



HOUSE OF LORDS

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THE EU DRUGS STRATEGY

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Witnesses: Mandie Campbell and Emma Haddad

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Members present

Lord Hannay of Chiswick (Chairman)
Lord Avebury
Lord Blencathra
Lord Dear
Baroness Eccles of Moulton
Lord Judd
Lord Mackenzie of Framwellgate
Lord Mawson
Lord Richard
Lord Tomlinson
Lord Tope

Examination of Witnesses

Witnesses: **Mandie Campbell**, Director of Drugs, Alcohol and Community Safety, Home Office, and **Emma Haddad**, Deputy International Director, Home Office.

Q25 The Chairman: Thank you very much for coming along to help us. As you know, we are going to take evidence from the Minister on 7 December. This is a very useful preparation for that, but I hope it will also enable us to drill down into the detail. I will start before making the normal introduction by thanking you at the Home Office very much for the memorandum that you gave us dated 26 August, which I personally found extremely useful; it is very much what the Committee needs at this stage of its inquiry. Thank you for that, as it is helpful. I cannot say that I agree with everything in it, but we will get to those points through the questions. Other than that, I should begin by saying that we are glad to see Miss Haddad again. She appeared in a previous session on a rather different topic.

As you know, the session is open to the public. A webcast of the session goes out live as an audio transmission and is subsequently accessible via the parliamentary website. A verbatim transcript will be taken of the evidence, which will be put on the parliamentary website. A few days after this evidence session, you will be sent a copy of the transcript to check it for

accuracy. We would be grateful if you advise us of any corrections as quickly as possible. If, after the session, you wish to clarify or amplify any of the points made during your evidence, or if there are any additional points to make or you agree to give the Committee additional material, you are very welcome to submit supplementary evidence to us.

Perhaps you could start just briefly by introducing yourselves and telling us what your functions are. Then, if you have anything that you would like to say at the start, that would be fine. If you do not wish to do so, we will go into the question and answer session.

Mandie Campbell: My name is Mandie Campbell. I am a director at the Home Office in the crime and policing group. I have responsibility for the UK drugs policy and alcohol.

Emma Haddad: Good morning, I am Emma Haddad. I am deputy international director in the Home Office. I am responsible for overarching EU strategy and engagement, and our engagement with countries across the rest of the world.

Q26 The Chairman: Thank you. Do either of you want to say anything before we go into questions? No. The first question I want to raise with you is that the EU drugs strategy basically accepts, if I understand it rightly, that different Member States are perfectly free to apply different domestic policies on drugs, and that this an area, effectively, where the concept of subsidiarity is recognised by everyone—by the institutions and the Member States. Is that policy the right policy in the period ahead? We are looking of course at the future drugs strategy from 2013 onwards for, say, five years. Or do you think that we should be encouraging a greater harmonisation of national drugs policies at EU level?

Mandie Campbell: It is important that the EU drugs strategy adds value to national policies. Looking at the main aims of EU drugs strategy, it is about co-ordination of effort, international co-operation and, importantly, reducing demand and supply and improving the evidence base. All of those are component parts of our own national drugs strategy. It is important that individual countries are able to focus their own national strategies on the

things that are most relevant to them, in particular the harms and challenges that they are facing. For example, if we look at the challenges faced by the Czech Republic, they have a very big problem with methamphetamine. Therefore, they have to be able to tailor their strategies and responses to that particular problem, whereas in the UK we are simply not facing that problem from that drug. We have other challenges.

In relation to harmonisation, there are areas where we could encourage and are encouraging greater harmonisation. In areas such as new psychoactive substances, there is quite a lot of work going on at the moment. From the UK perspective we are very keen that we should look to work together to have standards for the forensic side of categorisation of new psychoactive substances so that we are not all doing different things across different Member States. In summary, the approach of subsidiarity is right. We should be able to continue with policies that best suit our domestic situations, but we should always look to those areas, particularly new areas, where we could harmonise more.

The Chairman: That is a very clear answer if I may say so. It is a balance, really, between the two approaches to European policy. Do you have anything to add, Miss Haddad?

Emma Haddad: No, thank you.

Q27 Lord Dear: Good morning. Can I talk to you about supply and demand? It is a fact well known to all of us in this room that the EU drugs strategy is all about reducing supply and demand. It is an interesting point as to whether demand comes before supply or vice versa; you might want to get your mind around that one as well. It is all to do with obtaining that point with international co-operation, the promotion of that, and looking for better research information, evaluation and so on. Those are laudable aims. I do not suppose that anyone would argue with them. In your view, keeping supply and demand as the guiding star in your answer, are those aims being met?

Mandie Campbell: What is really encouraging is that the most recent data we have shows that drug use is actually falling in a number of countries across Europe—certainly not everywhere, but England is showing some of the biggest reductions of drug prevalence across the EU in our most recent data. We also have some very good evidence around demand; in particular, the most recent figures of the numbers of people in this country who are presenting for treatment are falling for the most serious drugs. So the numbers seeking treatment for heroin and crack cocaine use fell last year. Certainly for young people under 35, the numbers now presenting for the most serious drugs—heroin and crack cocaine addiction—have fallen by about a half in the past five years. In terms of the demand side, that is very encouraging.

International co-operation is obviously key to the supply side of the equation. Again, we have good co-operation with a number of other European Member States. One example of that is the work that we are doing in west Africa, and the work that the Serious and Organised Crime Agency's liaison officer network is doing overseas. There is a liaison platform in west Africa that is manned by a number of Member States and colleagues from America. They work together to gather intelligence and share operation experience, and to disrupt drugs flowing across from South America, into Europe and onwards to the UK. They have had some really impressive recent successes. For example, they recently disrupted a tonne of cocaine going through to Benin in Africa.

Lord Dear: Having started life in Columbia, going over to west Africa.

Mandie Campbell: That is right. There has also been important work disrupting trafficking routes through African and European airports. That is a really good example of that working. Where we all recognise that we need to do more, and I know that we will perhaps come to talk about research in more detail later, is on the amount of research on supply-side interventions. We know certain amounts of data about certain aspects of drug trafficking,

but we need to know more. The work that the European Monitoring Centre for Drugs and Drug Addiction is doing is a really important part of how we improve the amount of research and evidence that is available to us in making our decisions about where to focus our effort: on demand or supply.

Q28 Lord Dear: You talked about basing some of your conclusions on the number of people presenting for whatever the drug was. Do you take street price into account as well? That is a clear indication of supply and demand, whether it goes up or down; one does not need to tell you what the conclusions are. Does price come into that equation at all?

Mandie Campbell: It does indeed. We know that our law enforcement colleagues have had some fantastic success in disrupting large amounts of cocaine coming towards the UK. As a result of that, the wholesale price of cocaine in this country is the highest it has ever been, and the purity levels at street level, the amounts that people are buying, are the lowest that they have ever been. Most of the seizures that we are now seeing at street level have a purity level of 20% or less, significantly below where it was some years ago. That is a clear indicator of the success that law enforcement colleagues have been having in that disruption, in getting cocaine off the streets of the country.

Q29 Lord Mackenzie of Framwellgate: I was going to ask what your view of the fall in demand was, and I think you have touched on it to some extent. If we look at drug use as having spin-off problems, such as the commission of crime to get money for drugs, the increase in the price of drugs would, I suppose, mean that some people would commit more serious crime to get the money to pay for their habit. Is there any view that you have on that side of it?

Mandie Campbell: We tend to associate drug use with acquisitive crime, so a lot of our policies are focused around helping people to get into treatment so that they stop committing acquisitive crime. We know that acquisitive crime has fallen by a third in the past

10 years. That is obviously a key part of a lot of the treatment that has been made available. At the same time as that acquisitive crime has been going down, our treatment provision has more than doubled in this country.

Lord Mackenzie of Framwellgate: What is the period of the fall in demand for this country?

Mandie Campbell: For heroin and crack cocaine, the fall is quite recent.

Lord Mackenzie of Framwellgate: Can you tie that to the economic situation?

Mandie Campbell: The pattern has been that the demand for heroin and crack cocaine for young people has been declining. We are seeing heroin use in this country much more in an ageing population, so that the numbers of new presentations for treatment for heroin use are generally people in the over-40 age group: people who have had a long-standing problem with heroin. As I mentioned before, for younger people, certainly in the under-35 age group, over the past five years use has been steadily declining. I see that as a very positive thing.

Lord Mackenzie of Framwellgate: That is very helpful, thank you.

Baroness Eccles of Moulton: Though that statistic is for the UK, not the EU.

Mandie Campbell: That is for the UK. Drug use is very different across Europe. Again, perhaps we can talk a bit more about how we monitor data, but one of the big challenges for us in the EU strategy is that different Member States collect different information in different ways. It is difficult for us to make direct comparisons of policies and interventions in one country to policies and interventions in another. For example, we are able to give quite robust evidence for this country because we collect quite robust data, and we do it on a regular annual basis across a range of areas: law enforcement, drug treatment and the British Crime Survey. A number of other countries collect data only every five years and they collect it from smaller subsets in different ways. So it is quite hard for us to say directly whether we have had more or less success than others.

The Chairman: Is this one of the areas where you think a greater degree of similarity between statistics would not just be a case of producing more bits of paper with more figures on them, but would actually have some value added?

Mandie Campbell: I do indeed. If we could move to a situation where we were measuring the same things in the same way across different Member States, we could see that different interventions had a direct effect.

Q30 Lord Avebury: You mentioned as an example of success on the supply side the work of the EU liaison unit in west Africa. Can you quantify that in terms of outcomes? Has there been a reduction in the amount of drugs that reach us from west Africa as a result of the presence of the liaison unit there? Have they extended their work into assisting west African police forces, whose competence has been subject to public criticism?

Mandie Campbell: Yes, in terms of whether they are having an impact, the evidence that I gave about cocaine prices and purity and some very large seizures that have been made as a direct result of their activity, there is evidence that they are making a difference to drug flows towards the UK. Certainly, their work there is in co-operation and collaboration with the law enforcement officers on the ground. I do not know whether Emma might want to say a bit more about the specific issue of police forces in Africa.

Emma Haddad: I have nothing to add at this stage.

Q31 Lord Judd: I wonder whether, in the overall statistics that you gave, which are very encouraging, there are any social and geographical variations within the countries, including our own.

Mandie Campbell: There are certainly many variations, including in this country, in terms of presentations for drug treatment and the types of drugs that people choose to use. For example, in some countries in Europe there is a much higher use of methamphetamines—we

could take the Czech Republic as one example—whereas we do not see that as a problem in this country. Other Member States have other challenges.

Lord Judd: I meant within countries like our own. You give an overall statistic of the fall, but are there are areas of Britain where the fall is greater or less. Also, are there social groups within which the fall is greater or less?

Mandie Campbell: We do not monitor data by region. We only have a national statistic for the numbers of people entering and leaving treatment. We know that in different parts of the country there are problems faced with different types of drugs. For example, in a particular part of the country, the principal drug that might affect them is the abuse of anabolic steroids, whereas in another part of the country the abuse might be much more focused on heroin addiction. The falls will be seen in those areas.

Lord Judd: Forgive me, but are there any statistics which show, for example, that the fall is greater in, say, groups A and B socially, or whether it is greater in groups C and D?

Mandie Campbell: No, we do not have that information, I am afraid.

Q32 Lord Richard: I will follow up on a point that the Chairman made on the collection of statistics in the different Member States. You said that there was a good case for greater co-ordination, so that you could compare like with like. Are any attempts being made to get that co-ordination? Is it being raised in one of the groups? If so, which one?

Mandie Campbell: It is, yes. This is the principle of the European Monitoring Centre for Drugs and Drug Addiction, which was established in 1993 and has been working very hard to try to encourage Member States to collect more robust data and do so more frequently. Unfortunately, it is obviously only in a position where it can encourage rather than require.

Lord Richard: Are they getting anywhere?

Mandie Campbell: The information is getting better. There is an annual report, which is a collation of a huge amount of information and statistics from across the Member States. The

report is now internationally recognised as being extremely valuable for giving a picture of the entire region, something that is lacking across other parts of the world. There is still some way to go but it is certainly improving. The World Health Organisation has made a point of saying how important this information that they now produce annually is.

Q33 Lord Dear: I was interested in your comment about terminology, because the need for common terminology right across the EU is a problem that we have bumped up against in this Sub-Committee on a range of issues that are nothing to do with drugs. I suppose that leads me into the short question I have. I do not know whether you have a definition for “drugs” within the EU. I am particularly interested, and should have asked you about it early on, in whether “drugs” also includes, in your definition, synthetic drugs—so-called designer drugs—as opposed to crack cocaine, cocaine and all the opiates that one knows about. The rise of pill popping, particularly in the under-30s, I suspect, goes on almost like a forest fire. Can you get a handle on that at all? Is that part of your statistics?

Mandie Campbell: The statistics are included if they are controlled substances.

Lord Dear: That is the problem, is it not? That underlies my question.

Mandie Campbell: Yes. We have information on presentations for treatment, about people presenting for problems with new psychoactive substances. The majority of those presentations are for substances that have already been controlled in the UK, such as mephedrone, for example. The numbers are still very small, but there are numbers for people who have presented themselves for treatment for that particular drug. Also, there are—again, relatively small numbers—people presenting for ketamine, which is another drug used by young people in that way as a sort of stimulant. As Committee members may be aware, we have legislated to bring in a temporary banning process, which will be enacted next month, to enable us to take instant action against those psychoactive substances when they are identified as being harmful. The idea will be that if a new product is detected that

young people are starting to take—we have this problem with mephedrone—that identification will be referred to the Advisory Council on the Misuse of Drugs. Within a very short period, we hope much under 20 days, they will come back and give advice on whether we ought to temporarily ban that product—that is, to classify it so that people cannot buy it—while they conduct further investigation into the full properties of that product and the wide range of harms that it might cause. The idea is that we take very rapid action rather than wait for a drug to take hold of the young population and then become a problem, as we were starting to see with mephedrone.

Lord Dear: I gather from the way in which you have answered that that there is an interchange of information within the EU, country by country, on that sort of action.

Mandie Campbell: There is indeed. There was a question about that later, but if you would like me to talk about it now, I am happy to. There is a lot of work ongoing with colleagues across Europe on new psychoactive substances. It is widely recognised that this is the next big challenge for us all, not least because they are synthetic products, so you do not have to grow and harvest them; you simply create them in a laboratory. It is quite simple to slightly change the chemical compound to try to take them out of any legislation system, either in the UK or in Europe. We have seen the numbers of these new substances rise. Colleagues around Europe notify each other of new substances as they are detected. In the past year, over 40 new substances were identified, so they are quite significant numbers. We in the UK were able to share with European colleagues the work that we have been doing, which is in a lot of ways quite far ahead of where some of our European colleagues are. That is not only in relation to some work that we have been doing on an early warning system, where we have been doing a lot of work to gather together and test new substances as they are discovered around the UK. We do proactive testing, so we went to Glastonbury music festival, for example, and did testing of products that were identified there. We are building

up a forensic library so that there is a quick reference point for when products are detected. I mentioned the legislation for temporary bans, so that as soon as a product is seen to be harmful we can take very quick action against it.

The other area where we have been quite forward in our approach is by legislating to pick up complete compounds of substances. Rather than, as many countries do, legislate for a particular substance, when we looked at a drug called spice a little while ago, a synthetic cannabinoid—like cannabis but created synthetically—we legislated for the complete compound, so that if the chemists tried to make a slight alteration to the drug it would still be within our definition and therefore illegal. It would be unable to be brought into the country. That is really important. Because the world is changing, it is possible, especially for young people, to buy products over the internet and simply get them posted to you from anywhere in the world. If those products have been defined and classified within our legislation as illegal, we can obviously intercept those products and put import bans on them as well, and therefore prevent them from being sent into the country.

The Chairman: Thank you; that is very good. I think it covers one of the later questions.

Q34 Lord Blencathra: That was absolutely fascinating. I have one follow-up point on that. You keep talking about new substances. I was trying to buy little polythene bags recently to store garlic in the fridge. I was automatically reassigned to a website that had lots of legal, industrial chemicals, such as Ajax, Vim or photographic chemicals, but they were also selling little polythene bags at the same time. There was a clear indication that if you got one kilo of this legitimate chemical, you could smoke or drink it, or do other things. Are you aware of that? I presume that you are. Will your new automatic, urgent legislation deal with legal substances intended for chemical or industrial use?

Mandie Campbell: Yes, we are very aware of that. Certainly, a number of products that we have subsequently legislated for have been sold in the past as plant food or bath salts. They

are advertised as a whole range of things, often with “Not for human consumption” written on them, where the very clear message is that that is exactly what the people selling the product are intending to happen. The Advisory Council on the Misuse of Drugs published a report only yesterday on new psychoactive substances. They presented it to the Home Secretary. We will obviously now consider that. There are a number of really important and interesting recommendations within that report which should help us look at how we can take the quickest and most progressive action in those sorts of cases.

The Chairman: Thank you very much. We must be just a little bit careful about not going too far into UK drugs policy, but that is very interesting.

Lord Avebury: Can I just polish off my later question, Lord Chairman? We covered quite a lot of the substance of question 15. Can I just polish it off so that we do not have to ask it later on?

The Chairman: I would rather catch up with it, because Lord Blencathra has to go. If you do not mind very much, we will see where we have got to by the time that we get to question 15 rather than continue.

Q35 Lord Blencathra: I hear that one of the American states last week banned bath salts; I now know why. A lot of the preliminary opinion we have had in this Committee, and some of the papers that I have read, suggest that the enforcement policies in Europe have not been working, that Europe and Britain are still awash with drugs and that availability has not diminished one iota. You, in your initial answer to Lord Dear, suggest that that is not the case, and that in the UK enforcement seems to be working—and, I think you said, in some other European countries as well, although you then went on to say that we did not have great statistics from many of those countries. I, for one, would like a paper from you—although it is up to the Committee to decide—on these statistics. Do you think that

enforcement policies in Europe are working? Does the whole strategy need to be revisited? Could, in some cases, the enforcement policies actually be causing harm in your opinion?

Mandie Campbell: The control policies are just one aspect of the approach to trying to tackle drug misuse in Europe and, certainly, in the UK. They are a very important part, but not the total response. As I said in an earlier answer, the EU and UK drugs strategies have aims and objectives that cover control, and therefore the supply side, but also demand and, for the UK, recovery as well. I have mentioned a number of successes that EU partners have had together in disrupting flows of illegal drugs into the European Union towards the UK, and the impact that that has had both on the price of drugs and on availability. If purity levels fall, that means that there is less of the product available to go around. There is good evidence that some policies are having a very direct and positive impact.

There is more that can and should be done. We do not have enough evidence about the supply-side interventions. We do not have enough evidence to say, “If we do this, this is the consequence.” One of the difficulties of that is the counterfactual evidence of, “What if you do not do it?” If we intercept a large quantity of drugs in an overseas country—in west Africa, for example—it is very difficult to say that those drugs would definitely have been coming to the UK, or another country in Europe, and that this would be the consequence. All we can do is use our intelligence about drug flows and use in each country to determine whether we think that that is a legitimate claim or not.

I do not think that there is any evidence that our current control policies are causing harm anywhere in Europe. As I said, we have some emerging, encouraging evidence that drug use is falling. Drug use is certainly falling in the UK, and in a number of other countries. I see that as part of a more holistic drugs strategy; that is, both control and treatment.

The Chairman: Which other countries is it falling in?

Mandie Campbell: I have some data. I will write to the Committee to give the data that we have from the European Monitoring Centre. In the Netherlands for example, the last data that we have from 2005 highlights that there is an issue; our most recent data is from 2010-11. It is falling there. In different countries, the use of different drugs is falling rather than the overall amount. Certainly, England is showing the biggest signs of a drop across the countries that I have.

Q36 Lord Blencathra: In your last remarks you said that we can, on the one hand, have control and, on the other, treatment. Do you see them as inconsistent? We have heard some preliminary evidence that one has either a harm reduction strategy or a control strategy, and that you cannot have a bit of both.

Mandie Campbell: From a personal perspective, no. I think you can and should have both. Our policies in this country are certainly to reduce the harms caused by drugs, but we are also now much more ambitious about what we want to do on illicit drug use in this country. The European strategy sets out very clearly a harm reduction principle, which is right. There are different aspects of harm. In the UK, we have looked particularly at the harms caused by crime associated with illicit drug use. A lot of the figures that we use are made up of the harms of crime, in terms of houses being burgled and the cost of crime to this country. Our new policy is saying that, as well as providing treatment and other policies to reduce those harms, we also want to go further and help people to recover fully from their addiction. That is quite an important distinction, which is shared by some other European countries but not all. Sweden is another example of a country that is very focused, as we are, on getting people off drugs for good rather than reducing the harm from drugs. But our control policies—that is, “Let’s intervene and stop the drugs coming into the country in the first place”—are an important part of that total solution.

Q37 Lord Tomlinson: I would like to turn to our working relationships with the EU. As you stated in the written evidence, which was very much appreciated, the UK is an active member of the EU Horizontal Drugs Group, where Member States discuss and possibly agree common positions on drug policies. Can you tell us a little more about the workings of the group—where it agrees, where there is unity of opinion, where there is disunity—and how this helps to inform drug policy at the national level?

Mandie Campbell: We see the Horizontal Drugs Group as very valuable in relation to tackling illegal drugs. We go to that group monthly; it meets monthly. It has very good representation from across all EU Member States, but also representatives from the Commission, Europol, the European Monitoring Centre for Drugs and Drug Addiction and others. That forum is used to exchange information, intelligence and best practice and to talk about how Member States may work together to tackle the problems that we are all facing. One area where there have been some very productive discussions is on the new psychoactive substances, the “legal highs”, and what we might do together to tackle those issues. We all recognise that it is a very big problem across the Union, and that we need to have consistency in approach to make inroads and tackle that. It is also useful to enable us to work with countries outside the European Union. For example, members of the European Union meet as a group with colleagues from Latin America and the Caribbean. We are able to do that as representatives under the auspices of the Horizontal Drugs Group so that we can discuss how we might work with those countries to tackle the drug flows coming from those areas. That is really important.

Where are we in accord and where are we not? Without doubt, all countries across Europe are very focused on getting drug users into treatment, as we are in the UK. One area of our policies where we perhaps differ is on decriminalisation for possession of drugs. It is well

known that the UK has a very firm position on classified drugs and possession being an offence. Some other European countries have taken the decision that that should not be so.

Lord Tomlinson: What is the balance of argument on that?

Mandie Campbell: Well, there is obviously lots of reporting in certain other European countries about what has happened in their countries as a result of decriminalisation. As I mentioned, drug use in England has fallen by a greater amount than anywhere in Europe that has put forward decriminalisation as an answer to drug misuse. I think we have very good evidence to show that the more holistic policies that we adopt in the UK—a combination of strong control, a wide availability of treatment and a focus on recovery—are working and putting the figures in the right direction.

Q38 The Chairman: Could you say something about whether the Horizontal Drugs Group is making a real input to the new strategy for the next five-year period? Is there a way in which you feed your collective thinking into the Commission? Is there any sign that they actually pay any attention to it?

Mandie Campbell: Yes, the group is very active in a number of areas. For example, in the JHA Council, which is taking place tomorrow and Friday, there is a proposal which has come through from the workings of this group for an EU drugs pact on psychoactive substances. There is a very clear direction to say, looking forward to the new strategy, that this is where we really need to focus our efforts. I know that this relates to a question at the end, but the Council has recognised that the current Council decision on psychoactive substances back in 2005 needs to be refreshed to take account of the very real challenges that we face. The Horizontal Drugs Group is part of the working that will be driving that forward to make sure that we end up with a Council decision that reflects the challenges of the speed of these new substances and how Europe reacts to that.

The Chairman: Does the Vice-President of the Commission who is responsible for this, Vice-President Reding, ever come to the Horizontal Drugs Group to hear all your views?

Mandie Campbell: I am afraid that I do not have the answer to that. I do not attend it myself. In fact, my colleague here represents the UK.

Emma Haddad: Vice-Presidents or Commissioners would not come to this level group. They would intervene at Council level. But Commission representatives, their heads of unit and directors, would come to this group.

The Chairman: It might be better if they did come to them, but still.

Q39 Lord Mackenzie of Framwellgate: We have already touched on the importance of the sharing of intelligence and dissemination at European level. You have mentioned the European Monitoring Centre for Drugs and Drug Addiction in previous answers. Can you elaborate on that and tell me how the data that you get from it has benefited the work at the Home Office in terms of your conduct in dealing with the illegal drugs situation at national level here?

Mandie Campbell: Yes, as I mentioned earlier, the big value in their work is in bringing together the picture from across Europe. It enables us to look at what is happening across different Member States and to track whether different products are increasing in prominence, for example, and moving to get a foothold in different countries. It is really important for us because we always have to, hopefully, be ahead of the game and try to anticipate what is next. If we can see a particular type of drug that is getting a foothold in different countries, coming towards the UK, or with nationalities with a large diaspora in the UK, it is important that we know that and are looking for it. Methamphetamine is a good example, where we have very active monitoring, working with police colleagues. It is a product that has serious harmful consequences in a number of EU Member States but which really has not managed to get a foothold in this country. That type of information is

particularly valuable to us, for anticipation and as an early warning. We recognise, though, that we are often giving back perhaps more than we are getting. We are in a very fortunate position, as I mentioned, that we have lots of good data and evidence. We have a very extensive liaison officer network around the world and, again, we get good information flows from that. We are able to give a lot of information, a lot of evidence of what works and best practice. That really helps some of the newer Member States that are perhaps not quite as well developed in their policies and responses.

Lord Mackenzie of Framwellgate: So other countries probably get more value from it than we do.

Mandie Campbell: Well, I think they would certainly get a lot of value from the information that we put in. But because drugs travel very quickly across Europe towards us, it is really important that we help other countries to build up their response to illegal drug trafficking. Ultimately, we will be a beneficiary.

Q40 The Chairman: Everyone speaks very positively in your written evidence, too, about the EMCDDA and its work. But the evidence that we have had so far has tended to be quite backward-looking. Are there areas where you think that it could be more active? I think that you have already talked about the harmonisation of statistics; we have very much heard what you had to say on that. Should the EMCDDA be doing more research in the five-year period that we are looking at—2013 onwards? Are there things that would be good from Britain's point of view if this agency was either conducting or sponsoring more research?

Mandie Campbell: There is more that could be done. Certainly, in terms of encouraging Member States to increase their capabilities in gathering data and evidence, the EMCDDA has an important role to play. Looking forward, some work is happening on a new research network that is being set up. A proposition will go forward next year for a bid for funding,

with the idea of co-ordinating research across the European Union. I am trying to think of what the letters stand for, but it is called ERA-NET; I have it here, so I will find it and come back to you. Essentially, that co-ordinates research activity in different Member States. The bid to Europe will be to fund some central support in the middle and to try to co-ordinate what research is done, with the idea that different Member States will then come together and share the research and not duplicate research in different parts of the European Union. At the moment, different Member States are doing their own thing. The idea is that, if we work together, we can get much greater coverage and better data.

The Chairman: Does this work fall within the framework of the EU's current R&D programme for research, or is this something quite separate?

Mandie Campbell: I would have to come back to you on that.

The Chairman: Could you perhaps let us have a little note on this area for the future, and what you see as useful? That would be really helpful to us.

Mandie Campbell: I would be delighted to.

Q41 Lord Judd: When you get this valuable result of research, are there arrangements across the European Union for sharing it with departments other than the Ministries of the Interior and our own Home Office? It seems to me that the more we hear from you, the more all this has immense implications for health, social provision and all kinds of issues in the social realm. I wondered how much the research is shared with others who can play a part in prevention.

Mandie Campbell: Each country around Europe has what is called a focal point, which is the main contact into the EMCDDA. The UK focal point is the Department of Health, so we work very closely with them from a Home Office, law enforcement perspective, but health colleagues take responsibility for gathering all of the data together that goes to the EMCDDA. That certainly is the case in a number of other European Member States. That

information is then brought together and published on the EMCDDA website, so it is available and accessible to all Member States across different departments in different areas. Certainly, health colleagues have full access to that data.

Q42 Lord Avebury: Briefly, what is the difficulty in harmonising definitions and methods of data collection throughout the EU?

Mandie Campbell: Partly it is to do with the legislative frameworks in different countries. Different countries have different ways of categorising offences of drug use. It is to do with the fact that we collect data in different frequencies, so we are able to show a picture and a pattern of, for example, treatment use that, when you only take snapshots every five years in different countries, can be a very different picture in one year from that two or three years later. Partly, it would be a cost issue, of surveying on a much more frequent basis in different countries than we do here. It is also to do with definitions. For example, when we define “problem drug use” in this country for treatment purposes—obviously we provide treatment across the full range of addictive substances—we talk specifically about heroin and crack cocaine because those are the products that largely drive acquisitive crime and, therefore, the costs of illicit drug use in this country. In different countries, different products are counted within their groups of different problem drugs. So methamphetamine will be included in one country’s categorisation. Different countries’ terminology applies to different things, so it is very difficult to measure the things across different Member States.

Lord Dear: This is not a question; it is to try to get my comment on the record at this opportune moment. We are back again to terminology and the accurate collection of data. I really think that, somewhere in our report, taking the remarks that have just been made—they have been made several times in this evidence session—it would be useful if, yet again, we as a Sub-Committee flagged up the need for commonality throughout the EU. We met

this problem in other areas as well as drugs. It seems to be blindingly obvious that one needs to count sheep as sheep, not sheep as goats.

The Chairman: It is easier said than done, of course, but nevertheless I agree. On the basis of the evidence that we have heard this morning, this is one of the areas we will want to look at. I think Lord Mackenzie has a second part to his question, although some of it was covered by the evidence we had on west Africa.

Q43 Lord Mackenzie of Framwellgate: We have talked about joint working and co-operation at policy level, sharing intelligence and so on. At a more practical level, between police forces, can you explain how collaboration between law enforcement agencies across Europe brings added value to policies that aim to reduce the supply of illegal drugs? Do you think that the current action that we are taking goes far enough?

Mandie Campbell: I have talked a bit about, for example, the platform in west Africa and working together to disrupt supply routes. Law enforcement colleagues work across Europe in a variety of different fora, so as well as the liaison officer network there are obviously Europol, Interpol, Eurojust and work on European arrest warrants. Across a broad range of different law enforcement areas, there is collaboration. That effort is able to disrupt drug supply in a number of different ways. I have lots of examples of particular operations that have been carried out between colleagues from different Member States, also using the Maritime Analysis and Operations Centre, which is based in Lisbon. It directs maritime activity, again looking at interception, and is manned by a number of different Member States. There is lots of evidence of very big interceptions, not least in this country back in July: an interception of 1.2 tonnes of 90% pure cocaine, which was destined for the Netherlands, but was coming via the UK in a container ship. Working together with colleagues from France and the maritime centre, UK Border Agency officials were able to intercept that shipment, make six arrests and seize that product with a street value of

somewhere in the region of £300 million. That was a huge success in disrupting supplies of drugs into Europe.

Q44 Lord Mackenzie of Framwellgate: You have talked about success, and I accept that. If you had the power, is there anything that you would do now, if you could implement it, to improve the co-operation that is going on? That is what we are looking at.

Mandie Campbell: It has recently been agreed that there will be an EU policy cycle. There will be eight areas that colleagues across Europe should focus on in relation to organised crime. It sets the priorities across those eight areas. Four of those, in particular, are focused on drugs. There is a policy area focusing on the western Balkans, and drug routes and supply through there. There is one on west Africa, and the UK is leading that part of the policy group. There is one on container traffic; our French colleagues lead that area. There is one on new psychoactive substances; our Dutch colleagues are leading that. All of those are done in collaboration with other Member States. It has set some really helpful clear priorities, saying that this is where we really ought to be focusing our law enforcement effort going forward.

The Chairman: Is there anything that you could share with the Committee, not now but in writing, about some of these examples of ways in which this collaboration has really worked? Obviously, if you share it with us, it will end up in our report, so we are not asking you to do so with matters that would be sensitive if they became public. Of course, the more that the public, through reports like the one that we are writing, get to know these things, the better. Then they understand that this is not just a lot of people getting together in a meeting room in Brussels. It is something rather more operational than that. Is there anything you could let us have?

Mandie Campbell: I would be delighted to.

Lord Mawson: It would also be interesting to know what has not worked, with some practical detail about why. Your positive story about some of these relationships rather sits at odds with quite a lot of the experience of this Committee in other areas about what is happening in Europe in practice.

Mandie Campbell: I will find those and add them to the note.

Q45 Lord Judd:

We have seen written evidence that suggests that European Union-level anti-trafficking policy can actually end up supporting corrupt local regimes and may be in contravention of human rights issues; Nigeria might be an example. In your experience of working with European Union-level trafficking policy, are these criticisms in fact well founded?

Emma Haddad: We do not have evidence that EU-level action in this field directly or indirectly ends up supporting corrupt regimes or may be in contravention of human rights issues. It is something that we, as the UK but also with other Member States of the EU, take extremely seriously. Obviously, the international collaboration and assistance in this area, the examples that Mandie has been setting out, are extremely important in addressing our key security concerns in this field of counter-narcotics. But in all our practice and operational practice, we follow wider Foreign Office guidance on interaction with particular countries and what we are and are not allowed to do. We take great care to ensure that our action does not have unintended consequences, so we expect EU partners and the Commission to do the same.

Lord Judd: Can I give you a specific example? We have heard the suggestion that in Nigeria a major beneficiary of policy is the National Drug Law Enforcement Agency. However, the investigatory skills of this agency, it has been suggested to us, are rudimentary. Most of the agents have only the most basic training and investigations depend on information from the

public, luck and the use of violence, such as the routine shooting of cannabis farmers. Is this a valid criticism and are there other examples of unintended harm?

Emma Haddad: Again, we saw this example in the written evidence to the Committee. It is not something that we are aware of. It is not something our SOCA liaison officers are aware of. The examples that we talked about earlier in west Africa and working with the Nigerian law enforcement agencies seem to be positive. But we are very aware—

Lord Judd: If you are not aware of them, and if there are reports that this is happening, how does the European Union respond to those reports? They do not just leave it; they do not wash their hands of it, presumably.

Emma Haddad: We can take these concerns back to our colleagues at EU level and ask if anybody else has any evidence. It is something that we would take very seriously.

Lord Judd: But do you monitor how effective any follow-up action has been?

Emma Haddad: We will take it back to our colleagues, check if anybody else has any evidence and check with our other law enforcement colleagues at national level. There is a limit to how much more we can do if we are not actually seeing the evidence and, by all accounts, we are not coming across it.

Q46 Lord Richard: This is more of a comment in the form of a question. When one is dealing with international action of this sort, obviously you have to have in mind that there are going to be unintended consequences. You cannot guarantee that there are not, but you do your best to make sure that there are not. So far, you have no evidence that there are any. Is that basically where we are?

Emma Haddad: Yes. Following wider government—Foreign Office—guidance, we would not be doing anything where we thought that we were directly or indirectly having an unintended consequence. But it is about things that we do not know are going on, and we will do as much as we can to find out if they are going on.

Lord Richard: Yes, but the way in which the policy is actually effective is that it balances a very difficult area. You have to make sure that you are effective in terms of drug enforcement. You also have to try to ensure that you do not tread on human rights toes. As far as I am concerned, that is an extremely difficult balance to create. On the whole, as I understand it, you are saying that, so far, you have no evidence that you have gone on the wrong side of that.

Emma Haddad: As far as we know, we have not. We are extremely careful. Obviously, action in this area is in tricky regions of the world.

The Chairman: I think that you are aware of the allegations that Dr Axel Klein has made to the Committee, which obviously make up part of the evidence that we are accumulating. It would be helpful to us if you could let us have a short note as to why you do not think that they are well founded, particularly if you could say something about what you and the Foreign Office see as the Nigerian situation and the case for helping their agency even if it is not very skilful at the moment. It would be helpful if you gave us some points on how you and the Foreign Office take up issues of human rights abuses by that agency. Would that be okay?

Emma Haddad: We will do that, absolutely.

Q47 Lord Judd: Another issue raised by written evidence that we have received is that anti-drug trafficking initiatives, at either European or national level, can at best only hope to displace the trafficking of drugs from one region to another, which ultimately can result in further countries being affected by drug trafficking routes. Is this evidence of the displacement of drug trafficking routes evident in the work that you have been involved with at the European level? If it is, what are you doing about it?

Mandie Campbell: It is inevitable that if we are successful against certain criminal groups there will be some displacement of activity, but we design our operational activity to take

account of that. We expect that to happen and therefore we are looking for that displacement and how we can move on and take more action. For example, we have been doing a lot of work with Spanish colleagues and Crimestoppers in the past few years to target British criminals living in Spain. We have been focusing particularly on 65 individuals for whom there were European arrest warrants outstanding. Of those 65, 47 have now been arrested and brought back and action is being taken against them. That is very positive, but we have heard—it is very early days and we do not know the extent of it—that there are signs that some British criminals are now relocating themselves into Portugal in the hope that they will be less visible to the big law enforcement effort that has been going on between UK and Spanish colleagues. We are monitoring that; law enforcement colleagues are aware that it is happening and are shifting their effort and activity to tackle it. We also know that, through that displacement, organised crime groups become more vulnerable. So when they are not operating on their home ground, as it were, they are more susceptible to law enforcement intervention. By displacing them, we force them to change their operating models, so we then have more opportunities to intervene and make more arrests. There is displacement, but it is an inevitable consequence.

Lord Judd: Would it be over-egging it to say that, in some ways, displacement is actually helpful because it enables you to be more effective?

Mandie Campbell: By the very nature of the displacement, it means that we are having an effect. If we were not impacting on people's ability to carry out their criminal activities, they would not feel the need to be moving to other regions. I see that as a positive sign; it means that we are having an impact. We need to make sure that we are constantly staying ahead of the game, wherever they go and whatever changes they make. Sometimes it is a displacement of activity rather than location.

Lord Judd: But presumably there are unfortunate consequences in the countries to which they are displaced. People will be corrupted and drawn in who would not otherwise be corrupted or drawn in.

Mandie Campbell: Across Europe, organised crime groups are operating to lesser or greater extents. If we are aware that people are moving their activity, we are able to take action to intercept and intervene to try to prevent them. Again, something I might be able to write to the Committee about is that we have some really good evidence of a particular individual, where we took concerted action against him as an individual and did everything to, essentially, make every aspect of his life very difficult. He was a known importer of heroin. That combination of activities managed to disrupt his entire supply chain from Turkey all the way back to the streets of the UK. The group of people involved in that displacement disruption got total sentences of about 180 years in prison. Targeting one individual by continually taking action against him caused him to take more risk and therefore made him more vulnerable. Therefore, we were able to take quite assertive action.

Lord Mackenzie of Framwellgate: I suppose that a success of a European policy would be if you forced them to move out of the European Union altogether.

Mandie Campbell: That would certainly be an option, although obviously, because we have such good co-operation with our EU colleagues in law enforcement, we can get action taken if people are operating within the confines of the European Union.

Lord Mackenzie of Framwellgate: But if the heat was as powerful in the other countries of the European Union as it is here, presumably there would be no advantage in moving to another European country.

Mandie Campbell: That is true.

Q48 Lord Avebury: How is the European Union monitoring the displacement activity caused by the fungus which affects the opium crop in Afghanistan and which has brought about a significant reduction in the volume of that production? I have a related question: has the European Union conducted or does it intend to conduct any research on the biological approach to crops such as the opium crop in Afghanistan?

Mandie Campbell: I am afraid that Afghanistan opium crops are not something about which I have extensive knowledge. It would probably be more helpful if I wrote to the Committee in response to that.

Q49 Baroness Eccles of Moulton: The next question follows on the same theme; it is about the United Nations Office on Drugs and Crime. I just want to slip in a supplementary which refers right back to some information that you gave us at the beginning. Simply, you said that the price of crack cocaine had gone right up and that the purity of the product had been reduced to 20%. My question is about the remaining 80%. It has been said that whatever is used as a supplement to bulk out the drug itself can be harmful in its own right. I wanted to know whether that was the case; if so, it is obviously a serious matter.

Mandie Campbell: It is indeed and you are absolutely right. A number of products are used to cut drugs, to get them down to street-level availability. Those can range from caffeine, which is a common product that is put in, to products that can be carcinogenic and can often be extremely harmful to the individuals. That is something that we are very aware of and communicate a lot through our various campaigns, including our FRANK website. But you are right. We should be very alive to the fact that it is not only the drug itself that is harmful; it is all the other things. That is a really important message, particularly for young people who are taking products. It is really important, too, in relation to the new psychoactive substances. People really have no idea what they are taking. They buy products on the

internet now that are called “Ivory Wave”, and they have no idea what the components of that product are. It is important that we keep giving those messages.

Q50 Baroness Eccles of Moulton: Thank you very much. I will return now to trafficking. We are told that the EU subcontracts its anti-trafficking work to UNODC. It would be interesting to know what the interplay is between this organisation and the bodies and institutions of the EU in this area. Is it of benefit to European policy to rely heavily on UNODC? I see that in your evidence you say that the EU is very active and is one of UNODC’s main donors, donating \$15.6 million. This also includes funding for their programme to convert illicit drug trafficking in west Africa, which has been talked about previously.

Emma Haddad: You are right. UNODC is a very active bidder for EU-level funding for counter-narcotics projects. Obviously, all projects go through an open bidding call-for-tender process, as in any area of EU policy where there is funding available. They are often successful because they have expertise in this area. They are a known and credible organisation. They have geographic coverage, sometimes, where others do not, including Member States but also other organisations. But they are also a known partner, and the criteria for successful bidding include financial viability, legal personality and operational capacity. Because they have worked at EU level with the Commission and Member States for some time, that is all known, so often they are successful. They are not the only successful bidder, but they are one of them. As you say, the EU has been a large donor to UNODC over past years, second only to the US in recent years.

Baroness Eccles of Moulton: But the overall impression is that it is a beneficial relationship, although probably quite an expensive one.

Emma Haddad: Indeed, and for those reasons—that they have the expertise, geographical coverage and the experience.

Q51 Lord Mawson: Are transparent monitoring systems in place by which to assess and review the impact of supply-side interventions?

Mandie Campbell: We have touched on this a little. We all recognise that, first, there is a lot of data on supply-side interventions, but we know that we need to get better at collecting evidence about the impact of those interventions. The simple answer is that we need more. The EMCDDA has recognised this and initiated a piece of work on indicators for drugs markets. They are looking, and different Member States are co-operating in this work, at trying to identify the indicators for the drugs markets themselves, for the crime relating to drugs and for the supply-side work, and at what indicators we all ought to be using across Europe and measuring against subsequently. That work has only recently started. It was kicked off back in October last year with a workshop with a number of Member States attending. That work will now be taken forward over the course of the next year. I hope that, perhaps, next time I am here before you I will be able to say something about the product of that activity.

Q52 Lord Tomlinson: I have two very quick questions; I will put them together. To what extent is EU anti-drug trafficking policy based on evidence? Equally, to what extent is anti-drug trafficking policy cost-effective? If you regard it as less than optimally cost-effective, how would you improve it?

Mandie Campbell: On the evidence side, I mentioned the ERA-NET, the European research area network, and the work that is going to be done to improve the amount of evidence. There is recognition that, while there is some evidence, it is not comprehensive enough, and that by bringing together the activity and co-ordinating the research across different Member States we will get more product. From the UK perspective, we have a drugs strategy research group which brings together different government departments, research data that the Department of Health and the Home Office would undertake, and

different research councils such as the Medical Research Council, so that, within the UK we can try to co-ordinate our research efforts so that we are not always doing the same things. The idea is that in Europe ERA-NET will help us to do the same thing, so that we can have better co-ordination and, therefore, better value for money on the investment in research. We will not all be duplicating.

On whether our policies are cost-effective, again, it is back to the evidence. We have lots of evidence, for example, on how cost-effective our policies on drug treatment are. We know, for example, that in this country for every £1 we invest in drug treatment, at least £2.50 is saved in reductions in crime and other costs. That is quite consistent with evidence on the treatment. Again, it is the supply-side intervention where we really do not have that data. In the UK we are committed to doing that and we have a piece of work ongoing looking at enforcement activity and how we try to show the return on investment on that activity. We will be working with colleagues through the EMCDDA to try to do that more broadly across Europe.

The Chairman: Would the result of that research be something that you would share with other European countries?

Mandie Campbell: It certainly would. We have undertaken to do an evaluation of the UK drug strategy. That work is part of that evaluation process, in the framework that we are creating to evaluate the different aspects of the strategy.

Q53 Lord Avebury: We have already spoken about the policy on harm reduction and the relative effectiveness of our holistic policy. But am I correct in saying that the UK has decided to move away from the principle of harm reduction in its new UK drugs strategy 2010, and that it is offering instead support for people who choose recovery as an achievable way out of dependency? How does that chime with the EU's recent promotion of harm reduction principles?

Mandie Campbell: The short answer is that, no, we have not moved away from harm reduction. We have said that we need to be more ambitious and that harm reduction is not enough. There has been a lot of criticism of previous policies that were deemed to be harm reduction—for example, substitute prescribing, with people being parked on methadone. Certainly, for people who are prescribed substitutes, we see big reductions in their criminal behaviour, blood-borne disease transfers and so on. So they are harm reduction. But the Government have said quite clearly that we need to be more ambitious, so while we of course need to reduce crime, and therefore the harms—of course we need to reduce blood-borne diseases and transfers of disease—we need to go further. That is part of the heart of the new strategy, which is saying that we need to help people to recover fully from their drug addiction and so become free of dependency and addiction. It is only through doing so that we help them to fully reintegrate back into society.

We also recognise that harm reduction is important. It is recognised in the drugs strategy in the fact that it encompasses the broad range of treatment but also control as well as recovery. The National Treatment Agency for Substance Misuse action plan also recognises it. We would want to continue to encourage and support the principle of harm reduction across EU Member States. A number of other countries are in a very different position from the UK. We are right to be more ambitious, because we have made some very good progress and we need now to push the boundaries and go even further. If you take, for example, HIV infection through needle exchange, the rate among illicit intravenous drug users in Spain is 30%, whereas in the UK it is only about 1.5%. There is a massive difference, and it is quite right that the EU as a whole is focusing on harm reduction to try to really drive down those very harmful figures, whereas, having already made some quite good progress in the UK, we need to push further.

Lord Avebury: So the short answer is that we have neither abandoned nor watered down any of the existing components of our harm reduction policies.

Mandie Campbell: We have not. We have simply added to them to be more ambitious.

Q54 Lord Mawson: Your written evidence expresses some concern about European emphasis on the participation of citizens in the formulation of drug policy and increased encouragement of localism in the formulation of drug policy. Can you further elucidate your concerns in this area and what you see as the barriers to localism in drug policy?

Mandie Campbell: I am sorry, but our written answer could have been clearer on this; from your question, that is quite obvious to me. We actually welcome very much the participation of citizens in our drugs policies. A lot of our strategies are very much about more inclusion for people at a local level. We are certainly pushing through policies such as the crime maps, so there is more transparency. Helping people at a local level to understand what the problems are in their area is part of that. It is also about involving people at a local level in the solution. For example, we have just launched a fund where we are providing funds to different voluntary and community sector organisations to really focus on drug misuse with young people in communities. Part of their remit is to stimulate lots of very local-level community and voluntary sector organisations to get involved in helping to support young people away from substance misuse. When we were formulating the UK drugs strategy, we had a consultation. We had 1,800 responses. We took those responses into account in the formulation of the strategy. We think that it is very important that communities are involved. We were trying to convey in the answer that different countries, including the UK, are at different stages of their move towards more local approaches to drug harms, and therefore we want to move forward ourselves on a national basis to try to make sure we get that right before the EU steps in to engage directly with members of our community on drugs policies. That is what we thought the question was trying to ask.

Q55 The Chairman: I note that you have adjusted a bit what was put in the written evidence to us. Do you not think that, for example, various cities across Europe, in dialogue with each other—their city authorities, their local NGOs and so on—might have quite a lot to learn from each other? Why does all this have to be passed through a national portal in order to take place? Would it not make sense for Birmingham and Prague to exchange views on their policies, if that is what their local governments think would be useful? Is there not just a little too much of an attempt to control what could be rather a valuable exchange of experience and peer-group review?

Mandie Campbell: I agree. There is absolutely no intention in the evidence that different areas of Europe should not be able to communicate directly with each other, which of course they should and do. We are trying to convey that, in terms of the practicalities of exchanging information, if it goes via central points such as from the UK to the EMCDDA, the information is then able to be disseminated out. If there was some valuable learning in one city of a particular Member State, every Member State across the Union gets the opportunity to see that learning rather than just that bilateral exchange.

Q56 Lord Mawson: A lot of the evidence you have given today is very positive. I wonder which practitioners on the ground would agree with a lot of this. In my experience, sometimes the world can look like one thing up at the top and on the ground it actually looks quite different. In that subtle change between the top and the bottom, all sorts of things begin to change. I wonder what time you spend in your working life with people operating on the ground. How much are those connections occurring, and how much understanding is there between this real grass-roots experience and some of the policy committee work that is going on?

Mandie Campbell: I agree absolutely; it is really important. I try to get out and speak to people in drug misuse centres, for example, and to colleagues working operationally on the

ground at least every other week if I can in my programme. Only last week, on Friday, I was in a drug misuse residential rehabilitation centre in Wandsworth, talking to a group of ladies there about their experiences of the drug system in this country. I find it hugely valuable. My team in the office must sigh every time I go out, because I come back with a long list of questions about all sorts of things and suggestions for things that we might want to consider. It is really important that we have that connection. We do not want people like me sitting in my office in Whitehall, thinking that I know what is happening out there on the ground without going out and seeing it. I make a point of doing it. My team are out all the time. Every day of the week, somebody from my team will be out somewhere, having a conversation with either the practitioners who are administering the system on the ground or the users experiencing it. It is very important.

Q57 Lord Avebury: Let me return to the subject of new psychoactive substances. You said in your written evidence that EU legislation can be slow and cumbersome and that more work is needed in this area. You told us earlier that we in this country already have mechanisms for temporary banning processes on substances classified as being harmful on the recommendation of the ACMD. How would we intend to transfer our knowledge and experience into the European Union? Would there be an equivalent, for example, of the ACMD at European level? How else do you think that the process of looking at these new psychoactive substances at European level could be accelerated?

Mandie Campbell: That is the work that I mentioned earlier that we are trying to do through the Horizontal Drugs Group and working with the EMCDDA. There is not a European equivalent of the ACMD, but obviously different countries in Europe have their own equivalents. We are working through the Horizontal Drugs Group to say how we can bring together the information that we have. I mentioned standards earlier, and we are very keen to promote that so that the work that we are doing to build up our forensic library in

the UK can be shared among other European Member States, so that each one is also working towards that common capacity to share data.

We are also working through that group to change the Council decision on psychoactive substances. I mentioned earlier that there was a recognition that the decision from 2005 is not responsive enough now to the situation we find ourselves in. That is what is reflected in our written evidence. We have found it necessary in the UK to forge ahead and take decisions on new substances coming to our notice and to ban them, when Europe is catching us up and recommendations are being made some months after we have already done that. There is recognition in the Commission that that is not a tenable situation, so it has now initiated this work that will look to fundamentally improve the speed and responsiveness of Member States and of EU institutions to these new products. Because we are in a very fortunate position of having lots of evidence of how to do it and what works, we are able to feed that in. But we are also very keen that we learn from other EU Member States, particularly in terms of the intervention activity, and work with them to see how we can take action and work with colleagues at the very end of the chain. For example, on mephedrone, we have worked with Chinese colleagues and they actually banned mephedrone in China back in September last year. That was the source of a lot of product that was heading towards the UK, so that was a really important piece of activity that will make a real difference. The more we can work with colleagues across Europe to help with that type of activity, the better.

Lord Avebury: I recognise that there is no analogue of the ACMD at European level. Do you think that there would be any merit in creating one?

Mandie Campbell: That is a very good question. The ACMD is obviously here to advise the Government about products as they relate to the UK. Again, it is back to the whole issue of subsidiarity, in the very first question. Different Member States face very different problems

and challenges. We are able, with the ACMD, to work on a work programme which is very specific to our needs here in this country. The danger of having a European body is that they may only work on one or two things that might be of interest to everybody, and we may already be a long way down the line of having that work done. Personally, I think that having a national function is likely to be far more responsive to our own needs than having a European body.

Lord Avebury: The alternative might be to have a mechanism for rapidly transmitting the recommendations of the ACMD to its equivalents at national level in other European Union countries.

Mandie Campbell: That is absolutely right. All the information and product that we get from the ACMD, we make available to colleagues elsewhere in Europe.

Q58 The Chairman: But does the Commission, which after all is going to be drawing up a new strategy and so on, have adequate access to advisory bodies or experts before it makes those proposals? I do not mean just through the horizontal group and the national policy-makers such as you. Do they actually reach out and have the kind of technical advice that you so value from the advisory committee? Surely, if they do not, they ought to have.

Mandie Campbell: I am not aware that they have that. Again we can make those inquiries and write to you; I do not know if Emma is aware. I think that they rely on the evidence that comes through from Member States. They would be bringing together the equivalent of the product from ACMD from different Member States, and then using that to inform any decisions that they want to take at an EU level.

The Chairman: I can see that that has to be one strand of input to the Commission. Equally, I can see that, since the Commission does not actually take decisions on drugs law and policy, but the 27 Member States do, there would not in any case be an exact replica of the situation here between the advisory council and the Home Secretary. Nevertheless it

seems to me that the Commission, if it is to have a role in formulating drugs strategy, really does need to look beyond just the 27 Member States and its own, perhaps not very extensive, experience. Perhaps that is something that we will be looking into further when we talk to the Commissioner about this. In the past there has often been criticism that the Commission is pretty haphazard in the way that it takes advice before it makes legislative proposals, policy strategies and so on, and that if it was a bit more systematic then the quality of those proposals might be a good deal better. Do you have any views on that at all?

Mandie Campbell: I would be very interested to hear from the Commissioner following their evidence session with you as to their ideas. It may well be that they are able to reassure you that they have that access.

The Chairman: I am sure that they will try to. Whether they succeed is another matter, but I am sure that they will say that everything is fine.

Q59 Lord Avebury: Finally, are you going to respond to the ACMD report that has just been published on consideration of the novel psychoactive substances, and in particular to the two top recommendations that the UK should be proactive in developing EU and international networks to address the issue of NPS and that steps should be taken at EU level to encourage source countries to halve the manufacture of such substances?

Mandie Campbell: Absolutely. The report was issued only yesterday, so we are considering it. We will be responding formally to ACMD. As I said in my earlier evidence, those two particular areas are ones that we are already very actively involved in pursuing.

Lord Avebury: Could we have a copy of any response that you make to the ACMD?

Mandie Campbell: Of course

The Chairman: Thank you very much indeed. You have given us a great deal of your time. Alas, I cannot suggest that your time with us has been quite the grass-roots activity that Lord Mawson is anxious to encourage. Nevertheless, you have been very generous in giving us

this time and you have given us a lot of very valuable material. I think that you have promised to supplement that with one or two bits of written material, which will be really valuable. Thank you very much. We look forward to carrying on this dialogue with the Minister on 7 December.

Mandie Campbell: Thank you very much.

Emma Haddad: Thank you.