the German laws are to a certain degree evidence-based, an idea he developed based on the changing German homosexuality laws. He stated, that the law on homosexuality was abolished as it had proved to be ineffective. I personally doubt that the law was primarily abolished because it was ineffective but rather think that the major incentive to change it arose from a change in attitudes of the population towards homosexuality. It would be interesting to go deeper into this issue and relate both interpretations to existing evidence.
- Böllinger also pointed out that the drug laws directly violate the human right to harm oneself. He claimed that the legal

- argument that supplying drugs to others is a criminal act is highly questionable where the person receiving the drugs is old enough to understand what he or she is doing and is merely executing his or her human right to harm himself/herself. Böllinger also said that prohibition causes more problems than it solves, a position to which I fully agree as there is much evidence available to support this conclusion. Contrary to the homosexuality law, legal drug prohibition is maintained despite its apparent failure. This again seems to support the idea that public attitude is more relevant for law making than evidence showing that these laws are actually ineffective or counterproductive.
- Alfred Springer requested an open and honest discussion by explaining that a problem cannot be solved by obscuring it. He criticized the different roles assigned to those professions involved in the addiction field, e.g. police involvement in drug prevention and doctors carrying out law enforcement functions. Since he simultaneously demanded multi-disciplinarity this issue deserves clarification. This should be understood as a pledge not to enter ignorantly into areas where one has not been professionally adequately trained but at the same time to favour co-operation between different disciplines in order to extend each others competencies beyond their close professional borders.
- An other important issue Springer addressed is that of repression in prevention and treatment and manipulating the target population through incomplete or one-sided statements in prevention. On one side experience shows these approaches are not effective and the other that most forms of repression and manipulation are in conflict with the basic values of a democratic society.
- Springer also advocated the diffusion of consistent messages. For instance, confusion arises when police enact a “zero tolerance” policy and, at the same time, school based drug education sends out risk reduction messages. This position could basically be interpreted in two ways. Firstly that we should aim to prevent contradicting messages in society – which is only possible with strict censorship – and secondly that experts should think more methodically before they publicly deliver a consistent opinion, a position which I am sure Mr Springer favours.

- In relation to Richard Hartnoll's paper, Mr Springer highlighted the concept of social control vs. individualisms, with a tendency against too much social control and a position oriented towards human rights.
- Mr Wall also referred to this issue of social control vs. individualism and expressed more sympathy for the concept of social control. He disagreed with Mr Hartnoll's definition of the term "paradigm".

Session 3 : How to strengthen the research basis of policy and practice?

***Response from the perspective of science and policy
by Professor Virginia Berridge (London School of Hygiene and
Tropical Medicine, Department of Public Health, United Kingdom)***

I should explain where I am coming from in this presentation.

I'm an historian who has worked on drug policy and also on the history of Aids policy making in the UK (very recent history).

In the late 1980s I carried out one of the first surveys of drugs research in Europe, in part commissioned by Cees Goos of WHO Euro which was published by ISDD in London.

Recently I have headed a programme of research, "Science speaks to policy" funded by the Wellcome Trust, which examines the relationship between research, policy and practice through a number of case studies.

We have published on this topic a special issue of Social Science and Medicine and a book which is coming out in 2005.

Key areas of my presentation

- theories of how research gets used .
- developing research on how research gets used.
- thinking across the substances and outside drug policy.
- encompassing change over time and taking the long term view.

Theories of how research gets used

So far in the Conference we have said little about this. Yet its an essential starting point. Richard also has this as a key area of his paper. There is a current tendency to talk about evidence-based medicine or evidence-based policy but the situation in terms of the interrelationship is actually far more complex.

Here I identify four models:

- Rational models – the EBM or evidence-based policy movements.
- Enlightenment theories
- Journalism – 'delay and blame'; heroes and villains.
- Science policy/ political science.

- Much has been said to criticise the rational model it just doesn't happen in that way. Improving the process may help a little but it is not the key issue.

Thinking in depth

The enlightenment process is mentioned by Richard in his paper and perhaps deserves more thought. This is the process whereby research results trickle into policy over time; they become part of a "climate of opinion" which everyone knows. That's an important function.

Some while ago, a British researcher, Patricia Thomas, examined this process in detail.

She identified a "limestone" effect: the impact of research was like the action of water on limestone – it was not possible to predict where it would come out.

In the "gadfly model", the researcher conducted research and communicated it, remaining on good terms with those within the system. There was also the "insider model" where the researcher knew the machine and would adapt research results to political realities.

Part of a general enlightenment model described by Carol Weiss – this was essentially how "generalisations and ideas from numbers of studies come into currency through articles in academic journals, journals of opinion, stories in the media lobbying by special interest groups, conversations of colleagues, attendance at Conferences and other uncatalogued sources". The role of pressure groups and of the media was important in this context; the making of "knowledge claims" by scientists and policy actors created public controversy, much of which has come to be played out through the media. Media is an important variable in this process as Charlie Lloyd's presentation also emphasized.

That's very different from the other type of journalist input I outline here which is the heroes and villains type of approach.

Common for HIV/Aids; BSE; tobacco and other public health issues. It's an approach which sees things in terms of who's to blame? If things aren't put in place some conspiracy must be afoot.

I don't think that's a terribly helpful way of looking at the relationships.

Better inputs come from political science and sociology of scientific knowledge

Where the emphasis has been on theories which talk about networks in policy making-however – characterized-iron triangles – issue networks etc and the concept of “actor networks” in studies of the sociology of science. In my own work on Aids and British drug policy I have found the concept of the network, the policy community, in drug policy making of great value, as we’ll see in a moment.

And historians of science like Lana Lowy, Jean Paul Gaudilliere, Sheila Jasanoff and others have used these concepts in relation to the interrelationships between research (science) and practice.

But we need to move from theory to my second main area which is;

Developing research on how research gets used, which Richard mentions in his paper.

This has been done to some extent in the UK as part of the NHS Research and Development initiative, an initiative which marked the 1990s in particular. Here the idea was that research should be brought to bear on issues in health service delivery. But pretty soon it was realized it wasn’t such an easy matter – and research on research uptake had been one theme within that initiative.

It’s been less the case that this has been studied for drugs;
Let’s look at a couple of case studies which identify the variables.

Case study one; Aids and harm reduction in British drug policy

I’ve written about this in my book on Aids in the UK.

The shift to harm reduction was predicated on the basis of research on needle exchange which purported to show that it prevented the spread of HIV.

But there are a number of factors here which enabled that research to have that impact at that point in time.

1. The close networks which operated between researchers and key civil servants in the DH.
2. And the existing, if unspoken politically, agenda of harm reduction which predated the coming of Aids – Aids was simply the trigger.
3. And finally there was the air of crisis – politicians were searching for answers and what had previously been unthinkable became thinkable. But only because of the contextual situation and the links within policy. In the US in a similar situation, research did not have the same impact and was in fact actively opposed. So national contexts are important here.

We can take a second case study to show how situational factors are important and theories can be put into practice. The recent “liberalization” of the law on cannabis in the UK. Here I draw on work by Mike Hough of Kings College London.

Here there was a different configuration of factors.

1. No immediate crisis but a much longer story – starting in 2000 with Runciman report on drugs and ending only this year.
2. Home Secretary David Blunkett played a more active role – rather than responding simply to in house civil servants and research.
3. Media, too – and the police were involved – police pressing (or at least a section of them) for retention of powers of arrest.
4. So in the middle of all this, research had a more ambiguous impact – the famous “Lambeth experiment”; and other research on cannabis cultivation. The media was more critical of the Lambeth results in a way which hadn’t happened to needle exchange – which was simply treated as a technical matter out of politics.

Here we can see a similar combination of factors as with Aids in the late 1980s but because of the situation and the networks round the cannabis issue and the time path dependent factors, the results were quite different. It was liberalisation and not liberalisation – arrest powers were retained and some penalties for Class C drugs have been increased.

I’ve used two case studies from recent British history here. But we could use such case studies to pull out themes and issues which give us a sense of what has impact when and how to achieve that.

In the conference to date, colleagues have pointed to more instances of the differential impact of research. Cannabis research has entirely different policy implications in different countries. In Switzerland, so I hear, the absence of one party government gives research managers and researchers a more independent role in relation to government and policy.

There are different research policy traditions in Europe which we know little about. There are different traditions of generating knowledge and of receiving this within policy systems. We should be able to study these across Europe and perhaps draw out common themes and issues where research does or does not have impact.

But let's move on to my third point – the need to think laterally.

In this I mean thinking laterally in two ways:

1. Firstly, thinking across the substances – whether alcohol, drugs or smoking.

So often researchers and policy-makers operate in substance specific silos – that's particularly the case for those who work on tobacco-alcohol and drugs have a longer parallel history.

And with particular areas, there seem to be researchers who operate within disciplinary boundaries only – that's particularly the case for drugs where you either seem to be a health researcher or a criminologist, but the two don't meet that much.

A number of questions could be raised by thinking laterally, for example;

– will there be increasing convergence across the substances? Take for example the new puritanism in relation to public space and public safety which occupies British social policy at the moment. Or the way in which the concept of harm reduction is being used for alcohol as well as for drugs – less so currently for tobacco, although there is a history of harm reduction there.

– what lessons can the history of international control of drugs offer to the more recent moves to develop international control for tobacco?

2. Secondly, let's think laterally across themes in social policy or public health. There are long historical parallels between drug policy and those in sexual health; there's the EBM movement in health and health policy which I have already mentioned; and there are overall developments in public health (however it is termed) to which we should relate drug policy development. It still tends to operate too much in a drug specific ghetto.

And my final points:

Taking account of change over time

Change over time implicit in much of what I have discussed and also in Richard's paper – and many people at the Conference have started by looking back. That's an essential perspective in order to be able to look forward as well. In looking back across Europe and across research and policy we might consider these areas.

- *the role of international organisations;*
- *policy transfers;*
- *the histories of industry funding;*
- *cycles of use; culture and regulation interaction.*

These are all areas where recent history could be brought into the equation – and in fact it's not possible to understand how policy has developed without that perspective.

International organisations and their role and how that has changed have been important; also the ways in which a policy in one country transfers into another (harm reduction; theories about drug use; the rediscovery of heroin prescribing etc), with often international organisations playing a role in that process. The Pompidou Group and the multi-city study in relation to the foundation of the EMCDDA is one example of this close to home.

Industry is little studied in the drugs field although demonised for tobacco – the existing European dimension of pharmaceutical industry research could also be drawn on for the drug field with the increased interest of that industry in drug treatment in recent years.

And finally there's the long term view about cycles of use and the interplay between policy and culture. What impact does policy actually have –on use and culture? How does culture change (take cannabis as an example) and what mediates that?

This is all part of **taking the long-term view.**

We have an example of that in Richard's paper where he very nicely shows, partly from his own experience, how drug epidemiology in Europe has derived its roots – from community epidemiology in the States, transferring through the UK into Europe and then back again. This exemplifies some of my points about the role of internationalism in the area; of policy transfer; the role of science; and having a long-term view.

I would support his call for a think-tank an arena of mediation between research and policy. Someone yesterday called for researchers to continue as activists. I don't agree. One of the interesting post-war developments in research has been the rise of the researcher as activist – something which some of the early post-war researchers were strongly opposed to. In the 1950s, the statistician Bradford Hill, thought it was the business of the Ministry of Health to decide or advocate policy not that of researchers. That view has changed – in particular in the smoking field – but we need to draw back and develop that enlightenment function which I drew attention to at the start.

So here are some ideas for areas of development to strengthen the research base. We should not be fazed by complexity but rather seek to embrace and build on it. It exists at the international level; at the European level; at country level; and at local level. We can use it to examine the different processes whereby knowledge is generated and how that knowledge is or is not applied to policy and practice.

If we do that, then we too – the researchers, research managers and funders, civil servants and policy-makers – will also be the subjects of research.

***Response from the perspective of evidence-based policy
by Dr Martin Buechi (Office Fédéral de la Santé Publique, Bern,
Suisse)***

As we can see from Richard Hartnoll's very comprehensive synthesis and description of the state of the art of drug research in Europe, there is a lot of complexity but also a lot of diversity regarding the building of evidence and – what makes it even more complex – there are numerous paradigms providing very different frameworks and scopes for research. However, we are looking for a stable base for scientists to create evidence for the development of drug policies and intervention projects for practice. Scientists need a safe working environment and the safety of a long term financial base; they should be shielded from external influence, in particular from day to day politics. It is important to realise that paradigms, both the political and scientific ones might influence the process of evidence building and they too tend to harden existing prejudices and thus hamper the evidence building process.

Some of the paradigms could pose a danger for scientists to get caught up in politics rather than in a scientific dispute. Why is that so? As an explanation I quote a paragraph from Richard Hartnoll's paper:

The question of what paradigms underlie theory, policy, practice and research in the drug field is fundamental since paradigms shape how “the problem” is constructed, how questions are asked, what sorts of answers are expected, and how knowledge is used to develop policies and responses. Examples given below illustrate how these paradigms (a) reflect assumptions about how drug use should be conceptualised, and (b) determine what sort of “solutions” or responses are constructed on the basis of those assumptions and within the conceptual framework defined by the paradigm.

Therefore the Pompidou Group should firstly try to put some of these underlying paradigms on the table, but not with the goal of sorting out all the differences but to make everyone to take notice of them and understand where the differences are. Such a process could help towards a better understanding of each country's political situation and political point of view. This process is important because some of the political paradigms are very old and have existed for a long time like the “stepping stone” theory which pretends that drug addiction starts with smoking marijuana and ends with being addicted to heroin or another one which pretends that the only solution to drug abuse is the “war on drugs” with repression on both the supply and demand together with a rather simplistic appeal to young people to “just say no” to drugs.

Additionally paradigms are prone to shifts because they often are embedded in a very shaky political context that might change within short notice, heavily depending on what and how the media report about drug matters or whether the drug policy is a top issue during an election campaign.

The influence of these paradigms depends on politics in general but – and this is very important – also on long term strategies which in turn depend both on the beliefs of the politicians and on the population and vice versa. Therefore, because of this shaky political context one can never be sure when old and forgotten paradigms surface again and create insecurity in people's minds about what is right and what is wrong. I would like to give you an example from Switzerland.

About two years ago the media reported about very high THC-contents in cannabis grown and on sale in Switzerland (forbidden by law but often tolerated by police and politicians). At about the same time scientific journals published the results of cohort studies with cannabis users stipulating that some of them may suffer from psychosis such as schizophrenia later on in their lives. As a consequence the attitudes of many politicians towards cannabis changed and a commission of the Swiss parliament even refused to enter the discussion of the pending revision of the law on narcotics that would abolish the prosecution of cannabis consumption. Additionally, many asked again questions about the danger of smoking cannabis, questions that we thought had been answered in detail long time ago. But even worse, it brought back the discussion about the “stepping stone” paradigm and some politicians voted to continue with the prosecution of cannabis consumers in order to keep young people from smoking cannabis, against all scientific evidence that prohibition doesn't work. These events should warn us that there is no straight way to reach our goals, in spite of sound evidence and convincing arguments. We must be aware of the danger of old and forgotten paradigms.

As a consequence we must take into consideration that such policy shifts are always possible and might have a very negative impact on long term strategies such as the implementation of the Pompidou Group's mandate and work programme to promote evidence-based policies in the drug abuse field over the next three years. If we are willing to follow this strategy of connecting research, policy and practice, we must create a very solid political and scientific base for research. As I have said before, we do not have to sort out our differences beforehand but in knowing them the Pompidou Group could develop a process of defining a stable political platform for the research part of our strategy.

Knowing and therefore respecting the “multi-political” ideas about drug policies and practice within the Pompidou Group could improve the dialogue towards finding a common understanding about the process of creating a strong base for scientists. However, without a clear political commitment from the Pompidou Group we will never be able to connect research, policy and practice.

Therefore, personally it seems very obvious that we must recognise the different political and scientific paradigms in the different member states of the Pompidou Group in order to agree on the steps to be taken to create and to strengthen a common research base. Some of the basic steps toward an research base are the following ones:

- to guarantee a sustainable research base together with protection from political influence (i.e. a change of government);
- to get a long term financial commitment from as many member states as possible (i.e. as funding partners for common projects or for research in their own countries) and
- to designate centres of excellence to do research.

What else do we need to reach our goals? To answer this question I would like to slightly change the first question asked in this Session 3: are we willing to make this true – means to make true a sound and sustainable research base to create evidence. After having discussed the importance of paradigms I would now ask the question differently: are we willing to define the political scope in which we can build a sound and sustainable research base? In other words: the Pompidou Group has to come to an agreement about the topics and limits of the research base needed to deliver the data and information to create evidence for future drug policies. We might get an evidence base everyone can agree on but we still will have different drug policies based on this very same evidence: finally it is up to the politicians whether they take evidence into consideration for the formulation of their drug policies and how they interpret it.

But there are other questions to be answered: Who is giving the researchers guidance in an always changing environment and who is giving them security to go about their job? Otherwise said, someone has to monitor the political paradigms and tell the researchers when these are shifting or changing (there are also scientific paradigms we have to take into consideration and make sure that they don't hamper the scientists in their work, but I am not concerned with them today).

One possible way of assuring the scientists is:

- to appoint a group of experts (“think-tank”) including all major stakeholders that define the political and scientific scope for the researchers (i.e. define and interpret the stakeholders and their values);
- to appoint someone like a “watchdog” for the political agenda setting, i.e. some early warning system for major shifts in politics (or the rise of a forgotten paradigm and how to deal with it) and
- to appoint experts in communication and knowledge transfer between science, politics and practice who also are capable of linking the different processes (i.e. evaluation and policies).

I believe that the last point is a very important one. Politicians – as a rule – neither have the time nor the patience to read scientific reports or listen to scientist’s explanations. If we want to reach the goal of having successfully promoted evidence-based policies and better connected research, policy and practice then we must guarantee a qualified translation and interpretation of scientific evidence to decision makers in politics and practice. Scientists should do what they do best, which is research. And scientific interpreters (experts in knowledge transfer) should bridge evidence and politics.

Summary of Session 3

Mr Ruud Bless in his capacity as Chair for Session 3 summarised this session as follows:

Summary of Session 3

How to strengthen the research basis of policy and practice

- Support for the setting up of a think-tank to bring together both the complexity and the knowledge of the drug issue.
- Support for the setting up of a centre of excellence by the Pompidou Group.
- Although communication between researchers and policy-makers is not easy, researchers should refrain from giving political statements.
- Support for the creation of a new European structure both to orientate the policy and to be used by professionals.
- Importance of keeping an adequate geographical balance between Central and Eastern Europe and Western Europe in carrying out research.
- Data collection without interpretation does not make sense and this interpretation should be done by the researchers. The next step: the political implications of interpretation of research should be left to the policy-makers.
- One element which has been absent in the debates was the role of research in government which could serve as a link between researchers and policy-makers.

Conference conclusions and follow-up

Mr Bob Keizer, Chairman of Pompidou Group Permanent Correspondents concluded the meeting with the following remarks:

- Everything is complex and nothing is without values.
- Research should be an important input to the process of policy making. Nevertheless other elements like social and economical factors, political opportunity, and funding possibilities are part of this process.
- Despite the progress made over the last 20 years, there is still a lot to do to improve and to clarify, and to fill in the gaps of research, in particular in the Criminal Justice field where scientific data to evaluate the impact of law enforcement interventions are lacking.
- The proposals made to better deal with the complexity of the drug issue should be supported
- We should encourage more multi-disciplinary approaches
- The idea of think-tanks should be supported

What are the priorities?

- A need to clarify the role, position, responsibilities of each actor active in the drug field in order to better co-ordinate the different interventions
- Limit the scope of research to key questions
- Quality standards, rules of conduct in research should be developed

What to do?

- The research platform should be creative in finding ways of better organising the work of the research community
- We need a body which should be able to translate the political wishes into scientific questions
- We also need to define the profile and the organisation of the think-tank function.

- To support the elaboration of “policy support functions”, such as research, monitoring the situation, trend watching, getting the feedback (signals) from practice, evaluation of the policies, reflecting on the interaction between the situation and the responses given to the situation by think-tanks. Some functions such as the monitoring and the evaluation of policies cannot be fulfilled by the same body.
- Faced with the absence of co-ordination in between all the different organisations, as chairman of Pompidou Group, I took the initiative to discuss this item with EMCDDA and I will also do it with WHO. The objective of these discussions will be to propose a new division of labour in between the different organisations. My objective is that the outcome of this debate will be integrated in the EU drugs strategy which will be discussed at the Dublin Conference on 10-11 May.

Appendices

Appendix I – Programme

Appendix II – List of participants

Appendix III – List of Pompidou Group documents and publications

Appendix I – Programme

Tuesday, 6 April 2004

09:00 *Registration*

09:30 Welcome and introduction : Chris LUCKETT (Pompidou Group), Paul GRIFFITHS (EMCDDA), Dr Haik NIKOGOSIAN (WHO)

09:50 “Connecting research, policy and practice : Lessons Learned and Challenges Ahead”: Richard HARTNOLL

10:10 “How to Learn Lessons and to Beat the Challenges” : Alfred UHL

10:30 *Coffee break*

Session 1: How can policy, practice and research deal with the complexity of the drug issue?

Chair : Richard MUSCAT

Discussion moderator : Annette VERSTER

The drug situation is complex. It is made up of overlapping but differentiated phenomena that are caused by multiple factors ranging from individual preferences for specific drug effects, through social factors such as lifestyles, drug availability or legal responses and societal attitudes towards drugs, to broader factors such as social exclusion. Both the drug situation and many of these causal factors evolve over time in an interactive, dynamic process.

Some requests, especially for descriptive information, can be met fairly easily, as long as the question is unambiguous, methodological tools exist and data collection is feasible with the time and resources available. Many questions, while seeming simple, are more problematic. Sometimes they raise more technical difficulties, but often it is because they involve concepts like ‘adequate and appropriate treatment’ that turn out to be more complex than appears at first glance, or because they are based on questionable assumptions about drug phenomena and oversimplification of causal links between responses and changes in drug use. Research is not a simple matter of asking questions and getting answers but a process of progressively clarifying the questions you haven’t (yet) asked.

Responses and policies are also complex and influenced by many factors. Some are related to the drug situation but others are not.

Ideological traditions, social policies and organisational structures for responding to social 'problems' in general (crime, mental illness, alcohol, youthful rebellion) may have a profound effect on responses to drugs in particular. Even over a relatively short period, policies and responses on an issue such as drugs are not static and may, as in several European countries, go through a rapid process of development.

Analysis of drug phenomena, drug policies and drug interventions must take account of this complexity. In this session the question is: are we willing to deal with it? And if so, how can we do it in an effective way?

11:00 Panel discussion

- Response from the perspective of Policy: Charlie LLOYD
- Response from the perspective of Research: Henk RIGTER

12:00 Plenary discussion

13:00 Lunch

Session 2: How can policy, practice and research deal with underlying values and paradigms in questions and answers?

Chair : Alfred UHL

Discussion moderator : Annette VERSTER

Questions in research, policy and interventions reflect underlying assumptions and perceptions about the drug phenomenon and how it should be handled; these assumptions in turn constitute conceptual frameworks or paradigms that determine the sort of answers that are expected. Interpretation of research results, especially in the political and policy-making arena, is also influenced by values, ideology and underlying world-view.

Closely related here are implicit methodological assumptions and logical fallacies that make it easier to draw biased or erroneous conclusions, that confirm pre-existing beliefs, than to reach conclusions that conflict such beliefs. Many of these assumptions and fallacies are well known and understandable when made explicit, for example assumptions about homogeneity and generalisation or correlation and causality, but in practice there is rather little interest in considering them adequately and there is a risk that empirical results are artefacts rather than facts.

Paradigms, value-based perceptions and definitions of 'the drug problem' and implicit methodological aspects are important not only for what information is sought, the sorts of explanations they imply and how

knowledge is translated into action, but also because they provide the framework within which policies and actions are promulgated.

Analysis of drug phenomena, drug policies and drug interventions must take account of the impact of underlying values and paradigms. In this session the question is: are we willing to deal with it? And if so, how can we do it in an effective way?

14:30 Panel discussion

- Response from the perspective of Prevention : Alfred SPRINGER
- Response from the perspective of Treatment : Helge WAAL
- Response from the perspective of Criminal Justice : Lorenz BOELLINGER

15:30 Tea break

16:00 Plenary discussion

17:00 End of day 1

17.30 Reception offered by Pompidou Group in Restaurant Bleu

Wednesday, 7 April 2004

09:30 Summary and conclusions from Session 1 "How can policy, practice and research deal with the complexity of the drug issue"
Richard MUSCAT

09:45 Summary and conclusions from Session 2: "How can policy, practice and research deal with underlying values and paradigms in questions and answers" Alfred UHL

Session 3: How to strengthen the research basis of policy and practice?

Chair : Ruud BLESS

Discussion moderator : Annette VERSTER

In his pre-Conference paper Richard Hartnoll calls for a strengthening of policy-relevant research on drugs in Europe by investment in a long-term strategy on research. Continuity and a longer-term perspective are needed to enable the research process to tackle complexity, process and interaction, to facilitate accumulation and transfer of experience as well as more purposeful collection of data and better use of existing knowledge and 'hidden research', and to allow interaction and mutual learning between research and policy to develop. Among others this would imply that the organisation and funding of research give more emphasis to programme – rather than project-based approaches and more priority to secondary analysis and synthesis of existing data before embarking on new data collection.

Complexity and diversity of questions, paradigms and approaches means that no research programme or centre covers all issues arising from drug policy and the demands of ensuring funding and managing research means there is little time to reflect in depth on wider issues. Alongside existing centres that actually do research, there is room for "think-tanks" that offer detached reflection and critical questioning on what it all means in a wider context and what alternative approaches and questions might be considered. At national and international level, such think-tanks involving experienced researchers with broad perspectives on the field could fill this gap. They offer opportunities for regular discussion with policy and practice. They should be free of day-to-day project management and independent of direct political influence, able to think and discuss the unthinkable. Their major challenge is to progress by expanding our paradigms and seeking new perspectives on what currently appear intractable problems. Imagination is needed as well as science.

Drug policies and drug interventions require a sound and sustainable research base. In this session the question is: are we willing to make this true? And if so, how can we do it in an effective way?

10:00 Panel discussion

- Response from the perspective of science and policy
Virginia BERRIDGE
- Response from the perspective of evidence-based policy
Martin BUECHI

11:00 Coffee break

11:30 Plenary discussion

12:30 Conference conclusions and follow-up : Bob KEIZER (Chairman of The Pompidou Group)

13:00 End of Conference

Appendix II – List of participants

AUSTRIA

Mr Martin BUSCH

ÖBIG (Austrian Health Institute), Email : busch@oebig.at

BELGIUM

Dr Mark VANDERVEKEN

CTB – ODB, Email : mark.vanderveken@beon.be

M. Raymond YANS

Ministère des Affaires Etrangères, Chef de l'Unité Drogues,

Email : Raymond_yans@hotmail.com Email2 : Raymond.yans@diplobel.fed.be

BULGARIA

Dr Nikolay TOMOV, Permanent Correspondent

National Centre for Addiction, Email : doctomov@infocom.bg

Mr Georgi VASSILEV, Director National Centre for Addictions,

Email : ncn@mbox.infotel.bg

CYPRUS

Mr Kiriacos VERESIES

Ministry of Health, Email : kentheia@logos.cy.net

CROATIA

Dr Dragica KATALINIC, MD

Croatian National Institute of Public Health,

E-mail: dragica.katalinic@hzjz.hr or dragica.katalinic@inet.hr

CZECH REPUBLIC

Mr Josef RADIMECKY, MSc, Permanent Correspondent

National Drug Commission, Email: radimecky.josef@vlada.cz

Ms Pvala LEJCKOVA

Secretariat of the National Drug Commission, Email : Lejckova.pavla@vlada.cz

Ms Lenka STASTNA

Secretariat of the National Drug Commission, Email : Stastna.lenka@vlada.cz

DENMARK

Mr Lars PETERSEN

Ministry of the Interior and Health, Email : lpe@Mi.dk

Mr Henrik SAELAN

Medical Officer PhD, Email : hes@kof.eli.dk

ESTONIA

Ms Mari JARVELAID, Permanent Correspondent

Ministry of Social Affairs, Email : Mari.Jarvelaid@sm.ee

FINLAND

Dr Pekka HAKKARAINEN

National Research and Development Centre for Welfare and Health (STAKES)

Email : pekka.hakkarainen@stakes.fi

FRANCE

M. Jean-Michel COSTES

Directeur, Observatoire Français des Drogues et des Toxicomanies,

Email : Jean-michel.costes@ofdt.fr

Dr Isabelle GREMY

Médecin, Email : i.gremy@ors-idf.org

GERMANY

Mrs Michaela SCHREIBER

Federal Ministry of Health and Social Security,

Email: Michaela.schreiber@bmgs.bund.de

IRELAND

Dr Hamish SINCLAIR

Drug Misuse Research Division, Email : hsinclair@hrb.ie - www.hrb.ie

Ms Mairéad LYONS

Director, National Advisory Committee on Drugs, Email: mairead@nacd.ie

ITALY

Dr Maresa BELLUCCI, (MODAVI), Email : mt.bellucci@libero.it ;

Dr Carlo BERTORELLO

Istituto di Fisiologia Clinica, Email: carlo.bertorello@ifc.cnr.it

Dr Andrea DE DOMINICIS

(CEIS), Email : frontiera4@ceis.it

Dr Andrea FANTOMA, Permanent Correspondent

Italian Drug Observatory, Email: andrea@andreafantoma.it

Dr Gilberto GERRA

National Department on Antidrug policies, Email : g.gerra@palazzochigi.it

LUXEMBOURG

Mme Simone SCHRAM

Ministère de la Santé, Email : simone.schram@ms.etat.lu

Mme Pascale STRAUS-BACKES

CRP, Email : pascale.straus@crp-sante.healthnet.lu

NETHERLANDS

Dr Dike VAN DE MHEEN

Addiction Research Institute, Email : vandemheen@ivo.nl

POLAND

Mrs Beata BRODACKA

Ministry of Interior Affairs, Email : Brodacka.b@mswia.gov.pl

Mrs Boguslawa BUKOWSKA

National Bureau for Drug Prevention,

Email : boguslawa.bukowska@kbpn.gov.pl

Mr Piotr JABLONSKI, Permanent Correspondent

National Bureau for Drug Prevention, Email : Piotr.Jablonski@kbpn.gov.pl

Mr Wojciech KLOSINSKI

Ministry of Health

Email: w.klosinski@mz.gov.pl

Mr Jacek J. SEKIEWICZ

Therapy Centre for Drug Addiction, Email: pinoalto@pg.gda.pl

Mr Janusz SIEROSLAWKI

Institute of Psychiatry & Neurology, Email : sierosla@ipin.edu.pl

PORTUGAL

Prof Margarida MATOS

Faculdade de Motricidade Humana, Email : mmatos@fmh.utl.pt

Prof Jorge NEGREIROS

Faculdade de Psicologica e Ciencias da Educao

Email : jnegreiros@netcabo.pt

FEDERATION OF RUSSIA

Prof Irina ANOKHINA

Deputy Director, Research Institute on Addictions, E mail :

Anokhina@miin.ru

Mr Mikhail SAPOVSKIY

Deputy Director for Inter-Agency Co-ordination and prevention

Federal Drug Control Service, Email : michael@sapovsky.com

Mr Igor VOBLIKOV

Directorate of International Co-operation, Federal Drug Control Service

Email : voblikov@hotmail.com

Mr Ivan VOLODIN

Représentation Permanente de la Fédération de Russie

Email : representationpermderussie@wanadoo.fr

SLOVAK REPUBLIC

PhDr Alojz NOCIAR, CSc, Permanent Correspondent

Board of Ministers for Drug Dependencies and Drug

Email: alojz.nociar@government.gov.sk

MUDr Lubomir OKRUHLICA, MD, PhD

Centre for Treatment of Drug Addictions, Email : okruhlica@cpldz.sk

SLOVENIA

Mr Dusan NOLIMAL, Permanent Correspondent

Institute for Public Health of Slovenia, Email : dusan.nolimal@ivz-rs.si

SPAIN

Mrs M^a Esperanza CAVESTANY CAMPOS,

Chief of prevention service, Email : ecavesta@pnd.mir.es

SWEDEN

Mr Andreas HILMERSON

Desk Officer, Ministry of Health and Social Affairs,

Email : Andreas.hilmerson@social.ministry.se

Mr Börje OLSSON

Professor of Sociology, SoRAD, Email : borje.olsson@sorad.su.se

SWITZERLAND

Mr Markus JANN

Main Unit Substance Abuse and Aids, E-mail: markus.jann@bag.admin.ch

TURKEY

Mr Erkan ALACAKURT

Gendarmerie Senior Captain, Officer of Narcotics Branch Trafficking Incidents

Section, Email : j_alacakurt@yahoo.com

Mr Emrah Ömer DEMİR

Deputy Head of National Focal Point (EMCDDA), E mail : odemir@tadoc.gov.tr

Mr Gökhan ERGÜVEN

Gendarmerie Captain, General Command of Gendarmerie, General Plans and Principals Department, Email : okadem12@yahoo.com

INTERNATIONAL ORGANISATIONS

EMCDDA

Ms Dagmar HEDRICH

Project Manager Harm Reduction, Responses Programme,

Email: Dagmar.hedrich@emcdda.eu.int

Mr Henri BERGERON

Programme co-ordinator, Strategies and Impact

Email: Henri.bergeron@emcdda.eu.int

EUROPEAN COMMISSION

Mr Timo Jetsu

Email: Timo.Jetsu@cec.eu.int

WHO EUROPE/OMS EUROPE

Dr Haik NIKOGOSIAN

Unit Head, Promoting Health in Lifestyle, Environment and Development,

Email: han@euro.who.int

MODERATOR, CONSULTANTS AND SPEAKERS

Ms Annette VERSTER MA (*Moderator*)

RICERCA Srl, Email : verster@ricercasrl.it

Prof Dr Henk RIGTER

Department of Public Health, Erasmus MC, Erasmus University

Email : h.rigter@zonnet.nl, Email2 : h.rigter@erasmusmc.nl

Mr Charlie LLOYD, Research Manager

The Joseph Rowntree Foundation, Email: charlie.lloyd@jrf.org.uk

Prof Dr Alfred SPRINGER MD

Ludwig Boltzmann Institut für Suchtforschung, Email: alfred.springer@api.or.at

Prof Helge WAAL, University of Oslo

Unit for Addiction Medicine, Email: helge.waal@medisin.uio.no

Prof Lorenz BOELLINGER, University of Bremen

Chair for Criminal Law and Criminology, Department of Law

Email : L_Boellinger@t-online.de

Dr Martin BÜECHI

Deputy head Main Unit Substance Abuse and Aids and head Policy and Research Section, E-mail: martin.buechi@bag.admin.ch

Prof Virginia BERRIDGE, London School of Hygiene & Tropical Medicine
Professor of History, Email : Virginia.Berridge@lshtm.ac.uk

PREPARATORY COMMITTEE

Mr Ruud BLESS

Quinx Research, Email : bleess@quinx.nl

Mr Bob KEIZER , Chair of Permanent Correspondents

Senior Drug Policy Advisor at the Directorate for Mental Health and Addiction Policy, Email : ad.keizer@minvws.nl

Mr Richard HARTNOLL

Email : richard.hartnoll@mail.telepac.pt

Mr Paul GRIFFITHS

Programme Co-ordinator, Situation Analysis, EMCDDA,
Email : paul.griffiths@emcdda.eu.int

Mr Richard MUSCAT, Research platform co-ordinator

Chairperson, National Commission for the Abuse of Drugs, Alcohol and Other Dependencies, Email : rmusc@biotech.um.edu.mt

Prof Dr. Alfred UHL

Ludwig Boltzmann-Institut für Suchtforschung, Email : alfred.uhl@api.or.at

Pompidou Group Secretariat, Council of Europe – F-67075 Strasbourg Cedex
Fax : +333 88 41 27 85

Mr Chris K. LUCKETT, Head of Division

Tel : +333 88 41 21 93 – Email: christopher.luckett@coe.int

Mme Florence MABILEAU-WHOMSLEY, Principal Administrative Assistant

Tel : +333 88 41 31 95 – Email : florence.mabileau-whomsley@coe.int

Mme Florence MANSONS, Assistant

Tel : +333 88 41 38 42 – Email : florence.mansons@coe.int

Appendix III : List of Pompidou Group documents and publications

Publications

The following publications are published by Council of Europe Publishing, Strasbourg and can be ordered from the Publishing Division at:

publishing@coe.int
<http://book.coe.int>

Calculating the social cost of illicit drugs: Methods and tools for estimating the social cost of the use of psychotropic substances, 2001, Pierre Kopp, ISBN 92-871-4734-5. (Available in Russian, December 2003.)

Contribution to the sensible use of benzodiazepines, seminar, 2002, ISBN 92-871-4751-5.

Connecting research, policy and practice: lessons learned and challenges ahead, proceedings of the Pompidou Group's Strategic Conference, which took place in Strasbourg on 6-7 April 2004.*³

Development and improvement of substitution programmes, seminar, 2002, ISBN 92-871-4807-4.

Drugs and drug dependence: linking research, policy and practice, lessons learned, challenges ahead, Richard Hartnoll. *

Drug use in prison – Project of the group of experts in epidemiology of drug problems, final report, 2001, Richard Muscat, ISBN 92-871-4521-0.

Drug-misusing offenders and the criminal justice system: the period from the first contact with the police to and including sentencing, seminar, 2000, ISBN 91-871-3790-0.

Drug-misusing offenders in prison and after release, seminar, 2000, ISBN 92-871-4242-4.

Ethics and drug addiction, proceedings of a seminar which took place in Strasbourg on 6-7 February 2003.*

³ Publications marked with * are forthcoming and will become available during the course of 2004.

Multi-city network eastern Europe, 1997, Joint Pompidou Group/UNDCP project, extension of the multi-city network to central and eastern Europe. First city reports from: Bratislava, Budapest, Gdansk, Ljubljana, Prague, Sofia, Szeged, Varna, Warsaw, ISBN 92-871-3509-6.

Multi-city study: drug misuse trends in thirteen European cities, 1998, ISBN 92-871-2392-6.

Pregnancy and drug misuse: up-date 2000, seminar proceedings, 2001, ISBN 92-871-4503-2.

Pregnancy and drug misuse, symposium proceedings, 1999, ISBN 92-871-3784-6.

Prisons, drugs and society, seminar proceedings, 2003, ISBN 92-871-5090-7.

Risk reduction linked to substances other than by injection, seminar proceedings, 2003, ISBN 92-871-5329-9.

Road traffic and psychoactive substances, proceedings of a seminar which took place in Strasbourg in June 2003.*

Road traffic and drugs, seminar, 2000, ISBN 92-871-4145-2.

3rd multi-city study: drug use trends in European cities in the 1990s, 2001, Ruud Bless, ISBN 92-871-4459-1.

Treated drug users in 23 European cities – Data 1997, Pompidou Group project on treatment demand final report, 1999, Michael Stauffacher, ISBN 92-871-4007-3.

Vocational rehabilitation for drug users in Europe, seminar, 2000, ISBN 92-871-4406-0.

Women and drugs/Focus on prevention, symposium, ISBN 92-871-3508-8.

Other publications

The 1999 ESPAD Report: Alcohol and other drug use among students in thirty European countries, 2000, Joint publication Pompidou Group/CAN, ISBN 91-7278-080-0.

This publication can be ordered from The Swedish Council for Information on Alcohol and other Drugs (CAN). Fax : +46 8 10 46 41 or e-mail : barbro.andersson@can.se

Estimating the prevalence of problem drug use in Europe, scientific monograph series n° 1, Joint publication Pompidou Group/EMCDDA, 1999, ISBN 92-9168-006-0.

This publication can be ordered from EMCDDA. Fax: +351 21 813 17 11/ e-mail: info@emcdda.org.

Joint Pompidou Group – EMCDDA scientific report 2000 – Treatment demand indicator: standard protocol 2.0 and technical annex, 2000; this can be downloaded in two parts at: <http://www.emcdda.org>

Documents

The following documents have been prepared by the Pompidou Group and can be obtained by contacting the Secretariat in Strasbourg, France, 67075 at:

e-mail: pompidou.group@coe.int

<http://www.coe.int/pompidou>

tel: + 33 388 41 29 87 / fax: + 33 388 41 27 85

Benzodiazepine use: a report of a survey of benzodiazepine consumption in the member countries of the Pompidou Group, Gary Stillwell and Jane Fountain, P-PG/Benzo (2002) 1.

Estimating the social cost of illicit drugs in Poland, P-PG/Cost (2003) 2.

Follow-up project on treatment demand: tracking long-term trends, final report by Michael Stauffacher et al, P-PG/Epid (2003) 37.

International drug court developments: models and effectiveness, Paul Moyle, September 2003, P-PG/DrugCourts (2003) 3.

Missing pieces: developing drug information systems in central and eastern Europe, technical reports by Michael Stauffacher, co-ordinator (joint PG/UNDCP Project: extension of the Multi-city network to Central and Eastern European Europe), September 2001.

Multi-city study of drug misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm, final report, Strasbourg, 1987.

Outreach work with young people, young drug users and young people at risk – Emphasis on secondary prevention, Petter Svensson, September 2003, P-PG/Prev (2003) 6.

The general potential of police prevention in the area of illicit drugs, Lorenz Böllinger, September 2003, P-PG/Prev (2003) 2.

Targeted drug prevention – How to reach young people in the community? Report from the Helsinki conference of November 2002.

Political declaration, Pompidou Group Ministerial Conference, 17 October 2003, P-PG/Minconf (2003) 3.

Pompidou Group multi-city study update report, 1999-2000, Ruud Bless, May 2002, P-PG/Epid (2002)11).

Pompidou Group work programme, 2004-2006, Pompidou Group Ministerial Conference, P-PG/Minconf (2003) 4.

Prisons, drugs and society: a consensus statement on principles, policies and practices, published by WHO (Regional Office for Europe) in partnership with the Pompidou Group, September 2002.

Problem drug use by women – Focus on community-based interventions, Dagmar Hedrich, P-PG/Treatment (2000)3.

Sales agents for publications of the Council of Europe

Agents de vente des publications du Conseil de l'Europe

AUSTRALIA/AUSTRALIE

Hunter Publications, 58A, Gipps Street
AUS-3066 COLLINGWOOD, Victoria
Tel.: (61) 3 9417 5361
Fax: (61) 3 9419 7154
E-mail: Sales@hunter-pubs.com.au
<http://www.hunter-pubs.com.au>

BELGIUM/BELGIQUE

La Librairie européenne SA
50, avenue A. Jonnart
B-1200 BRUXELLES 20
Tel.: (32) 2 734 0281
Fax: (32) 2 735 0860
E-mail: info@libeurop.be
<http://www.libeurop.be>

Jean de Lannoy
202, avenue du Roi
B-1190 BRUXELLES
Tel.: (32) 2 538 4308
Fax: (32) 2 538 0841
E-mail: jean.de.lannoy@euronet.be
<http://www.jean-de-lannoy.be>

CANADA

Renouf Publishing Company Limited
5369 Chemin Canotek Road
CDN-OTTAWA, Ontario, K1J 9J3
Tel.: (1) 613 745 2665
Fax: (1) 613 745 7660
E-mail: order.dept@renoufbooks.com
<http://www.renoufbooks.com>

CZECH REP./RÉP. TCHÈQUE

Suweco Cz Dovož Tisku Praha
Ceskomoravská 21
CZ-18021 PRAHA 9
Tel.: (420) 2 660 35 364
Fax: (420) 2 683 30 42
E-mail: import@suweco.cz

DENMARK/DANEMARK

GAD Direct
Fiolstaede 31-33
DK-1171 KOBENHAVN K
Tel.: (45) 33 13 72 33
Fax: (45) 33 12 54 94
E-mail: info@gaddirect.dk

FINLAND/FINLANDE

Akateeminen Kirjakauppa
Keskuskatu 1, PO Box 218
FIN-00381 HELSINKI
Tel.: (358) 9 121 41
Fax: (358) 9 121 4450
E-mail: akatilaus@stockmann.fi
<http://www.akatilaus.akateeminen.com>

GERMANY/ALLEMAGNE

AUSTRIA/AUTRICHE
UNO Verlag
Am Hofgarten 10
D-53113 BONN
Tel.: (49) 2 28 94 90 20
Fax: (49) 2 28 94 90 222
E-mail: bestellung@uno-verlag.de
<http://www.uno-verlag.de>

GREECE/GRÈCE

Librairie Kauffmann
Mavrokordatou 9
GR-ATHINAI 106 78
Tel.: (30) 1 38 29 283
Fax: (30) 1 38 33 967
E-mail: ord@otenet.gr

HUNGARY/HONGRIE

Euro Info Service
Hungexpo Europa Kozpont ter 1
H-1101 BUDAPEST
Tel.: (361) 264 8270
Fax: (361) 264 8271
E-mail: euroinfo@euroinfo.hu
<http://www.euroinfo.hu>

ITALY/ITALIE

Libreria Commissionaria Sansoni
Via Duca di Calabria 1/1, CP 552
I-50125 FIRENZE
Tel.: (39) 556 4831
Fax: (39) 556 41257
E-mail: licosa@licosa.com
<http://www.licosa.com>

NETHERLANDS/PAYS-BAS

De Lindeboom Internationale
Publikaties
PO Box 202, MA de Ruyterstraat 20 A
NL-7480 AE HAAKSBERGEN
Tel.: (31) 53 574 0004
Fax: (31) 53 572 9296
E-mail: lindeboo@worldonline.nl
<http://home-1-orlndonline.nl/~lindeboo/>

NORWAY/NORVÈGE

Akademika, A/S Universitetsbokhandel
PO Box 84, Blindern
N-0314 OSLO
Tel.: (47) 22 85 30 30
Fax: (47) 23 12 24 20

POLAND/POLOGNE

Główna Księgarnia Naukowa
im. B. Prusa
Krakowskie Przedmiescie 7
PL-00-068 WARSZAWA
Tel.: (48) 29 22 66
Fax: (48) 22 26 64 49
E-mail: inter@internews.com.pl
<http://www.internews.com.pl>

PORTUGAL

Livraria Portugal
Rua do Carmo, 70
P-1200 LISBOA
Tel.: (351) 13 47 49 82
Fax: (351) 13 47 02 64
E-mail: liv.portugal@mail.telepac.pt

SPAIN/ESPAGNE

Mundi-Prensa Libros SA
Castelló 37
E-28001 MADRID
Tel.: (34) 914 36 37 00
Fax: (34) 915 75 39 98
E-mail: libreria@mundiprensa.es
<http://www.mundiprensa.com>

SWITZERLAND/SUISSE

Bersy
Route de Monteiller
CH-1965 SAVIESE
Tél.: (41) 27 395 53 33
Fax: (41) 27 395 53 34
E-mail: bersy@bluewin.ch
Adeco – Van Diermen
Chemin du Lacuez 41
CH-1807 BLONAY
Tel.: (41) 21 943 26 73
Fax: (41) 21 943 36 05
E-mail: info@adeco.org

UNITED KINGDOM/ ROYAUME-UNI

TSO (formerly HMSO)
51 Nine Elms Lane
GB-LONDON SW8 5DR
Tel.: (44) 207 873 8372
Fax: (44) 207 873 8200
E-mail: customer.services@theso.co.uk
<http://www.the-stationery-office.co.uk>
<http://www.itsofficial.net>

UNITED STATES and CANADA/ ÉTATS-UNIS et CANADA

Manhattan Publishing Company
468 Albany Post Road, PO Box 850
CROTON-ON-HUDSON,
NY 10520, USA
Tel.: (1) 914 271 5194
Fax: (1) 914 271 5856
E-mail: Info@manhattanpublishing.com
<http://www.manhattanpublishing.com>

FRANCE

La Documentation française
(Diffusion/Vente France entière)
124 rue H. Barbusse
93308 Aubervilliers Cedex
Tel.: (33) 01 40 15 70 00
Fax: (33) 01 40 15 68 00
E-mail: vel@ladocfrancaise.gouv.fr
<http://www.ladocfrancaise.gouv.fr>

Librairie Kléber (Vente Strasbourg)
Palais de l'Europe
F-67075 Strasbourg Cedex
Fax: (33) 03 88 52 91 21
E-mail: librairie.kleber@coe.int

Council of Europe Publishing/Éditions du Conseil de l'Europe

F-67075 Strasbourg Cedex

Tel.: (33) 03 88 41 25 81 – Fax: (33) 03 88 41 39 10 – E-mail: publishing@coe.int – Website: <http://book.coe.int>

In 2004, in the light of developments in the various international organisations active in the drugs field, the Pompidou Group felt that the time had come to assess what had been learnt over the past twenty years and to identify gaps in knowledge in order to strengthen the drug research base for promoting evidence-based policies. This rationale became the objective of the Pompidou Group's strategic conference on "Connecting research, policy and practice: lessons learned, challenges ahead" (Strasbourg, 6-7 April 2004), the proceedings of which are presented in this publication.

One of the conference findings described here is that many important drug issues get "lost in translation" between politicians, practitioners and scientists. Hence the need for the Pompidou Group to play a role as a platform to improve the exchange and transfer of knowledge.

A background paper to the conference written by Richard Hartnoll, a well-known drugs researcher, is also available in a separate publication: *Drugs and drug dependence: linking research, policy and practice – Lessons learned, challenges ahead*, which can be purchased from Council of Europe Publishing (<http://book.coe.int>).



The Council of Europe has forty-six member states, covering virtually the entire continent of Europe. It seeks to develop common democratic and legal principles based on the European Convention on Human Rights and other reference texts on the protection of individuals. Ever since it was founded in 1949, in the aftermath of the Second World War, the Council of Europe has symbolised reconciliation.

ISBN 92-871-5535-6



9 789287 155351

€15/US\$23

<http://book.coe.int>
Council of Europe Publishing