



Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community

Reply to supplementary questions, B Hughes.

What different objectives have European Union Member States pursued?

Objectives were not always clearly stated at the time, and commenting on them retrospectively benefits from hindsight... I am only aware of a few. They will usually include treatment, as one of the four main pillars in the EU's drug action plans; in the UK a departure from that was in the objective of Recovery. In Italy an objective in 2006 was to send a clear message of disapproval of drug use.

Can you provide an example of when objectives were unclear, and what issues this has caused?

In Italy, one of the objectives of the change of the Law 49/2006 was to send a clear message that drugs were illegal and use would be punished. As reported in our 2015 paper, the law was changed to offer the treatment only after the punishment had been completed; and this resulted in a collapse in the take-up of treatment. In Cyprus, the law 57 of 1992 on 'the care and treatment of addicts' was only finally implemented in 2016, due in part to what have been referred to as 'anachronistic and non-viable stipulations'; these included requests during parliamentary and other discussions that pulled between the "care" and "control" directions of different policymakers that would make implementation unworkable in practice.

Has any Member State concurrently aimed to both save money and improve health outcomes? Have they been successful?

I'm not aware if these have been clearly stated or evaluated as such.

How can we address a lack of cooperation and communication between criminal justice and health agencies?

What we are seeing in certain projects where such cooperation is required is to involve both in project design from the very beginning, to encourage stakeholder buy-in. This should help to encourage regular stakeholder communication and discussion during roll-out, and to encourage inter-agency expert discussion and identification of possible practical barriers to implementation ideally before they happen, then to design solutions acceptable to both sides. Some countries issue joint ministry guidance, as has been done also for countering the NPS phenomenon.

Are the Portuguese dissuasion commissions a good example of inter-agency coordination?

They do seem to be. The commissions themselves are fully under the Ministry of Health, but they involve inter-agency staff and the SICAD appears to have good relationships with the police agencies, who deliver the drug users to the commissions.

There is always funding for prisons, but often there is insufficient funding for treatment. In your experience, can this issue be circumvented or rectified?

I am aware that estimating costs of treatment in one country is already a challenge, and that estimating costs in many countries is complicated by the different funding structures available. EMCDDA released a publication on this in 2017

http://www.emcdda.europa.eu/system/files/publications/6238/TI_PUBPDF_TDXD17001ENN_PDFWEB_20171005172306.pdf. I have understood that one of the challenges in moving from punishment to an alternative is the funding system, in that prisons are usually funded from central budgets but treatment will often come from regional or even municipal budgets, and treating drug users has been particularly politically sensitive in times of budget cuts; both facts can make treatment funding more vulnerable. We reported in our 2015 paper “the observation from Sweden that ‘some municipalities categorically denied all forms of treatment in spite of the fact that the Swedish Prisons and Probation Service financed the major part of treatment. Clinics offering medically assisted treatment also commonly refused to accept patients from the prisons and probation service, referring to the fact that they already had long lines of addicts outside the correctional treatment system in acute need of treatment’.”

How does performance monitoring increase the use of alternatives to punishment?

If done correctly, this can increase takeup and can decrease (the effects of) resistance to alternatives from those who may not believe they are effective. However, the system should be watched carefully to ensure it is functioning as intended. In the early to mid-2000s there were several moves around Europe to move from punishment to treatment and so there was pressure to change culture to encourage referrals to treatment. In some cases this good intention resulted in inappropriate referrals to treatment (sending cannabis users to heroin treatment was one of the more extreme examples) which did not achieve satisfactory results. For this reason the UK changed from commencement to completion targets in around 2010. One should also be careful – as with any performance targets – of some participants trying to game the system, achieving the stated targets but not achieving the overall objectives.

You noted that many alternatives to punishment are offered at sentencing or post-sentencing. Do you believe that alternatives should be available at an earlier stage?

I can only observe that if the objectives for those alternatives are to help the individual with problematic drug use, to help society to stop the spread of

infectious diseases via drug use, or to help state structures such as an overburdened criminal justice system, as many appear to be, then it would help to address those problems directly at the earliest possible opportunity.

A number of European countries divert at the stage of arrest, including Portugal and the United Kingdom. What would you say is key to effective police diversion?

I'm not sure how much "effective" police diversion has been examined, but I would imagine that a common vision and understanding between the police and health services would be crucial, and this will usually mean at local level as much as at national level. There is again the question of resources, that the health services should have the capacity to receive those diverted by police.

We are also aware that there has been a lot of work within the EU to regulate new psychoactive substances.

Can you provide an overview of the challenges this area of the law presents? What is emerging as best practice in terms of regulating new psychoactive substances?

Please see our report written together with Eurojust. The first page of Part 1 lists the four main challenges that are at the heart of NPS control. At the back we have provided a simple breakdown of different European countries' new legislative solutions to their problems.

http://www.emcdda.europa.eu/publications/joint-publications/eurojust/nps-legislation-and-prosecution_en