

The power of persuasion

Unpaid, perhaps anachronistic, but, over the last 15 years, highly effective, since its inception in 1972 the Advisory Council on the Misuse of Drugs (ACMD) has become the single most influential body in British drug policy and practice – all the more remarkable since it has no executive power.

The following paragraphs answer the questions: what is the council? how does it work? what has it produced? and where does it stand today? The centre pages present a profile of the current members of the council based on their own statements of their main activities and interests in relation to drug misuse.

A duty to advise

The council was set up under the Misuse of Drugs Act 1971 to advise government on drug misuse policy and on amending the Act and its regulations. This how the law describes its duties:

"to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem."

The ACMD is obliged to advise ministers on any drug-related issue they refer to it but can also initiate such advice – as, for example, in the influential *AIDS and Drug Misuse. Part 1* and *Treatment and Rehabilitation* reports. It is also the body government has to consult before laying Orders in Council before Parliament to amend the list of substances controlled under the Act.

A schedule to the Misuse of Drugs Act defines the membership. Each member is appointed by the Home Secretary who also selects the chair. There must be at least 20 members. Some must have "wide and recent experience of social problems connected with the misuse of drugs"; others are there to feed in the views of professional or commercial groups affected by changes in drug law. So there must be at least one each with "wide and recent experience" of medicine, veterinary medicine, pharmacy, the pharmaceutical industry, chemistry, and dentistry.

ACMD members don't sign the Official Secrets Act but are expected to treat what they hear and say in council as confidential

– described recently as a "collegiate type of confidentiality" which obliges members not to publicise the debates behind their decisions.¹ This understanding is not backed by formal sanctions but may have helped prevent sometimes heated debates spilling over into a public fight. However, the council has never been leakproof.

ACMD reports have been published by the Department of Health and by the Home Office, a reminder of the fact that – unlike most such committees – it does not 'belong' to any particular government department.

Currently there are 35 members plus the chair, Professor David Grahame-Smith. They serve for three years; the current membership was appointed on 1 January 1993. The chair's tenure is staggered to ensure continuity: the current chair was appointed for a second three-year term in October 1991. All the posts are unpaid though members receive travelling expenses.

The 1971 Act allowed the ACMD to appoint working groups and committees. Chaired by ACMD members, these each meet up to a dozen times a year and report to the full council. Outside experts may also be invited to contribute either by giving evidence or as co-opted members. By all accounts, the advice of experienced civil servants, formally simply 'in attendance' at the council and its subgroups, has considerable influence. "They enter into the debate ... they're significant players" said one ACMD member. In most cases, the council's reports are effectively the reports of its subgroups.

There are currently five working groups and committees:

The Criminal Justice Working Group is chaired by Lady Ruth Runciman. This group is engaged in a three-stage study of drug misusers in the criminal justice system. Its first report, *Community Resources and the Probation Service*, was published in 1991. The second, to be launched shortly, considers the relationship between police, drug misusers and the community. Work has recently begun on the third stage, covering drug misuse in prison.

The AIDS and Drug Misuse Working Group, chaired by Lady Runciman, has produced three reports. The latest in October 1993 updated its reports from 1988 and 1989, *AIDS and Drug Misuse Parts 1 and 2*. This group is now reactivated as necessary rather than meeting regularly.

The Prevention Working Group, chaired by Professor Griffith Edwards, reviews prevention

topics in detail. It produced a report on *Drug Education in Schools* in June 1993 and hopes to produce one on volatile substance abuse in early 1995.

The Technical Committee, chaired by Professor Malcolm Lader, considers amendments to the Misuse of Drugs Act 1971 and its regulations, and guides the ACMD in its advice to ministers on legislative changes.

The Statistics, Information and Research Committee, chaired by Professor Gerry Stimson, looks at statistical and research data on drug misuse and advises the council on what further data are needed. It also helps the other groups of the ACMD by collating and analysing data on specific topics.

Home Office officials provide the secretariat to the full council and four of its five groups and committees. The Department of Health supports the AIDS working group.

On report

The Advisory Council's advice to ministers takes several forms from letters to full-blown reports and is confidential unless published. The decision whether to publish lies with ministers but in practice all the major reports have been published and this practice is unlikely to be reversed.

The council's confidential advisory role should not be underrated. Such advice, for example, probably helped halt the high-level momentum for controlling steroids under the Misuse of Drugs Act.² However, to most of the drugs field the council is known by its published reports. Over the last two decades, these have helped change the face of drug services in Britain. In presentation and in the rigour of their analysis, the reports have improved from their mimeoed beginnings. Here are some of the highlights.

AIDS and Drug Misuse. Part 1 published in 1988 is probably the council's best known report. The report legitimised and gave further impetus to the swing to harm minimisation with its radical statement that "HIV is a greater threat to public and individual health than drug misuse". At first the government's response was lukewarm. A phalanx of ACMD members uncharacteristically mounted an open offensive and in 1989/90 got the extra £millions needed to make the report more of a reality.³

The infrastructure on which to build that response had been established in the wake of the 1982 *Treatment and Rehabilitation* report. This advocated a "fundamental change" from treating addictions to providing services for "problem drug takers", most of whom "have more in common with the general population than

Thanks to the ACMD secretariat at the Home Office Drugs Branch for their generous assistance with this supplement; to Professor David Grahame-Smith, the ACMD's chair, for his support; and to the members of the Advisory Council, for returning our forms asking about their activities and interests – and for their efforts to advance policymaking on drugs in Britain.

by

Mike Ashton

The author is the editor of Druglink

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Mrs Joy Barlow

Senior Manager (Dependency) at the Aberlour Child Care Trust in Stirling, a national Scottish non-statutory child care organisation. Also member of the Scottish Office Ministerial Task Force on Drug Misuse. Interim chair of the National AIDS Trust Steering Group in Scotland and Scottish AIDS Monitor.

Interests/expertise: Involved in services for substance misusers since the late 1960s and then in drug education and development of residential services for women (with their children) with drug/alcohol problems. Main area of concern: drug misuse as it affects women and their families. Accredited CCETSW trainer on drug misuse as it affects women and families.

Mr Ronald David Bartle

Metropolitan Stipendiary Magistrate at Bow Street Magistrates Court. Also member of Home Office Committee on Magistrates' Court Procedure.

Interests/expertise: Solely judicial. Deals with many minor drug offenders.

Dr William Clew

GP in Mid Glamorgan. Also vice chairman of a voluntary sector street agency and of the Statistics Information and Research Committee of Mid Glamorgan Drugs and Alcohol Advisory Board.

Interests/expertise: Providing services for more than 80 drug users in the primary care setting. Overview of drug misuse from working as a GP, in the voluntary sector, and advising the Welsh Office for eight years. Particular interests: working with amphetamine users, adolescent drug misuse, involving primary care services and hepatitis C.

Mr D. S. Coleman

Unit Leader at the Office of the Health Service Commissioner (Ombudsman) for England. Also a qualified nurse.

Interests/expertise: Experience as head of nursing for Bexley Health Authority's Mental Health Services. Has undertaken visits for the Drug Advisory Service. Concerned about the effects on drug services of the recent NHS reforms.

Dr Michael Donmall

Director of the Drug Misuse Research Unit and Lecturer in Epidemiology at the University of Manchester. Also involved in developing European drug information systems/networks.

Interests/expertise: Originated the drug misuse database system now used by most regional health authorities. Interests: evaluative and prevalence research in relation to drug problems and service responses; assessment of need; hidden population; outcome measurement and agency-based information.

Dr Anthony John Duxbury

Senior Lecturer and Consultant in Dental Pharmacology and Therapeutics and Oral Medicine at the Turner Dental School, Manchester. Also member of the regional drug advisory service with a speciality interest in dentistry.

Interests/expertise: Relevance of drug misuse to the practice of dentistry. MSc and PhD in pharmacology. Provides specialist advice for the Dental Practitioners' Formulary and *British National Formulary*.

Subgroup chair

Professor Griffith Edwards

Chairman of the National Addiction Centre, University of London. Also Professor of Addiction Behaviour; Editor of *Addiction*; member of the World Health Organisation's Expert Advisory Panel.

Interests/expertise: Interested in policy issues and the application of research and information to policy development. Background in clinical experience dating from the 1960s, and earlier involvement in the setting up and management of several voluntary organisations.

Mrs Jean Faugier

Senior Lecturer in the Community Nursing Professorial Unit at the University of Manchester. Also on secondment to the Communicable Diseases Branch of the Department of Health. Recently funded by the European Union to produce a manual for nurse educators in drug misuse and HIV/AIDS.

Interests/expertise: Experienced in provision of care including counselling and psychotherapy, research and education. Extensive publications include a recent national research-based information pack on HIV and drug misuse. Recently evaluated drug treatment in a prison. Worked in many parts of the world for WHO.

CHAIR

Professor David G. Grahame-Smith

Rhodes Professor of Clinical Pharmacology at the University of Oxford. Also Consultant Physician, Oxford Hospitals; non-executive director, Oxfordshire Health Authority.

Interests/expertise: Experience as Honorary Director of the Medical Research Council Unit of Clinical Pharmacology; member of the Committee on Safety of Medicines; member of the Joint Committee on Vaccination and Immunisation; Chairman, Sub-Committee on Hepatitis B Immunisation.

Main interests: pharmacology of psychotropic drugs especially the actions of drugs in psychiatric disease. Psychopharmacology of opiates, amphetamines, ecstasy, and the reasons why they are addictive or prone to misuse.

As ACMD chair has gained a wide view of the medical, social, personal, and societal problems of drug misuse, and an understanding of the complexity of these matters.

Dr Judy Greenwood

Clinical Manager and Consultant Psychiatrist at the Community Drug Problem Service, Edinburgh.

Interests/expertise: Spent 12 years in general practice and seven as a community psychiatrist before setting up Edinburgh's Community Drug Problem Service in 1988, adopting a successful model of shared care between specialist drug workers and general practitioners.

Ms Kim Hager

Director of the Exeter Drugs Project. Also Vice Chair of SCODA Executive Committee.

Interests/expertise: Developing good practice in service provision and harm minimisation. Coordination and strategic planning of drug service provision, especially with regard to: criminal justice issues, policy development and implementation, user involvement and representation, racialisation of drug use, women and drugs, young people, the roles of the voluntary sector, residential service provision, stimulant use.

Mr Paul Hayes

Assistant Chief Probation Officer at the South East London Probation Service.

Interests/expertise: Worked in the Inner London Probation Service's project developing ways of dealing with drug users in the probation service. Main interests: the relationship between drug misuse and crime; developing strategies to address drug-related crime without damaging the effectiveness of health and welfare policies.

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Ms Lorraine Hewitt

Manager of Lambeth Health Authority's Stockwell Project, a drug advice and needle exchange service in London.

Interests/expertise: Formerly a SCODA staff member, social science researcher in the field of addiction, and teacher.

Main interests: treatment/harm reduction; criminal justice system, prisons, prisoners' rights, liberalisation of laws relating to misuse of drugs; client rights — staffing profiles in the field; drug using parents; long-term injecting drug users; people living with HIV and hepatitis disease; the international context; prevention within drug using communities; civil rights.

Mr Mike Hindson

Assistant Chief Probation Officer of the Greater Manchester Probation Service responsible for policy on substance misuse.

Interests/expertise: Main issues now are partnerships with voluntary agencies, probation's role in community care, and helping sentencers understand the need for a harm reduction approach, which includes abstinence as the ultimate goal.

Professor R. S. Jones

Professor of Veterinary Anaesthesia at the University of Liverpool.

Interests/expertise: Sole representative of veterinary medicine on the ACMD. Wide experience of teaching veterinary students. Treasurer of the Royal College of Veterinary Surgeons. Recently published *Principles of Veterinary Therapeutics*.

Ms Ruth Joyce

Health Education Coordinator at Cambridge Local Education Authority.

Interests/expertise: Maintaining the national profile for drug-related education. Working with school governors and parents. Multi-agency work with education, drug agencies, health promotion and community police. Has developed a Drug Education Alliance offering quality assurance to our clients.

Mr James Kay

Managing Director of Healthwise Ltd, Liverpool.

Interests/expertise: Formerly trainer, researcher and manager at the Lifeline Project in Manchester then set up own consultancy. Involved in the production of training packages, books, computer games, etc on drugs. Member of ISDD's managing Council and the Department of Health's Drugs Task Force. Current interests: training; wider use of computers in the drugs field; social marketing.

Members

Dr Morfydd Keen

Consultant Psychiatrist at the South Glamorgan Community Drug Team in Cardiff working full time in substance misuse. Also Clinical Director of Addiction Services, South Glamorgan.

Interests/expertise: Worked in the field for 25 years. Interests: children of substance misusers; crime and drug misuse; amphetamine misuse.

Dr Dermot Kennedy

Consultant Physician at the Greater Glasgow Health Board.

Interests/expertise: The individual and public health infection threats from injecting and the sharing of equipment.

Subgroup chair Professor Malcolm Lader

Professor of Psychopharmacology at the Institute of Psychiatry, University of London.

Interests/expertise: Author of several works on benzodiazepine dependence. Interests: abuse of licit, prescribed drugs, particularly benzodiazepines; different modes of drug delivery.

Mr David Massam

Director of the Prescription Medicines Code of Practice Authority at the Association of the British Pharmaceutical Industry.

Interests/expertise: Classification of controlled drugs and the impact of this classification on the supply chain, particularly the manufacturer. Involved with such matters for nearly 25 years.

Mr Michael Narayn Singh

Public Education Officer for Injecting Drug Use at the HIV/AIDS Unit of Manchester City Council's Social Services Department. Involves developing needle exchanges and contributing to local authority policy and planning. Also chairs the Manchester AIDS Forum's Needle Exchange Working Party and member of the Manchester Prisons Working Group on Drugs.

Interests/expertise: Background in youth and community work including research into youth service response to young people and drug use. Works closely with voluntary sector on drug use and prostitution, drug use and black communities, low threshold methadone service. Interests: drug use and HIV prevention in prisons; drugs, HIV and race.

Professor W. David Ollis

Professor of Organic Chemistry at the School of Chemistry, University of Birmingham.

Interests/expertise: The total synthesis of natural products; synthesis of bio-active compounds; the relationships between organic structure and biological activity.

Mr Kamlesh Patel

Deputy Director of the Bridge Project, Bradford which runs a residential rehab, street agency, outreach projects, and a mental health project.

Interests/expertise: Residential rehabilitation in relation to families and children. Work with black communities. Anti-oppressive and anti-discriminatory practice at all levels. Social work education and training and its interface with drug users.

Dr Diana Patterson

Consultant Psychiatrist at Tyrone and Fermanagh Hospital with special responsibility for substance misuse in the Western Health and Social Services Board in N. Ireland.

Interests/expertise: Responsible for the clinical management of individuals with drug problems. Chair the Northern Ireland Committee on Drug Misuse which advises the Departments of Health and Social Services.

Mr A. W. Ramsay

Regional Adviser in Health Education at Strathclyde Regional Council's Education Department. Also member of the Ministerial Task Force on Drugs in Scotland.

Interests/expertise: Involved in health education in schools since 1984. Led the teams which produced *Drugwise 12-14*, *ESCAPE-AIDS* and *Drugwise Too* - drugs and AIDS education packs which have been distributed to all schools in Scotland.

Dr Sue Ruben

Consultant Psychiatrist at the Liverpool Drug Dependency Clinic. Also Clinical Director of Drugs/HIV Prevention Directorate of the N. Mersey Community NHS Trust.

Interests/expertise: Experienced in running a large methadone prescribing centre and developing close links with primary health care teams. Interests: developing quality services for the 'hard end' of the drugtaking community (mainly heroin and cocaine injectors) within a harm minimisation framework which includes helping individuals achieve abstinence.

Subgroup chair Viscountess Ruth Runciman

Outreach advice worker at the Kensington Citizens Advice Bureau Community Service. Also works in a prison, a hospital mental health unit, and with people with physical or mental disabilities without access to advice and advocacy.

Interests/expertise: Chaired the Advisory Council's Statistics and Information Working Group and now chair the AIDS and Drug Misuse and Criminal Justice Working Groups. As such responsible for the ACMD reports: *AIDS and Drug Misuse* (parts 1 and 2 and update); *Drug Misusers and the Criminal Justice System* (parts 1 and 2). Also chairs the ACMD working group on drug misuse and prisons.

Mr Ian Sherwood

Clinical Manager at the Avon Drug Problem Team, Frenchay Healthcare Trust. Also Drug Misuse Specialty Director, Avon Drug Problem Team, and South Western Regional Drug Advisory Service.

Interests/expertise: Experience working in non-statutory and statutory drugs services in Bath and Bristol. Interests: methods of service delivery, especially in rural areas; responses to problematic stimulant use; generally the relationship between control and treatment.

Subgroup chair Professor Gerry V. Stimson

Director of The Centre for Research on Drugs and Health Behaviour and Professor of the Sociology of Health Behaviour, Charing Cross and Westminster Medical School. Also an advisor to the WHO and UNDCP, and other organisations concerned with drugs policy.

Interests/expertise: A medical sociologist with more than 25 years' experience on British drug problems and policy; published widely. Established The Centre for Research on Drugs and Health Behaviour which researches epidemiological, behavioural and social aspects of drug use and HIV and evaluates public health measures to help people change their drug use. Special interest in drugs and HIV in developing countries.

Dr John Strang

Consultant Psychiatrist at the Maudsley and Bethlem Royal Hospitals drug dependence unit in London and Kent. Also Getty Senior Lecturer in the Addictions and responsible for the Drug Training Unit at the National Addiction Centre, University of London; Deputy Director of the Addiction Research Unit; adviser on drug misuse to the Chief Medical Officer; member of Expert Advisory Group on AIDS.

Interests/expertise: Interests: developing practice and policy informed by good research; research to address key policy and practice questions; training to equip future addictions personnel for senior posts across the wide arena of policy, practice, research and training.

Dr D. J. Temple

Director of Postgraduate Pharmaceutical Studies for the NHS in Wales at the University of Wales, providing continuing education and training to all pharmacists serving the NHS in Wales.

Interests/expertise: Interests: pharmacy involvement in services to drug misusers, especially in syringe exchange schemes, daily dispensing, specialist dispensing (eg, heroin reeferers); training pharmacists for these roles; integration of pharmacy-based services with other agencies and GPs; misuse of anabolic steroids; nomenclature of chemical substances liable to be misused; detection and identification of drugs in body fluids.

Mr David Turner

Interests/expertise: We were unable to contact David Turner for this profile, but he will be familiar to many readers as (until May 1994) the Director of Standing Conference on Drug Abuse (SCODA) for 17 years, the representative body for voluntary sector drug help services in England and Wales.

Mr Ted Unsworth

Deputy Director of Social Services at Cambridgeshire County Council. Also chair of Turning Point.

Interests/expertise: Interests: ensuring social services play their full part in purchasing and providing services for drug misusers; joint commissioning between local authorities and health commissions; effective balance between statutory and independent sector agencies; user friendly assessment and care management.

Mr Peter Walker

Headteacher at the Abbey School, Kent. Also chairs of a group developing advice to heads and governors on drugs/solvent misuse and exclusion procedures. Member of a Kent County Council group developing a framework for drug education.

Interests/expertise: Experience as a 'hands on' headteacher in drug education. Lectures in drug education and related issues. Interests: multi-agency approaches.

Dr Tom Waller

GP in Ipswich. Also Associate Specialist Advisor to the West Suffolk Drug Advisory Service.

Interests/expertise: Formerly medical advisor to the City Roads Crisis Intervention Centre in London and to the East Suffolk Community Drug Team. Served on ACMD working parties on training and AIDS and drug misuse. Co-author of *Drug Addiction and Polydrug Use* (ISDD, 1983); *Drug Misuse* (Blackwell Scientific Publications, 1988); "Hepatitis C. Time to Wake Up" (*Druglink*, 1993). Author of *Working with GPs* (ISDD 1993).

with any essentially pathological sub-group". The implication was that hospital services – then the major players – would need to become part of a much broader multi-agency effort with a community focus.

At that time the council wanted to stop unlicensed doctors prescribing any opiates for addiction, including methadone. The advice was rejected – luckily perhaps, as a few short years later HIV placed the emphasis on involving more doctors in prescribing.

Once again the government's initial response, £2 million for England, was disappointing,⁴ but quickly flowered into the Central Funding Initiative. When the last grants had expired, this had pumped £17.5 million into drug projects in England and several more millions in Scotland and Wales.⁵ The money transformed drug services in England but had less impact elsewhere. By its end half of all drug services in England were supported by the initiative and a fifth had been created by it. Street agencies, community drug teams and other community responses were the main beneficiaries.⁶

Generally considered less successful was the outcome of the report's ideas for coordinating this multi-agency approach. The district drug advisory committees to which it gave birth were seen as ineffective⁷ and – perversely for a report seeking to move away from a medical focus – regional drug problem teams were based on drug dependency units. However, the council could justifiably claim that their recommendations were never fully implemented.⁸ At their apex was to be a national development group which only now shows signs of materialising.

Another precursor to *AIDS and Drug Misuse. Part 1* was the 1984 *Prevention* report in which harm reduction came of age, an approach later to be central to the response to HIV. There were, it said, two legitimate aims for prevention: reducing the risk of drug misuse; and reducing the harm from such misuse as does occur.

In one way government responded with what the report had counselled against – a national anti-drug campaign – but perhaps one restrained by the council's advice. Two years later emerged central funding for local authority drug education coordinators, again not a specific recommendation in the report. Nevertheless, the report's 'official' blessing for harm reduction probably

extended the boundaries of acceptable – and fundable – initiatives.

These three reports dealing with the 'big' issues of treatment, prevention and HIV seem to have been the ones that have impacted most fundamentally on the UK drugs field. Other have probably been incorporated into the practice of many agencies and workers as well as opening doors to funding and service development.

Among these may be:

AIDS and Drug Misuse. Part 2 published in 1989, dealt with the implications for services of HIV infection and related illness in drug misusers.

AIDS and Drug Misuse. Update published in 1993, said the initiatives the council encouraged in its first AIDS report had worked and needed to be maintained and extended, though "greater efforts are now needed to reduce the extent of drug use". Called for structured methadone maintenance programmes and a redirection of outreach to community change.

Problem Drug Use: a Review of Training 1990, stressed the need for planning committees and agency managements to invest in training as a crucial element in service development. It recommended expanded training provision on 'substance problems' rather than drugs or alcohol alone.

Drug Misusers and the Criminal Justice System. Part 1: Community Resources and the Probation Service 1991, endorsed the trend to harm reduction policies in probation and recommended steps to encourage offenders to admit to their drug misuse. In it the council rejected the view "that treatment for drug dependency should only be undertaken on a wholly voluntary basis".

Drug Education in Schools: the Need for a New Impetus 1993, updated the *Prevention* report. In an apparent shift away from harm reduction and its warnings against scare tactics, the council said "schools need to ... deliver a consistent message that stresses the harm of drug misuse in any form". The report called for a "country-wide effort" and expressed fear "that drug and health education are in danger of being marginalised". The Department for Education refused to send copies to schools.

The biggest gap in the ACMD's deliberations is a review of the law which created it, the Misuse of Drugs Act. The closest it came was in 1979 in its report, *A Review of the Classification of Controlled Drugs under Schedules 2 and 4 of the Misuse of Drugs Act*. This arose out of attempts in 1977 to liberalise the law on cannabis which were shelved pending a broader review. In the context of drug law reviews in the previous few years from Canada, Australia, New Zealand and the USA, as well as the UK's own Wootton report of 1968 (from the ACMD's predecessor), the ACMD's review seemed distinctly limited.⁹

In all but name it was about cannabis rather than the broader review promised. As well as lacking breadth it lacked depth in its evidence gathering and in the rigour of its analysis. Most fundamentally, the ACMD

interpreted its constitution as barring it from going beyond the UK's international treaty obligations, a limitation rejected by the Wootton report.

With this restriction an open-minded reassessment was impossible. The report ended up tinkering with the legal framework in a way which left key issues fester to this day. Recommendations to demote cannabis to the least heavily penalised class of the Misuse of Drugs Act and to remove magistrates' power to imprison for cannabis possession failed to persuade the government, which could refer to the council's lack of consensus on the health issues to back its caution.¹⁰

Not just the law but also how it is implemented seems largely to have escaped the ACMD's spotlight. Questions asked so pertinently of treatment and prevention – what are the priorities, has it worked, could the money be better spent – have not yet been asked of police and Customs' work, though this is probably where most of the money goes and there are doubts over effectiveness.¹¹

New policy environment

Today the council's position at the head of UK policy making is no longer unrivalled. A rash of ad hoc but powerful bodies are making the policy running in some key areas: in England, the Central Drugs Coordination Unit and the Department of Health's review of treatment effectiveness in Scotland, the Scottish Office's task force. The English bodies have been constructed to minimise the power of the 'experts' and bring in a "fresh perspective".¹² As an expert body, the Advisory Council may be suffering from an anti-expert swing in policy as those 'in the business' become seen as people with vested interest in maintaining the status quo.¹³

Suspensions of vested interest are also emerging within the 'drugs industry' as the new climate of competition tends to set service against service.¹⁴ Such suspicions have not bypassed the Advisory Council which includes some possible winners and losers in the race for the contracts which (much further down the line) may emerge from their recommendations.¹⁵ However allowing only those with no possible interest in the outcome to formulate policy would deprive the council of some of its key members.

Moves towards national coordinating bodies in the drugs field, with a cross-disciplinary and cross-departmental policy overview, promise to create an alternative source for the policy lead now given by the Advisory Council. These moves began in 1984 with the inter-departmental Ministerial Group on the Misuse of Drugs. In its new guise as a Cabinet subcommittee this is still the only permanent cross-department policy making body, but we appear to be moving rapidly towards a national drugs policy unit. In this new environment there may need to be a redefinition of the ACMD's role beyond its legal duties.

1. Edwards G. *Druglink*: 1993, 8(6), p. 19.

2. *Druglink*: 1988, 3(6), p. 5.

3. *Druglink*: 1989, 4(2), p. 4.

4. *Druglink Information Letter*: 1983, 18, p. 1-5.

5. *Druglink* 1989, op cit.

6. MacGregor S. et al. *Drugs services in England and the impact of the Central Funding Initiative*. ISDD, 1991.

7. Baker P. "Disjointed coordination." *Druglink*: 1991, 6(5).

8. Baker P. op cit.

9. *Druglink Information Letter*: 1979, 12, p. 1-4.

10. *Druglink Information Letter*: 1982, 17, p. 8-10.

11. Sutton M. et al. *Trends in the cost effectiveness of enforcement activity in the illicit heroin market, 1979-1990*. Centre for Health Economics and Leeds Addiction Unit, 1994.

12. *Druglink*: 1994, 9(3), p. 7, quoting the Health Minister.

13. *Druglink*: 1993, 8(3), p. 5.

14. Mason P. and Marsden J. "The state of the market revisited." *Druglink*: 1994, 9(3), p. 5.

15. *Druglink*: 1994, 9(1), p. 5.