



## CONFERENCE SYNOPSIS

**Research is key to achieving a better understanding of today's illicit drug problems and a central plank of the EU Drugs Strategy and its Action Plan on Drugs 2009-2012. Research needs in the illicit drugs field cover many disciplines, including clinical psychology, neuroscience, biomedical research, socio-economics, social sciences, epidemiology, genomics, pharmacology, toxicology, criminology, forensics and detection technologies.**

**The conference brought together some 200 policy-makers, researchers, and research funding organisations from across the EU along with representatives from international organisations and the EU institutions to discuss the issue of research in the field of illicit drugs. They looked at the state of play on research in the field of illicit drugs in the EU, took a strategic look at future research needs and discussed how coordination and cooperation could be improved at national and EU level to strengthen research capacity.**

**Thursday 24 September**

**Welcome**

**Aurel Ciobanu-Dordea**, Director of Fundamental Rights and Citizenship from the European Commission's Directorate-General Justice, Freedom and Security (DG JLS), welcomed participants to the meeting.

He noted that the 'Comparative analysis of research into illicit drugs in the European Union' Commission study was the basis for discussions. He added that key aims of the meeting were to identify future research priorities and develop a strategic vision as well as explore synergies at European level to improve research capability and cooperation. Subsequently, a Commission working paper will be produced and sent to the Council horizontal working group on drugs for its approval in December 2009.

Opening Address by Commission Vice President **Jacques Barrot** :

- The conference is about setting out the state of play on illicit drug research in Europe and improving knowledge about and efficiency in dealing with drug-related problems – an area where participants can provide their input.
- Although drug consumption seems to have stabilised, it is still high leading to wasted lives and resources.
- Figures from the European Centre for Drugs and Drug Addiction show that:
  - Every hour a citizen dies of an overdose
  - 7,000-8,000 deaths every year in Europe can be attributed to drugs
  - 1.3-1.7 million people in the EU are affected by the problematic use of opiates
  - 3.5 million young Europeans consumed cocaine last year
  - More than a fifth (22%) of European adults have consumed cannabis
- EU action includes legislation against drug trafficking, money laundering and a mechanism to control new drugs. There is also a research budget of some 50 billion euro under the EU's 7<sup>th</sup> Framework Programme (2007-13), part of which can be used for drug research. In addition there are two funding programmes on drug prevention and information and on the fight and prevention against crime - which support the exchange of best practice in the EU.
- Opinion polls show that citizens see drugs as a priority area needing a joint approach by Member States.
- The European Commission wants more cooperation and more use of EU funding provided for researchers.

- It is important that the scientific community comes up with answers to the policy needs of government and the operational needs of, for example, police and customs officials.
- The EU needs cooperation between politicians and the research community and the research communities of the different Member States.

Opening address by **Ragnwi Marcelind**, State Secretary to the Minister for Elderly Care and Public Health, Sweden:

- The area of drugs is a priority for the Swedish presidency of the EU.
- Key questions are to determine if the existing knowledge base is satisfactory or fragmented and diffuse and where we can identify research gaps.
- A UN General Assembly Special Session (UNGASS) in 1998 agreed a declaration stating that drug demand reduction programmes should be based on an assessment of the nature of drug abuse and drug-related problems. Good progress has been made on this at EU level.
- Progress has been made on the treatment of heroin addiction but it is important to find out what works for a wide range of addictions, such as synthetic drugs, which appear to be on the rise.
- While drug demand reduction is going in the right direction, there is not much in the way of supply reduction research. It would be good to agree on what to do in this area.
- Innovation in planning prevention interventions needs to be encouraged as research could play a key role in designing new methods.

## **Plenary Session**

### **1. Bridging the research gap: key challenges**

**Herbert Von Bose**, Director, Directorate General for Research, European Commission, stressed the importance of the research community coordinating itself, of dissemination, of applying research results in the real world and of the training and mobility of researchers. He also set out the possibilities for drugs research under the EU's FP7 (7<sup>th</sup> Framework Programme for Research, 2007-2013). Among his main points were the following:

- The 50 billion euro available from the FP7 amounts to only 4-5% of public spending in Europe so it is key that Member States work together.
- The areas of most interest to participants (there is no specific ‘drugs’ priority) are the:
  - Security programme – a new programme in FP7 (e.g. the development of rapid multi-drugs detection equipment to be used at land-sea-air borders).
  - Industrial technology programme – research on high performance materials and products to improve the detection of illegal drugs.
  - Social economic programme – under which there is currently an eight million euro call for tenders for research into ‘Addictions and lifestyles in contemporary European societies’ to close in February 2010.
  - Health programme.
- Research funding is allocated on the basis of annual work programmes – participants can influence these by listening to the needs of policy-makers, speaking at conferences such as this and talking to national policy-makers in Member States (who look closely at what is done with the money).
- The priority areas are: addiction and health, prevention, detection, socio-economic effects, international cooperation and policy support.
- The funding mechanism ERANET could be a useful tool to encourage Member States research programmes to identify common projects. The COST programme provides funding for researchers to network across borders. The funding does not pay for people’s time but does pay for travel so that they can meet – this has proven to be very effective.

**Wolfgang Goetz**, Director, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), underlines the need for a comprehensive evidence base in drug research because of the growing complexity of the problem, not just in terms of mental and physical health but also national security and foreign policy, crime and problems of inner cities, immigration and social exclusion. He raised the following points:

- The here and now could be a good opportunity to use as a point of departure in the development of a strategic vision for demand reduction in Europe.
- Although sceptical about drug research in Europe being directed centrally, he believes that linking and coordination mechanisms are essential to benefit collectively from Europe’s considerable creative and technical potential and to do that in a long-term and developmental way.
- The importance of ensuring that research spending is well targeted and productive.

- To exploit Europe's potential it is important to encourage the development of scientific research capacity outside the relatively small number of existing research centres. This requires an R&D strategy sensitive to the need to nurture talent, encourage knowledge exchange and make links between established and developing centres of excellence.
- There needs to be a commitment to scientific rigour and impartial analysis in research – clearly defined standards cannot be compromised by political agendas.
- The practical advantages of cooperation are that R&D costs can be shared and large samples can be generated, enabling more powerful analysis.

He concluded by identifying two key issues – a dissemination strategy sensitive to the linguistic diversity of Europe and communication tools allowing easy access to high quality research findings.

### **Question and answer session**

On the issue of whether to separate legal and illegal drug use, **Herbert Von Bose**, said that the challenge is to ensure that what is needed for illicit drugs is taken into account for other programmes. According to **Wolfgang Goetz**, this is an ongoing discussion but the decision on what route to take should depend on the concrete topic. The important thing is that people have healthy lifestyles. The EMCDDA's mandate has recently been expanded to include polydrug use, which means the use of illicit drugs with licit drugs.

Responding to a suggestion that it is always the same 'club' of organisations that win research tenders, **Herbert Von Bose**, said that it was not just a club that knew how to win projects. Roughly a third of those organisations taking part in calls for tender are new to the programme. He suggested that it may be a good idea to team up with big organisations that have won tenders in the past. He added that there are currently not enough researchers from the new Member States (e.g. Czechs and Poles) and that their excellence is therefore untapped.

## **2. Mapping EU research – 'An overview of illicit drug-related research in the EU'**

**Carel Edwards, Head of Unit "Anti-Drugs Policy Coordination" DG JLS, European Commission, introduced the sessions by** noting that there had been a fair amount of drug demand research in the last ten years but not so much on drug supply reduction. There was a need for reliable, comparative information and for it to be used by policy-makers. He pointed out that, for solid and lasting cooperation between the policy and research communities, policy-makers need to provide researchers with the conditions they require to get the work done, but researchers need to provide policy-makers with insights, answers and contributions to possible solutions for major social problems that our societies face.

**Gerhard Bühringer** from the Institut für Therapieforschung (IFT), Germany, and **Michael Farrell** from the National Addiction Centre, Institute for Psychiatry, King's College, UK, presented the study 'A comparative analysis of research in the field of illicit drugs in the EU' which analysed the current state of play of drugs related research, the strengths and weaknesses of the various areas of research, concluding with a number of options to improve the situation in the EU.

**Gerhard Bühringer** gave a presentation about the methodology and analysis of illicit drug-related research activities across the EU. He made the following key points:

- In terms of basic research, there is a shortage of analytical, longitudinal studies.
- In the epidemiology research area, there is a shortage of research on specific risk groups (e.g. intravenous and polydrug users, groups in prison, those in the early stages of drug use).
- In the prevention research area, there are hardly any projects and publications.
- Gaps in the treatment (including harm reduction) research area include the early detection and (brief) interventions outside specialist services and the treatment of cocaine, amphetamine and polydrug use.
- Research on supply reduction needs to be given a higher priority as there are hardly any projects and publications, hardly any knowledge on 'hidden' research activities (e.g. by police) and there are deficits in the research methodology and research guidelines.
- In terms of drug policy legal frameworks, there is a high discrepancy between policy needs, scientific knowledge and related research.
- There is an unbalanced distribution of research activities between Member States (especially new Member States).
- There is an unbalanced use of EU funding programmes by Member States (especially new Member States).
- Few crossborder research activities are carried out by Member States.
- The visibility and accessibility to information on European research projects and publications are limited and yet they are preconditions for evidence-based drug policy and international recognition and leadership.

- Areas to work on include accessibility (the EU has 23 official languages), the fact that there are currently only a small number of Commission-funded projects, the overly national bias to research activities and the lack of coordination at EU level.
- There is a need for better coverage of European, especially non-English language journals by international databases.
- There is a lack of English language information in non-English project descriptions – projects could be required to deliver their descriptions with English language titles, abstracts and keywords and a European project database could be developed.
- In the area of supply reduction policy analysis, a European conference to prioritise research issues could be organised and methodological guidelines could be developed.
- The present state of research activities in Europe, with its predominantly national focus and high level of fragmentation across various research disciplines constitutes a major obstacle for a European research and evidence based drug policy and for Europe showing international leadership in this area. It still does not make sense.

**Michael Farrell** looked at EU funding for national research programmes and coordination between national research programmes. He made the following key points:

- Most research activity is done at national level. There is a lack of coordinated research effort on illicit drugs in most Member States. Without this, it would be difficult to contemplate a European superstructure.
- Nationally funded European projects have a common research concept and overall organisation but the implementation and funding lies within the sole responsibility of each participating country (e.g. the European School Survey Project on Alcohol and Other Drugs (ESPAD); the Health Behaviour in School-aged Children (HBSC) study and the International Cannabis Need for Treatment (INCANT) study).
- In countries such as Germany, Spain and others, where specific research initiatives have been carried out, there is evidence that such projects increase the capacity, networks and overall quantity of research and enhance the skill capacity considerably.
- There appears to have been a very substantial convergence in approach to drug policy in most Member States, which enables experience within different countries to be constructively shared. It also enables a firmer platform for basic and applied research to impact on future drug policy.

- In addition to the national funding activities for addiction research, the funding by the European Commission or other European or international bodies in Europe plays a modest financial role but carries status and is a focus for many of the countries where the overall available research resources are limited.
- Most of the international resources appear to be to support communication and cooperation.
- The estimated overall European Commission expenditure on drug-related transnational projects between 2001 and 2007 was 58 million euro.
- The main countries involved in these projects were Germany, Netherlands, Spain, the UK and France.
- It is not possible at this stage to determine the relative overall quality and impact of the individual projects.
- The greatest need for EU funding appears to be in Central and Eastern European Member States such as Poland or the Czech Republic.
- To the best of our knowledge, the pharmaceutical industry has undertaken very limited research in this area, in terms of product development.
- The Australian strategy, which integrates all substances (drugs, alcohol and tobacco) is very different to the US's strategy. In the US, the size of investment in research and breadth of coverage is extremely high. Both have made a strategic investment in capacity-building, which is essential to a long-term strategy for drugs related research.
- The problem lies in the lack of national coordination, the need to strengthen relationships between Member States and EU structures and the need to develop a research infrastructure capacity so that the necessary research expertise and skills are available if money were to come into the system.

### **Question and answer session**

Asked about the pharmacological companies' research, **Gerhard Bühringer**, , Germany, said that his point was not that they do not do research but that is not visible or not easily accessible (not published in a traditional way).

Asked about translational work, **Michael Farrell**, said that this work was absolutely critical and that there was a big move to have more evidence-based translational work. As to the advantages for Europe, **Michael Farrell**, pointed out that so far Europe had tended



to take the results of US work and apply it but not done so itself, thereby relying on investment elsewhere rather than doing it in Europe.

**Friday 25 September**

### **Parallel Sessions**

Three parallel sessions took place in the afternoon. Session one was on how to better connect research policy with drugs policy, session two on the state of play on illicit drug research topics and knowledge gaps and session three on funding mechanisms and good practices. A summary of their conclusions can be found at the end of this conference report while a copy of the presentations can be downloaded from the conference website: [www.illicitdrugsresearch.eu](http://www.illicitdrugsresearch.eu).

### **Plenary Session Presentations**

#### **1. Illicit Drugs Research in the USA, Canada and Australia (comparison with EU approaches)**

**Steven W. Gust**, Director of the International Programme, National Institute on Drug Abuse (NIDA), USA, gave a presentation on the US drugs research system.

- NIDA has a two-part mission – research and ensuring the rapid dissemination and use of research.
- Its budget has stayed at just over one billion US dollars per year for the last five years (Nearly two thirds of the budget is spent on research project grants plus a research centre).
- Prevention (e.g. genetic and epigenetic factors, social neuroscience (brain imaging), treatment (e.g. developing new pharmacotherapies to treat addictions) and research are the top of the list of priorities.
- A third of the budget is spent on the study of HIV/AIDS and its relation to drug addiction (e.g. on non-injection drug abuse).
- The fact that there were 22.5 million people in the US with drug abuse problems and needing treatment in 2006 and only 4 million received treatment shows that research knowledge is not being sufficiently applied in practice. There is also a considerable time delay – nearly two decades – between findings being made and a measurable impact in the treatment field.
- NIDA has a clinical trials network that directly links NIDA, community treatment providers and researchers (over 40 protocols have been completed or are underway) - these are multi-site clinical trials to determine the effectiveness of drug abuse treatment interventions in diverse patient populations.
- NIDA also has a ‘blending initiative’ which includes a series of big conferences bringing community practitioners and researchers together (some 1,000 people).

- NIDA works directly with physicians and is coming up with better ways of educating them about how to do better screening in their practices to identify substance use disorders - a new US board of addiction medicine is certifying physicians from a broad array of specialties in addiction medicine.
- NIDA has its international research awards (almost 124 NIDA grants between 2001 and 2009 have been with or to EU countries), international programme fellowships (with many participants from EU countries) and binational agreements (e.g. a successful one with the Dutch government).
- EU-US cooperation could cover enhanced fellowship programmes and EU-US workshops to explore programmes of mutual interest.

**Benedikt Fischer**, Professor, Centre for Applied Research in Mental Health and Addictions and Faculty of Health Sciences, Simon Fraser University, Canada, gave a presentation on the Canadian drugs research system.

- The Canadian Institutes of Health Research (CIHR), which supports around 11,000 researchers and trainees, was set up in 2000 - it has a multidisciplinary approach.
- The majority of operational funding (70%) for research is investigative driven - most of the budget is spent on biomedical research.
- Rather than having a separate addiction institute rather like the NIDA, addiction was combined with neurosciences and mental health in the Institute for Neurosciences, Mental Health and Addiction (INMHA).
- Funding for addictions research has increased significantly, from around three million dollars to 16 million dollars in the last ten years although this is only an increase from 1% to 2% of the CIHR's overall budget.
- The ratio of illicit drug research publications per research dollar is not very good.
- The government relies on targeted funding envelopes rather than giving research money to the CIHR to let it decide where to spend it.
- The emphasis is on research outcomes (e.g. patents) that can be sold afterwards.
- There are partnerships between the private and public sectors.
- There is a new focus on translating knowledge into practice at the CIHR.

- The funding landscape is fragmented, with no clear masterplan for addictions research.
- The output in terms of publications is limited.
- Currently funding privileges small/self contained lab-type studies. It is difficult to undertake longer, more complex research ventures.
- There is likely to be a push for a CIHR-‘NIDA’ or coordination entity for addiction research across funders.
- An open question is whether it makes sense for Canada to invest lots of money into basic addiction research because that can be done anywhere and because the NIH makes lots of money available for that.
- There are opportunities for pooled studies for supranational collaboration. For example, there have been heroin prescription trials in the last ten years in six different countries trying to answer very similar questions. That has cost around 60-100 million dollars. The question is whether that is necessary or wise.

**Alison Ritter** Professor, the National Drug and Alcohol Research Centre, University of New South Wales, Australia, gave a presentation about Australia’s drugs research system. She made the following key points:

- The country’s first drug strategy dates back to 1985 and includes alcohol, tobacco and illicit drugs.
- Much of Australia’s research (40% - in terms of numbers of projects) is on applied interventions and is done at low cost.
- Combining alcohol, tobacco and illicit drugs protects illicit drugs research. The country takes a pragmatic approach, looking to find out what works for individuals with drug problems.
- Most of the budget is spent on investigator-driven research. A lot of the funding is from ‘soft money’. This means that there are few people with ten-year research positions regarding addiction.
- Three national centres, delivering infrastructure and capacity building, have been set up.
- Australia has a drug policy modelling programme by which it generates relevant evidence for policy; translates evidence for policy-makers; studies how policy is made.

- In terms of the connection between drug research and drug policy, research can be used for various purposes, including: directly in making a policy decision – knowing the cost-effectiveness of a given intervention; politically to support a position after it has already been taken; tactically to delay a policy decision or deflect criticism and as background for ideas that permeate over time.
- Three major ways in which policy-makers access research are by consulting an expert, consulting technical reports/bulletins (not valued academically) and accessing the internet (google – not google scholar or medline) - this underlines the importance of making research easily accessible and searchable.
- Bridging research and policy is a laudable goal but the reality is that research evidence is only a player in the policy-making and its value should not be overstated.
- Researchers have various choices, including only focusing on generating knowledge, competing by making themselves ‘googleable’ and engaging knowledge brokers.

### **Question and answer session**

Asked if the NIDA finances research into the social phenomenon of drugs, **Steven W. Gust**, said that it did, with a quarter to a third of its budget dealing with social factors and environmental influences. He added that it has been primarily biomedical in the past but that that is changing.

The three presenters were asked for their views on whether generic or specialist streaming of funding was preferable.

**Benedikt Fischer** said that researchers would prefer an investigation-driven model but that a healthy mixed model would be good and finding that right balance is an important challenge.

**Alison Ritter** said that funding is dedicated to alcohol/tobacco/illicit drug infrastructure and that that is an essential ingredient for Australia’s success otherwise it would be competing with the biomedical field. Dedicated funding for infrastructure and capacity building has been essential.

**Steven W. Gust** said that he could not imagine not having a dedicated stream of funding and competing against other research. That would make things a lot tougher.

## **2. Conclusions from the three parallel sessions: Report by the Session Chairs**

Some of the main points set out by the session chairs can be read below. For the full conclusions of each chair, please go to: [www.illicitdrugsresearch.eu](http://www.illicitdrugsresearch.eu)

### **Parallel Session 1 on how to better connect research policy with drugs policy**

**Werner Sipp, Germany, presented the following conclusions:**

#### **At Member State level**

Well developed interaction models and successful structures for the interaction between policy and research already exist in many countries. There are also structures at the EU level, such as the EMCDDA and the Reitox network of national focal points.

As research is a highly relevant source of information in the decision-making process, it is therefore essential to set up and/or develop further mechanisms at Member State level, putting together the relevant stakeholders (research, policy and practice). These mechanisms should reflect the characteristics of the Member States.

The mechanism should contribute to broadening the circle of interested parties; i.e. law enforcement oriented professionals, researchers and grass root organisations.

Evidence-informed policy requires research, which again requires funding. The mechanism should serve the instrument of communication. The mechanism should help the mutual understanding and prioritisation as well as allow 'top down' and 'bottom up' approaches. The mechanism should also contribute to the dissemination of findings and results, which has to be funded. The mechanism should create the proper circumstances for transparency and professionalism. The mechanism should act as a knowledge broker and should ensure communication between all the actors, including civil society.

Given the lack of reliable research, Member States and national research funding bodies should pay more attention to supply reduction oriented activities.

#### **At EU level**

The EU should support capacity building and funding for research in those countries where help is needed in the establishment of the mechanisms.

The EU should contribute to further develop communication between Member States and the European Commission to improve the quality and efficacy of research.

Considerations should be given to the most cost-effective distribution of research funds as there are some areas which can be researched more effectively at EU level.

There are some deficient research areas where the EU can provide evidence. The EU should encourage the initiation of research in the field of supply reduction and comparative drug policy analysis.

EU level mechanisms should contribute to the better visibility of existing research.

## **Parallel session 2 on the state of play on illicit drug research topics and knowledge gaps**

**Bob Keizer, Trimbos Institute, Netherlands, presented the following conclusions:**

### **Drug use behaviour**

- There is a need to move from small scale projects in the field of neurobiological research to multidisciplinary approaches - EU level funding and cooperation is of great importance here.
- Reflection on important ethical issues is needed in translating neurobiological research into clinical practice.
- Basic or biomedical research are not the only priority areas as research is also needed to explain the onset of drug use and factors in addiction (e.g. social research).

### **Security FP7**

- The specific options and opportunities for funding from the security section of the FP7 programme need to be clarified. Awareness was raised about the 7th Framework Programme Security Programme. This programme has a budget of 1.4 billion euro for 7 years and targets threats to citizens, including bioterrorism, natural disasters but also illicit drug trafficking. The programme funds projects that deal with, for example, detection methods (e.g. drug precursor sensors for customs).

### **Drug supply**

- The knowledge base in drug supply and supply reduction is very limited.
- There are three main conditions for continued monitoring & research in this area:
  - Strategic investment in capacity building - the capacity in the supply research community to conduct research, especially at EU level, needs to be further developed; a long term vision and funding are needed.
  - Raising awareness among policy-makers and the law enforcement community to create advocacy for greater research and monitoring
  - Improving cooperation between law enforcement and the research community

- The research contribution needs to be available to law enforcement officials in a timelier manner as drug markets change rapidly and law enforcement officials should take an interest in the findings.

### **Drug demand reduction**

- There is no single drug problem and no magic bullet to solve it
- Drug policy debate has seen false dichotomies:
  - Law enforcement versus treatment
  - Abstinence versus harm reduction
  - Legal drugs versus illegal drugs
  - Drug users versus mainstream society
- Research is also very useful to assess what interventions and policies do not work or have negative effects.

### **Policy research**

- Most studies looked at the development of the drug problem, while not enough work is done looking into its basic definition.
- There is a constant exchange between the disease model (drugs as a medical condition; insights change over time) versus a crime related approach - we need to analyse the changes in these processes.
- Implementation research is an important element of policy research. Many policies are not implemented as planned.
- When evaluating the consequences of policy, drug policy research should focus on systemic levels rather than on the outcomes of individual cases.
- Policy evaluation needs to be sensitive to the appropriate levels. Evaluation at local, regional, National or EU level has different implications for methods and outcomes.
- This is an area where we can do more EU level comparative research

### **Parallel session 3 on funding mechanisms and good practices**

#### **Pia Rosenqvist, Nordic Centre for Welfare and Social Issues, Finland**

Various national examples show that a dedicated funding programme in illicit drugs research will have an effect on research in terms of products, results and publications.

At the EU level, agreement on such a dedicated long term research programme in the illicit drugs field requires political commitment. Member States would need to take action as soon as possible and call for this in FP7's successor, FP8 post 2013.

It is important to get research onto the policy agenda – a 'bottom up' approach is important – and input from the research community on future research topics is needed.



The scientific community needs to keep the pressure up to get policy-makers to advance a drugs-related research strategy.

However, we need to bear in mind that a funding programme does not guarantee that the research will be used for all relevant policy needs. There is a need to put in place a mechanism for policy, for the research community and practitioners to communicate needs and for a longer term strategy to be developed.

There is a proposal to explore the idea of establishing an ERA-NET for research cooperation among Member States (there is a Commission workshop on this on 16 October).

As to the added value of European cooperation – there are funding opportunities for drug-related research under different thematic programmes of FP7: health, social sciences, security etc – which should also be explored.

The use of a two-step application process, which means pre-screening research proposals under the FP7, should be considered.

On a practical level, to encourage more applications for EU funds, the application process should be kept simple. Administrative application preparations can be outsourced to a private company.

It is important not to duplicate efforts and explore common ground in different research fields.

### **3. Concluding remarks**

**Carel Edwards, Head of the European Commission's Anti-Drugs Policy Coordination Unit (DG JLS)** made the following points:

- Governments may not want results published when they fund research into law enforcement and supply reduction.
- The Commission has no mandate in this area but the private sector could do research in this area.
- After this conference, the Commission will report to the Council with a Commission staff working paper - the paper will then be discussed by the Council who may or may not agree on conclusions in the Council at the end of the year.
- There has been a lot of debate during this conference about the nature of the relationship between research and government. Questions arise as to how much policy-makers really listen and how much they really want the research as lots of events take place without impact assessment or cost/benefit analyses.

- The problem is that, without rational rigour, evidence can lead to pseudo-science. Research and security is an issue that needs to be dealt with as it is not enough for us to say that there is not enough of it. Law enforcement, police work and the military are very difficult areas to get a scientific grip on but anything on that would be very interesting indeed.
- In terms of the EU, points made by participants about the desire for more cooperation and coordination between participants and the Commission have been taken on board.
- If participants need help with platforms and money, this can be made available, as was pointed out in the FP7 presentation.
- It is true that Commission procedures can sometimes be cumbersome and many people in the Commission are working on that.
- The key point is that drug policy cannot advance without an evidence base - there is a workshop on 16 October on the ERANET initiative that could help to take things further.