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Coordination of drug policy in the European Union 2000–2004

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Contribution to the evaluation of the EU action plan on drugs (2000–2004)

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1. Introduction

Coordination in the field of drugs is almost a natural consequence of the cross-cutting nature of the drugs phenomenon in our societies.

In recent years, governments have been showing increased awareness of the fact that the multidimensional character of the problem demands a formal national coordination structure, which includes all aspects of drug policies: demand, supply and international cooperation.

This paper looks at the (formal) characteristics of drug coordination systems in the EU countries (15) and at the influence that the EU strategy and action plan 2000–2004 might have had in the development of such an important element of drugs policy.

2. The call for coordination

Already in the first drugs policy documents that appeared on the international scene, coordination in the field of drugs was seen as a necessity for *effective* drugs policies. Indeed, the concept of effectiveness is linked to the principle of coordination in the preambles of the three UN Drugs Conventions ('61, '71, '88)[1], in the UN *Comprehensive multidisciplinary outline* of 1987, and in the *Political declaration* adopted at the UNGASS in June 1998[2].

During this period, countries agreed on the fact that in order to take effective action against drug abuse and illicit trafficking, mechanisms had to be established for coordinating the activities of the various bodies, services, agencies and institutions all operating in the field of drugs[3].

Within the European Union, the principle that drug policy should rely on a well defined, coordinated approach among all actors involved was identified in the mid-1980s[4] and is secured in the constitutive treaty of the European Community (art. 152.2)[5]. One of the strongest political calls may be found in the letter that the French President François Mitterand sent to his homologues in 1989 asking for the establishment (among other suggestions) of a 'coordination of drugs coordinators', elevating to the

1 Considering that effective measures against abuse of narcotic drugs require coordinated and universal action, Single convention on narcotic drugs, 1961, as amended by the 1972 protocol amending the single convention on narcotic drugs, 1961; Believing that effective measures against abuse of such substances require coordination and universal action, The 1972 convention on psychotropic substances; recognising that eradication of illicit traffic is a collective responsibility of all States and that, to that end, coordinated action within the framework of international cooperation is necessary, United Nations Convention against illicit traffic in narcotic drugs and psychotropic substances.

2 'The most effective approach towards the drugs problem consists of a comprehensive, balanced and coordinated approach, encompassing supply control and demand reduction reinforcing each other, together with the appropriate application of the principle of shared responsibility.' United Nations General Assembly's special session 8–10 June 1988 – Political declaration guiding principles of drug demand reduction and measures to enhance international cooperation to counter the world drug problem.

3 United Nations, Declaration of the international conference on drug abuse and illicit trafficking and comprehensive multidisciplinary outline of future activities in drug abuse control, New York 1988, (p. 8).

4 European Parliament, Committee of inquiry into the drugs problem in the Member States of the Community, Report on the results of the enquiry, Rapporteur Sir Jack Stewart-Clark, September 1986, in EMCDDA 'Inventory of EC (legal) texts on drugs', OPOCE 1993.

5 (1) The Community shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. (2) Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1. The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination.

highest political level the quest for drug policy coordination. The CELAD (Comité Européen de Lutte Anti Drogue) was created that same year[6].

The importance of drug coordination is underlined in all EU drugs plans, since the first in 1990[7]. The current European action plan on drugs 2000–2004 goes further and requests countries to establish a coordination system and to appoint a national drugs coordinator[8]. The plan also asked the European Commission to study, with the assistance of the EMCDDA, how coordination arrangements that are in place could be improved. This work led to the drafting and adoption by the European Commission of a Communication to the European Parliament and the Council on coordination on drugs in the European Union adopted in November 2003 (see below)[9].

For at least the last 20 years therefore, drug coordination has been seen not only as a constitutive element of drug policy but also as an indispensable tool for ensuring the effectiveness of drug policy.

3. What is coordination on drugs?

This large and widespread consensus on coordination should not hide the difficulties intrinsic to its definition and meaning. Conventions, treaties and legislations may provide the framework and support the need but they do not explicitly describe what coordination is and what it should entail.

Sometimes the term ‘coordination’ is used instead of or together with other terms, such as ‘collaboration’, ‘cooperation’, ‘control’, or ‘exchange of information’.

All these elements may contribute to the idea of high-quality coordination but they should not be confused with it. We have observed that there is no uniform interpretation among countries and joint work should still be done to agree on common terminology, meaning and constitutive aspects. This lack of uniform interpretation has been confirmed by the European Commission’s Communication on coordination on drugs, which recognises that ‘although there is a consensus on the need for coordination, there is still the question of what it should consist of’[10].

6 For more detail on the French President’s initiative and CELAD see Estievenart, ‘The EC and the global drug phenomenon’ pp.50-97, in Policies and strategies to combat drugs in Europe European University Institute, Florence 1995.

7 1º) European plan to combat drugs – CELAD Report to the European Council meeting in Rome on 13 and 14 December 1990 in EMCDDA ‘Inventory of EC (legal) texts on drugs’, OPOCE 1993; 2º) Report from the European Committee to combat drugs (CELAD) to the European Council (Edinburgh, 11/12 December 1992) in EMCDDA ‘Inventory of EC (Legal) texts on drugs, OPOCE 1993; 3º) Communication to the Council and the European Parliament on a European Union action plan to combat drugs (1995-1999), COM (94) 234 Final.

8 Point 1.2.2 EU Action plan on drugs 2000–2004 9283/00 LIMITE CORDROGUE 32 (1.2.4) Taking account of national legislation and administrative structures, the Council to encourage all Member States to consider to establish where it does not exist and otherwise to strengthen the national coordination mechanism and/or to appoint a national drugs coordinator.'

9 Commission of the European Communities, Communication from the Commission to the European Parliament and the Council on Coordination on drugs in the European Union, Brussels, 12.11.2003 Com (2003) 681 Final.

10 Ibid. 9.

4. Coordination synonymous with efficiency?

Coordination theory research shows that when applied to private and public organisations, coordination is often seen as a *positive aspect of performance*. It is viewed as a necessary element to increase productivity (private management) or global efficiency of a service (public management) [11].

A preliminary overview of coordination literature enables us to recognise some key factors that could facilitate coordination: a) strong leadership, b) legitimacy of the coordination structure, c) allocation of substantial financial resources, d) motivation of the actors of the partnerships (coordination must be owned by participants rather than arbitrarily imposed on them), e) communication and group decision taking[12]. In order to be profitable, coordination and linkages between activities should be set up only if the benefits outweigh the costs.

These elements are again confirmed by the Communication on coordination on drugs adopted in 2003 by European Commission[13]. However, as also underlined by the Communication, the presence of formal structures is *not necessarily* the assurance of an efficient drug coordination mechanism. The efficiency of drug coordination does not depend on the form undertaken by the coordinating mechanism but on the *financial resources* allocated to the coordinating structure, on its *leadership*, on its *legitimacy, transparency, stability* and on the *motivation* and degree of *communication* between actors. The mere presence of a coordinating structure is not sufficient proof of an efficient mechanism.

These elements, however, are still to be further explored by in-depth scientific research.

5. Drugs coordination in 2000 and 2004

The 2002 EMCDDA 'Report on national drugs strategies and coordination mechanisms'[14] shows an increased level of activity over these last four years in the field of coordination of drug policy at EU level. Certainly the 2000–2004 EU strategy and action plan have played an important incentive role.

During this period, beyond the customary reshuffles and reorganisation, some Member States have created completely new coordination structures – namely the Health coordination unit in Belgium[15], the Drug policy national department in Italy[16] and the Inter-ministerial coordination committee in Greece[17]– and national coordinators have been nominated in Italy and Sweden for the first time. At a formal level,

11 The Interdisciplinary study of coordination, Malone, T. W., and Crowston, K., November 1993; Schiavo-Campo, S., and Sundaram, P., (2000) To serve and to preserve: Improving public administration in a competitive world, Asian Development Bank, 2000.

12 EMCDDA unpublished paper on the evaluation of drug coordination mechanisms, February 2004, Sophie Gillot.

13 Ibid. 9.

14 'Strategies and coordination in the fields of drugs in the European Union: A descriptive review', EMCDDA, Nov.2002. This study and the summary tables with updates are available on the EMCDDA website: http://www.emcdda.eu.int/policy_law/index.shtml.This study aroused the interest of the International Narcotics Control Board (INCB), whose 2001 report 'appreciates the fact that the European Commission, in cooperation with the EMCDDA, has begun examining existing drug coordination arrangements in the Member States of the European Union, with a view to further strengthening them.'

15 30 May 2001.

16 Decree law 15 November 2001.

17 Law 2955/2001.

coordination has been increased through the biannual meeting among national drugs coordinators established by the EU action plan and organised by each EU Presidency since 2000.

Coordination in the field of drugs is carried out on two dimensions: at *horizontal level* linking the central administrations horizontally within the government; and at *vertical level,* carried out among central administrations and regional and local authorities.

5.1 Horizontal coordination

'Horizontal coordination' is usually performed by Inter-ministerial committees that ensure policy and normative activity and by ad hoc coordination agencies or drugs directions/units that ensure the technical day-to-day activity of coordination.

5.1.1. Inter-ministerial committees

The most usual and traditional level of horizontal coordination in the field of drugs is *inter-ministerial.* In all Member States a committee, a group or a commission meet regularly (from two to four times a year and on an ad hoc basis) to coordinate political decisions in the field of drugs. Usually the inter-ministerial group is represented by the ministers themselves or by the under-secretary of state with an interest in drug policy (Table 1).

Table 1: Inter-ministerial committees

Belgium	Inter-ministerial conference
Denmark	n.a.
Germany	Inter-ministerial group on drugs
Greece	Inter-ministerial coordination committee
Spain	Inter-ministerial group
France	Inter-ministerial committee on drugs
Ireland	Cabinet committee on social inclusion
Italy	National drug control coordination committee
Luxembourg	Inter-ministerial commission on drugs
Netherlands	Working group on drug policy
Austria	Federal drug coordination
Portugal	Coordination board of the national strategy
Finland	National drug policy committee
Sweden	Working group 'SAMNARK' (Governments coordination body in drugs related issues)
United Kingdom	Ministerial committee on drug misuse
Norway	National narcotic advisory board

The *responsibility* for drugs coordination across the 15 EU countries lies in the majority of cases (11) with health and/or social affairs administrations (Belgium[18], Denmark, Germany (federal ministry), Greece, Ireland[19], Luxembourg, Netherlands[20], Austria (federal ministry)[21], Portugal, Finland and Sweden).

In two countries, responsibility lies with the ministry of interior (Spain[22] and United Kingdom), and in two with the Prime Minister (Italy and France).

18 We refer here to the Cellule drogue santé.

19 Department of community, rural & Gaeltacht affairs.

20 Ministry of health, welfare and sport.

21 Ministry of social security and generations (main responsibility) together with interior and justice.

22 Unofficial information reports that the responsibility for the 'Nacional Plan Sobre Drogas' in Spain would be attributed at the ministry for Social Affairs after the change of Government in Spain last March 2004.

It is interesting to note that the responsibility for coordination tends to move within the government: Prime Minister, ministry of interior, ministry of health, ministry of social affairs. This may be as a result of internal reshuffling in the government or as a consequence of the vision regarding drugs and drug policy in the country at a given moment.

5.1.2. Ad hoc coordination agencies and or drugs direction/units

In each EU country a more technical level exists where central drugs coordination is permanently managed. This role is played by ad hoc agencies, directorates or units within a ministry or directly attached to it that run the daily activity of coordinating national drug policy (and or strategies/plans) and related activities.

Table 2: Drugs coordination bodies

Belgium	Health unit 'cellule drogue santé'
Denmark	Drugs unit at ministry of the interior and health
Germany	Office of the drug commissioner
Greece	Organisation against drugs – OKANA
Spain	Government delegation for the national plan on drugs – GDPNSD
France	Interdepartmental mission for the fight against drugs and drug addiction – MILDT
Ireland	Drugs strategy unit in dept of community, rural and Gaeltacht affairs
Italy	Anti-drugs policy department
Luxembourg	Ministry of health drugs unit
Netherlands	Mental health and addiction policy department.
Austria	Federal drug coordination
Portugal	Institute for drugs and drug addiction (IDT)
Finland	Drug-related matters unit
Sweden	Central coordination unit
United Kingdom	Home Office drug strategy directorate

Besides the common factor that all these bodies deal with coordination of drugs at national level, there is sometimes enormous variation with regard to their status, structure and competences. Some bodies have a large number of staff, others rely on a few individuals; some have a holistic mandate (covering all aspects of the drugs phenomenon), others look at coordination in a specific area only (e.g. demand reduction, supply reduction); some have operational functions in the field (usually in demand reduction) alongside the task of coordination, others have only coordination tasks.

Due to these and other differences and characteristics (and to the unstructured nature of the information received), we are not yet in a position to offer a comparison, but just to report on two interesting aspects: their *location* and *scope*.

The *location* of a coordination agency or unit in a national administration depends on specific political choices as well as technical ones. In the majority of the countries (13) drug coordination is located within a government ministry. Only in two countries is drugs coordination attached to the office of the Prime Minister.

If we look at the *scope* of the agency in charge of coordination, we will see that in the majority of countries (12) it is reported to be 'holistic', meaning that it involves all aspects relevant to drug policy such as prevention, treatment, public order, justice, research, international relations etc. This shows recognition in Member States of the need to coordinate drug policy from a holistic, balanced and multidisciplinary viewpoint, as required from international commitment. At the same time bodies exist

whose task it is to coordinate specific domains e.g. prevention and treatment activities or law enforcement.

5.2 Vertical coordination

'Vertical coordination' is the coordination carried out among central administrations and regional and local authorities. Drugs policy, and especially the public health side of it, is all about decentralisation to regional and local authorities. Ensuring vertical coordination is therefore a crucial success factor for any national drugs strategy to be implemented effectively.

The EMCDDA does not have yet structured and systematic information on this issue[23] and can therefore report on just a few examples that illustrate this model from the United Kingdom, Ireland and France.

In the United Kingdom, the Drugs Action Teams (DATs) are the local structures that ensure the link between the agreed national strategy and the delivery of it throughout UK (England, Scotland, Wales and North Ireland) to the level of municipalities. Created by the drug strategy *Tackling drugs together,* in 1995, and located across England, Scotland, Wales, and Northern Ireland, the DATs[24] are permanent structures composed of all actors involved with the drugs problem at local level and vary according to the local situation *(*probation services, health services, police, treatment centres, communities, NGOs). They meet regularly to help assess overall progress in implementing the strategy, looking at resources, at relevant developments in the field and at future plans. Supported by a permanent coordinator and a varying level of support staff, the DATs answer to and follow guidelines from the central coordination office. The DATs are the critical link in the chain for delivering the drugs strategy on the ground.

In Ireland, the 'Local drugs task forces' created in 1997 and the 'Regional drugs task forces' created by the 2001 national strategy were set up to facilitate a more effective response to the drugs problem in areas with the highest levels of drugs misuse. They operate under the direction of the national drugs strategy team. They ensure the development of a coordinated and integrated response to tackling the drugs problem in their region. Each task force is composed of a chairperson and a coordinator who help prepare local action plans in relation to treatment, rehabilitation, education, prevention and curbing local supply. Other members include representatives from the statutory sector (health, police, education, probation, FAS, environment), voluntary sector (charities, volunteers operating in the drugs field) and community sector (associations, individuals, local residents). Funding is provided at government level to support the implementation of local initiatives developed under the respective task forces.

In France, multiannual agreements known as 'Departmental agreements on aims' (CdO) are concluded between public prosecutors, prefects and local health and social authorities. These allow the development of partnerships between the justice, health and social welfare and/or educational systems for dealing with addicts. In particular, they allow the development of discontinuance procedures

23 Work has been already undertaken with the Reitox focal points to consolidate and produce uniform data and information on this issue.

24 These comprise DATs in England and Scotland, Drug and Alcohol Action Teams (DAATs) in Wales, and Drug Coordination Teams (DCTs) in Northern Ireland.

whereby drug users are referred to an appropriate facility. Some courts have full-time diagnostic and guidance teams. Following a court decision, these can then refer addicts to an appropriate unit.

In other countries, Reitox reports show the existence of local coordinators (Austria, Germany, Spain) who have responsibility for implementing and coordinating national policy at regional and local level. Local drugs strategies, mirroring the central, national ones, are also reported in some countries.

5.3 National coordinators

The idea of appointing a national drug coordinator was already put forward in Mitterand's letter of 1989[25]. The EU action plan 2000–2004 has reaffirmed it.

Also in this area it is necessary to point out that there are problems of definitions. The term 'drug coordinator' is not defined and therefore it is difficult, without established criteria, to say where drug coordinators exist and where they do not. There are 'national coordinators meetings' because they are called for by the EU action plan, but there is no formal position for it. Normally, it refers to those in governments who, even without the exact title, are responsible for ensuring the coordination of various actors both institutional and non institutional.

According to this criteria we can see that in recent years[26], 'drug coordinators' have been appointed in Ireland (1997), Germany and the United Kingdom[27] (1998), Portugal (1999[28]), Luxembourg (2000), Italy, and Sweden (2002). In Austria and in Germany, Provinces and Länder have 'drugs/addictions coordinator' including, in Austria, federal drug coordinators. In Belgium, the creation of such a role is foreseen in the 2001 'Policy note' but is not yet in place. It is interesting to note that as the position of drug coordinator is highly political, it suffers from changes typical of the political world.

Thus, it may be worth attempting to find a common understanding and definition of this term at EU level.

6. Is drugs coordination useful and effective?

25 Ibid. footnote 6.

26 We are taking 1997–8 as the turning point of a new common trend in appointing drug coordinators and adopting global drug strategies. However, we have to mention that in countries such as Germany, Spain or France coordination agencies headed by 'drug coordinators' (Drug commissioner's office in Germany, National plan on drugs in Spain, MILDT in France) were already in existence respectively from 1992, 1985 and 1984. Moreover, in the early 1990s (1989–1993) the CELAD (European Committee to Combat Drugs) was gathering EU Member States representatives to promote actions at European level in the field of drugs. They acted as a sort of national coordinators, however, functions and titles were rather different from the current drug coordinators. See for more information on CELAD in Georges Estievenart, Policies and strategies to combat drugs in Europe, 1995, p. 59.

27 In the meantime, in 2001, the United Kingdom has removed the post of national coordination (the so-called 'drug tzar').

28 In 2001, the post of National drug coordinator (as well as the responsibility for drugs coordinator) was moved from the Prime Minister to the minister of health.

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It is relevant to examine the issue of the pertinence of a drugs coordination structure here.

Indeed, it is assumed that the presence of an official coordinating structure, which includes a drug coordinator, is a factor for improving coordination on drugs and of drug policy as a whole. Some research, however, shows that coordination systems could blur the centres of power and bring heavy bureaucracy to drug policy – 'too much coordination can kill coordination' (Murphy, 1997)[32]. The Communication on coordination mentioned above unequivocally presents coordination as being synonymous with effectiveness. Even if very likely, this assumption should be further investigated and confirmed.

The little information that is available on coordination between national and local levels (vertical coordination) confirms that it mainly works on a hierarchical relationship between the decisional centre and the local units. On the contrary, coordination between governmental agencies (horizontal coordination) is usually characterised by the absence of hierarchy (or by a softer degree of it) between the different levels of decision. Considering that in the majority of EU countries horizontal coordination is under the responsibility of one minister (usually health and/or social affairs) and that competition over power and influence are criteria often said to be hampering coordination attempts, it is legitimate to further investigate the conditions that might enable coordination to be effective.

7. Conclusions

The EU action plan 2000–2004 called on the 'the Commission with the assistance of the EMCDDA to organise a study to be completed by March 2001 to test whether coordination arrangements that are in place could be improved and if so in what way'. In June 2001, the EMCDDA produced a preliminary study on coordination mechanisms in February 2001, completed and extended by another one in December 2002. These two exercises were limited to the description of the formal structures of drugs coordination and did not address either implementation or evaluation. However, in the 2002 report the EMCDDA suggested that in order to fulfil the request made by the EU action plan, a thorough study should be carried out on the effectiveness of existing drug coordination mechanisms as a sine qua non condition.

In its Communication on coordination on drugs, the European Commission states that it 'does not regard coordination as an end in itself but as a means of making the fight against drugs more effective'. However, even if the assumption that coordination increases the effectiveness of the fight against drugs is a reasonable one, it should be confirmed scientifically.

The new European drugs strategy, moving forward from the Commission's Communication and the acquis already achieved, could pose the question again in the new strategy on 'how to improve coordination' and promote research into best practice among drugs coordination mechanisms in Europe.

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31 In 2001, the post of National drug coordinator (as well as the responsibility for drugs coordinator) was moved from the Prime Minister to the minister of health.

32 Murphy, P., Coordination drug policy at State and federal levels, Rand Brief Research 1997.

Such research could address questions of meaning and levels of drug policy coordination and investigate the key characteristics and main conditions enabling drugs coordination to bring more effective answers to the fight against drugs. The new European Union strategy on drugs could be the engine for this process which would be beneficial to nearly 30 European countries[33].

33 25 EU Member States, 3 Candidate Countries, Norway.

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[DB1] May be not a nice term, to colloquial language ?