

President's Emergency Plan for AIDS Relief (PEPFAR), the most expensive global health programme to date, has achieved its goal of reducing AIDS-related human suffering until we are presented with a reliable time series of local disease burden indicating reduction in AIDS deaths and a positive impact on the health system. As members of a global society, however, we recognise that field epidemiology is not an efficient way to produce such estimates. PEPFAR countries will produce more accurate population-level health statistics when local officials' and researchers' reputations are invested in the quality of the data they collect, and when parties on all levels are rewarded for timely analysis and dissemination of population health data.⁹ Such an emphasis on data collection and programme evaluation could strengthen health reforms in developed countries as well.

By 2015, billions of dollars will have been spent on the Millennium Development Goals, but there will be little evidence of this money's impact. In an information-driven society, our inability to track the Millennium Development Goals in a timely and accessible fashion means risking our field's credibility. Yet tools for improving the quality of global health data are available. Democratisation of data—encouraging those who collect data to participate in analysis and publication—would ensure that local health workers and researchers have a vested interest in data quality. The new culture of sceptical optimism and international communication creates the perfect environment for renewed sharing

and standardisation of health data, changes that could increase the effectiveness of national health systems and global initiatives alike. Future work in global health should rest in local and international involvement—working together to improve health.

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Government vs science over drug and alcohol policy



My statement in October¹ that alcohol was more dangerous than many illegal drugs, including cannabis, ecstasy, and LSD, referred back to a paper I published in *The Lancet* 2 years ago.² It would be an understatement, given the political, media, and academic interest, to say that I stirred up a hornets' nest in the UK Parliament and elsewhere. The Home Secretary, Alan Johnson, sacked me from my role as chair of the ACMD (the government's Advisory Council on the Misuse of Drugs, on which I had served with distinction for 10 years), and the Conservative shadow minister said it should have happened earlier this year when I published a paper comparing the harms of ecstasy and another addiction (which I had termed "equasy"—ie, horse riding).³

There are several important aspects of what has happened, which some are calling the Nutt-gate affair. The first is the overwhelming public support I received, with tens of thousands sending emails, signing up to protest websites, and a petition to the government to reinstate me. Many academic groups have come out in support and there is an online petition in the academic world. A protest march was held on Nov 7, organised by a group called "Students for sensible drugs policy", whose name represents exactly what I am saying—drugs policy should be based on evidence and common sense, the two factors that should drive interventions to reduce drug-related harm.

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There is one major benefit of my sacking in that it has given huge publicity to the issue of drugs and their harms, and this public debate is welcome. It now seems that most people accept alcohol is a drug, and that there is no apparent dissent from my statement that alcohol is one of the most harmful drugs in use today. Sadly the attempt⁴ earlier this year by the government's Chief Medical Officer to persuade government to act on this danger through the only intervention of proven efficacy—pricing—was summarily rejected in a similar fashion to the way the ACMD's recommendations on the classifications of cannabis and ecstasy were also dismissed by this government.^{5,6}

The scientific community has been almost totally behind me, although the issue of cannabis and schizophrenia has been resurrected⁷ by my assertions on the basis of the evidence accumulated by the ACMD that cannabis harms only a small percentage of users. I have repeatedly stated the drug is not safe, but that the idea that you can reduce use through raising the classification in the Misuse of Drugs Act from class C to class B—where it had previously been placed, but thus now increasing the maximum penalty for possession for personal use to 5 years in prison—is implausible. Use of cannabis clearly makes psychotic symptoms worse and stopping use is a major element in the treatment of such users. The drug probably does cause some cases of schizophrenia and other psychotic illnesses, but the ACMD estimate⁵ was that, to stop a single case of schizophrenia, we would have to stop 5000 young men (and more for women) ever using the drug, which does not seem a viable public health approach. The association between cannabis and schizophrenia is clearly complex and Frisher and colleagues, using the UK General Practice Research Database

from 1996 to 2005, found that there was no increase in the number of cases of schizophrenia despite the big increase in self-reported cannabis use over the period before and during the analysis.⁸ Those who claimed that there was a link had suggested that there had been an increase in schizophrenia after greater cannabis use. However, more detailed investigation by Frisher and colleagues did not find any evidence to support this idea. Thus there is not even any increase in the incidence of schizophrenia to explain.

Clearly more work is necessary. We need to understand why so many people with schizophrenia take cannabis, and whether such use helps them in some way. We also need to know why so many smoke and drink. We also need to know if the absence of cannabidiol in skunk makes it more psychotomimetic.⁵ The demise of cannabis-receptor antagonists, such as rimonabant, removes a potential new approach to the treatment of cannabis abuse modelled on that of naltrexone for heroin addiction, and attempts to reinstate such compounds for this indication would be warranted. The control of cannabis use through regulation rather than criminalisation has proved safe and effective in the Netherlands, and was indeed suggested in *The Lancet* as far back as 1963.⁹

The major downside of my dismissal has been the loss of confidence of the scientific community in the UK Government's acceptance of the scientific process. The idea that we are serfs to government ministers to be instantly discarded if we dare to challenge their political machinations with evidence is not one that will encourage others to engage in the advisory process. The ultimate paradox is that only in July this government¹⁰ published their paper, *Putting science and engineering at the heart of government policy*—clearly that is for only when the evidence suits their political aims.

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Ann Veneman: a second term at UNICEF?

The appointment of the Executive Director of UNICEF, although officially made by the UN Secretary-General, is traditionally in the gift of the US Government. Carol Bellamy was appointed in 1995 during President Clinton's term in office. Ann Veneman, President Bush's former Secretary of Agriculture, was appointed in 2005. As a new President, should Barack Obama follow usual political practice and support his own nominee as UNICEF's leader? Or should he allow Veneman to complete a second term, as most incumbents are allowed to do? Answers to these questions will come in the next few months.

The Lancet has good reason to thank Ann Veneman. She embraced a renaissance in child survival after the publication of the journal's first child survival Series in 2003. But UNICEF under Veneman has not always had an easy relationship with the academic community. The agency expressed irritation and displeasure when the Institute for Health Metrics and Evaluation began publishing technical analyses of child mortality and results-based financing (in *The Lancet*). UNICEF did not like what it saw as competition. That said, UNICEF has been a strong participant in the Countdown to 2015 alliance—an international partnership between scientists, universities, non-governmental organisations (NGOs), donors, foundations, the World Bank, and other UN agencies—which aims to use evidence as a platform for maternal, newborn, and child health advocacy.

To gauge whether Veneman should be awarded a second term at UNICEF or whether a new Executive Director should be sought, we invited technical and policy experts in child health to offer their judgments about Veneman's tenure.

The view from UNICEF was mixed. One perspective held that Veneman had clearly prioritised child survival—with budget, staff time, public advocacy, strengthening

of technical teams, and strengthening of country logistics. She emphasised evidence and data in guiding policy and advocacy. She supported the notion of a continuum of care from mother to child, and she drew attention to gender-based violence, nutrition, and water and sanitation in their close relation to child health.

More specifically, pro-Veneman UNICEF staff pointed to several specific successes—major increases in insecticide-treated bednet coverage, progress in measles mortality reduction and elimination of maternal-neonatal tetanus, increases in antimalarial treatment, antiretroviral therapy, and access to new vaccines, in addition to a “major push” on severe acute malnutrition. The combination of these successes has delivered “major impact in countries such as Ethiopia, Mozambique, Mali, [and] Ghana”.

An alternative view from UNICEF was less complimentary. While Veneman was praised for prioritising child survival and for standing up on behalf of controversial issues, she was criticised for diminishing the importance of field, institutional, and leadership experience at UNICEF. Success on bednets, measles, malaria treatment, and preventing mother-to-child transmission of HIV was not hers alone. These programmes began before her tenure. She continued their work, but did not raise their profile or UNICEF's commitment substantially.

A more serious criticism was put like this: “how much more could have been accomplished with a leader who arrived with more knowledge of international development and at least some familiarity with various child rights issues including child health. [Veneman] came with very little background or experience and lost precious time catching up. She had poor public speaking and diplomatic skills.” One could counter that while she had an early and steep learning curve to climb, she has now had 5 years to master her brief.



USDA