



Prime Minister

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 CBI

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From the Parliamentary Under Secretary of State for Health

Mark Addison Esq
 10 Downing Street

15 May 1985

Dear Mark,

As you may know, John Patten spoke at the World Health Assembly in Geneva on 9 May, principally on the need for further urgent international action on drug misuse. (I enclose a copy of the speech for ease of reference).

The speech was well received and as well as stimulating greater interest among the delegates, caused World Health Organisation officials to talk afterwards of the re-ordering of some priorities concerning drug abuse.

Mr Patten also took the opportunity to meet Ministers and heads of delegations from a number of countries with an interest in the problems of drug trafficking and misuse. During his meetings, he emphasised the need for greater collaboration between countries in intelligence about the trafficking of drugs and also the exchange of information about treatment. Countries represented at the meetings were:

- Mexico
- Thailand
- USA
- India
- Pakistan
- Bolivia

The Bolivian Health Minister is visiting London this week and Mr Patten met him again yesterday for further discussions which involved the possibility of further co-operation between our Customs officers and Bolivian law enforcement agencies. The Bolivian Charge d'Affaires has offered to act as a direct liaison point between the Bolivian government and the Home office on this issue and with our Department on treatment issues.

Yours ever

Jane

JANE MCKESSACK
 Private Secretary

15 MAY 1995

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WORLD HEALTH ASSEMBLY : GENEVA 9 MAY 1985

SPEECH BY JOHN PATTEN

Mr President, Director General, distinguished delegates, I am delighted to be addressing this Assembly for the first time. I am pleased to see that there is such a wide range of subjects on the agenda for the Assembly, but I would like to concentrate on one particular subject which is of great concern to many of us here.

SUPPORT FOR WHO ESSENTIAL DRUG ACTION PROGRAMME

In his speech last year, the leader of the UK delegation Kenneth Clarke spoke of the United Kingdom's continuing support for WHO Action programme on Essential Drugs and Vaccines. We were one of the first to contribute to the cost of Conference on the Rational Use of Drugs called for by last year's Health Assembly. We wish that meeting every success. I am delighted to be able to announce today that, the UK Government will give the sum of £200,000* to the Action Programme on Drugs in 1985.

* Subject to Parliamentary approval

DRUG MISUSE - TRAFFICKING

This brings me to the main purport of what I want to say to you today. I want to talk about the role Health Ministers in particular have to play in relation to the misuse of drugs and particularly illegal drugs a subject highlighted at the recent Bonn Summit by our Prime Minister, Mrs Thatcher, who has stressed the need for international co-operation to deal with this menace. I don't need to tell you how widespread the problem is but I will give one example. In 1984 about 150 tonnes of cocaine were produced. Only a tiny proportion is used for legitimate purposes the rest - through the action of evil entrepreneurs causes an enormous and growing burden in many countries represented here today.

While law and order is essential we cannot forget the responsibility for the health of our nations. Work continues through the UN Commission on Narcotic Drugs, the UN Fund for Drug Abuse Control, and the Customs and Police Services in many countries to come to grips with this problem. There is considerable concern in my country. Drugs are already proving a deadly addiction to many. And it is already proving costly to our societies and to the taxpayer. In 1984 in the UK about £19 million was spent on policing activities on drug misuse; £10.15 million on customs. My own Department has committed £12 million of central funds and more is spent by health and social services authorities. But money is not the only answer. We desperately need -

- co-operation to exchange information;
- your government's backing to confiscate the assets of the international drug barons;
- your constant vigilance to search out new ways of preventing and tackling the scourge.

WHO ACTIVITIES IN THE FIELD OF DRUG ABUSE

But it is on the role of Health Ministers in combating the spread of drug misuse and ensuring that a suitable range of treatment and rehabilitation is available for misusers that I want to concentrate today. The World Health Organisation plays a valuable part in disseminating information on the nature and extent of the problem and evaluating existing national drug control programmes. The United Kingdom Government too has taken a number of steps to develop ways of identifying the extent and nature of drug misuse.

NEED FOR URGENT ACTION

I know that the World Health Organisation is preparing publication on strategies and guidelines for the prevention of drug abuse which will be published next year. To be frank, I do not think this is quick enough. We need action this year. In Great Britain we are taking the question of prevention very seriously. We are also preparing a number of health education initiatives for example an advice booklet to teachers. We want to contribute to the guidance on prevention you are producing. We want to learn from the experience of others. We are deeply interested in the WHO's joint work with ILO on new ways of preventing abuse in the work place. But above all we need urgent international agreement on action by health authorities.

SCOPE FOR FURTHER ACTION BY HEALTH MINISTERS

However successful the law enforcement agencies are in countering drug trafficking it seems inevitable that there will be substantial numbers of people suffering the results of drug misuse for the foreseeable future. Individual Health Ministers can do much to prevent the spread of the problem in their own country and to learn from and collaborate with other countries. I am going to propose to you today a five point programme for us all.

* Firstly, we must do all we can to prevent people ~~from~~ experimenting with illegal drugs or still worse using them regularly. Action is needed from the whole community at grass roots level to foster a climate in which drug misuse is rejected and to provide help and support for those who have become involved. My Government is providing information for parents on a national scale and is running an advertising campaign for young people to warn them of the dangers of heroin misuse. We have tested the material we are using very carefully and shall be evaluating its impact at every stage. We are encouraging a wide range of local health education and prevention initiatives.

* Secondly, statutory agencies in the community need to co-operate and work together to detect drug misuse, to ascertain the size of a local problem and to harness local resources and talent to eradicate trafficking and rehabilitate misusers.

* Thirdly, much can be done to stimulate treatment and rehabilitation by national Governments. We need to provide and encourage facilities for detoxification and residential rehabilitation but, perhaps more importantly, we need to provide flexible local services on which people can draw in the community in which they live. The type and nature of service will depend very much upon local culture and the way in which your services are run but the more widespread the problem, the more normal the people we are dealing with and the greater the need to provide help in the setting in which the problem has arisen.

* Fourthly, much more needs to be done to evaluate different methods of treatment and to share results with each other. No one has a certain "cure" for drug addiction and the better we understand the process of helping people to withdraw from drugs the better we shall be able to eradicate the problem. We welcome evidence on particular methods, eg, the 'total abstinence' approach of which the Minnesota method draws. We must pool our efforts. An important part of this is the encouragement of responsible prescribing practices by doctors. Control over legal sources of drugs, and especially opioids whether over the counter or by a prescription from doctors can be vital in controlling the spread of drug misuse and resultant crime.

* Fifthly, I want to mention a slightly different problem. In the United Kingdom most of the powerful addictive drugs are illegal but we are now seeing, as are so many other countries the increasing problem of dependence upon legally prescribed tranquillisers. Benzodiazepines have been regarded as a welcome break-through and a safe alternative to barbiturates and other hypno-sedatives. But they have been prescribed freely by doctors in my country. Many people have become habituated to take these drugs and suffer withdrawal and other symptoms if they cease to take them. There is increasing realisation that these drugs are not generally a substitute for psychotherapy in the treatment of anxiety and that they should be used on a smaller scale and usually for shorter periods of time.

NON -GOVERNMENT ORGANISATIONS AND DRUG MISUSE

Finally, I know how much importance this assembly attaches to the work of non-Governmental organisations, especially as a focus for the involvement of the community at large in tackling health problems. Nowhere is this more important than in helping those with problems arising from the misuse of illegal drugs. The illegal nature of the activity deters many from seeking help from official sources. Much of the expertise in providing help is in the non-Government sector. Drug misusers are a danger to themselves and to the rest of society. It is in the interests of the community at large to do all it can to foster a climate in which the misuse of drugs is unattractive whilst providing the initial help and support needed by those who wish to give up the habit. Few can do it alone.

Mr President, I wish this Assembly every success in its deliberations.