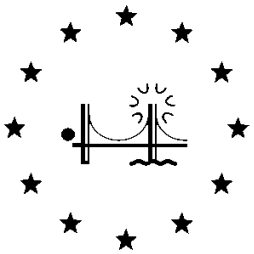

Strategies and coordination in the field of drugs in the European Union

A descriptive review

EMCDDA

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A descriptive review

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Introduction

The aim of this report is to provide a descriptive and comparative review of the national drug strategies, action plans and coordination mechanisms adopted in the European Union, largely since the end of the 90's. In addressing this study we have tried to answer to the following questions: Do all EU countries have a written, definable drug strategy/action plan? What are the main elements and objectives of this document? Is there a new trend in drug policy, at least as far as official declarations are concerned? How do countries coordinate the multifaceted issue of drugs? Do all countries have coordination agencies, and coordinators, or merely coordination systems?

Our objective is to:

1. provide the European Union with a reliable information source upon which to base a broader reflection on European drug strategies and related coordination issues, as requested by the EU Action Plan on Drugs 2000 - 2004 ([1]);
2. offer national drug coordinators, responsible for drug coordination in the EU Member States and professionals in the field a reliable and objective pan-European picture of trends in drug strategies; and
3. establish a baseline of national drug strategies, action plans and coordination mechanisms in the field of drugs in the EU which, constantly monitored and updated, will hopefully contribute to evaluate the EU Action Plan on Drugs (2000-2004).

The study is divided into two sections.

The first, addresses issues such as semantic problems and definitions and new attitudes in drug policy. It includes a systematic comparative overview of the main elements of national drug strategies and closes with a comparative description of drug coordination arrangements. The second section offers individual country profiles, structured in such a way as to present national drug strategies, action plans and coordination across countries in a systematic, uniform way.

In the course of the research, we interviewed persons responsible for drug coordination in the 15 EU Member States plus Norway and analysed part of the relevant literature in each country. Among others, our sources mainly includes, national drug strategy and action plans. Moreover

[1] European Union Drugs Plan (2000-2004) art.1.1.7 The Commission with the assistance of the EMCDDA to organise a study (…) to test whether the co-ordination arrangements that are in place could be improved and if so in what way.

we analysed: Reitox ([2]) annual national reports; governmental annual reports; ministerial news releases; and other official governmental documents.

The study was conducted over nine months (October 2001-July 2002) by the EMCDDA (P4 staff) with the assistance of the Directorate-General for Justice and Home Affairs (DG/JHA) of the European Commission.

Constraints and limitations

The reader may inquire as to the interest/added value of studying drug strategy documents. Indeed, on examining the many documents produced since the late 1990s, we too asked ourselves questions such as:

- Do these documents represent the *real* effort by the country concerned to tackle the drug phenomenon or do they contain merely aspirational objectives and slogans?
- Are they close to the everyday reality of the drug addict or social worker or not?
- Do drug coordination mechanisms in place ensure effectively coordination of the drug policy?

We were, and are, aware of the fact that the 'official face' of a country's drug policy – the stated objectives and actions, slogans and declarations – may be a far cry from effective results. Likewise, coordination mechanisms, performance indicators, working groups, etc may well be in place, but they may not always function well.

Nevertheless, these components do make up current drug policy at both European and global level no matter how feasible, realistic or effective they may or may not be. This report focuses exclusively on these official positions, future targets and objectives set out in national drug strategy documents. We do not attempt any kind of evaluation of these elements.

We are aware that this 'official image' is only one small piece in the puzzle, however, we feel that the way in which drug policy is announced and presented, has a considerable significance, in the overall picture of the national response to drugs.

([2]) European Information Network on Drugs and Drug Addiction, a network composed of national focal points in the 15 EU countries and Norway.

PART I – Comparative Overview

Semantic problems and definitions

New attitudes in drug policy

Drug strategies in focus

Coordination in the field of drugs

Key findings

Chapter 1

Semantic problems and definitions

Introduction

Faced with the task of analysing, describing and comparing drug strategies, action plans and related coordination in the EU countries, it became clear that before addressing these issues, we had to find an answer to the following simple questions: What is a 'drug strategy'? What is an 'action plan on drugs'? What are the differences among them? And more, what we intend with 'drug coordination'? And what with 'drug coordinator'?

Of course, anyone working in this field may have an understanding of these terms, however during our research we found out that there are no common agreed definitions at EU level. Nevertheless, for purpose of analysis and comparison we have tried to build up some definitions looking at dictionaries and business terminology and member states officials opinions.

The results of this preliminary screening helped us to define some criteria for comparisons. However, is not our objective to set common definitions in this field that nevertheless, could the base for further reflection on common understanding and meaning at international level.

1.1 Policy, strategy and action plan

Collins (1994) defines 'Policy' as a *'plan of action adopted or pursued by an individual, government, party or business, etc.*'; 'Strategy' is defined as the *'art or science of the planning and conduct of a war'* or more related to business or politics, the 'particular long-term planning for success'; and 'Plan' is a *'detailed scheme, method, etc. for attaining an objective'*. We can see how those terms fade somewhat into one another on the issue of planning, but without clearly defining their boundaries.

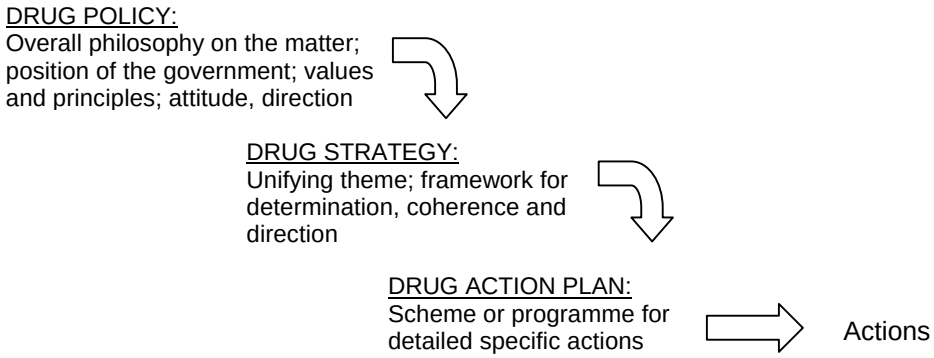
Business management terminology, come closer to our common understanding: 'Policy' is defined by Wideman, (2002) as *'the definitive position of an organisation on a specific issue. A policy provides a basis for consistent and appropriate decision-making and defines authority and accountability within the organisation'*. Chandler, (1962) defines 'Strategy' as *'the determination of the long-run objectives of an enterprise and the adoption of courses of action and the allocation of resources necessary for carrying out these goals'*; and finally again Wideman, (2002) defines 'Planning' as *'the process of identifying the means, resources and actions necessary to accomplish an objective, proposing the timing, staffing and possibly budgetary breakdown of work to be done'* .

These definitions certainly contain some elements that can be seen in current national drug strategies and action plans. From the above it seems evident that the three terms – Policy, Strategy, Plan - represent a sort of (theoretical) dynamic development which goes from the *'position of an organisation'* (its policy), through *'the determination of the long-run objectives'* with *'allocation of resources'* (its strategy), to the *'identification of means, resources, time and budget'* (its plan).

Therefore transposing the above definitions in the field of drugs we could have, in theory, that:

- **National drug policy –** would include the overall philosophy, principles, actors, actions and initiatives of the government in the field of drugs. This, would not be necessarily formalised in documents or plans.
- **National drug strategy –** would refer to the set of instruments or mechanisms aimed at directing drug policy principles towards objectives. The strategy would not necessarily appear in written format, however, in recent years, there has been a growing tendency to codify in official documents, the principles to be achieved by the government in the field of drugs. These documents have been adopted by the government itself and, in some cases, by the national parliament.
- **National drug action plan –** would go a step further than the strategy. It would be referred as the instrument (a document) aimed at implementing and delivering the principles of the strategy, in which objectives, targets, resources and responsibilities would be detailed and identified in order to be achieved within a set timeframe.

Based on these concepts, and keeping in mind the theoretical character of this classification, we can make the following three-level distinction:



This classification is however more theoretical than practical. Indeed, when undertaking our interviews and research we noted some inconsistencies between the above classification and the reality of facts. We noticed that while in all EU countries, the policy on drugs – intended as the mix of values, principles, attitudes and directions – could be identified, in many of those in which strategic documents are available, the line between strategy and plan is not so clear-cut. The two concepts are often combined in one document, which may sometimes be called 'drug strategy' and others 'action plan'. It can includes principles, themes and main directions (typical of a

strategy); together with other elements such as timeframe, detailed actions, expected results (more related to an action plan, according to the above mentioned definitions).

Only few countries clearly separated the two, setting out the strategy and action plan in different documents. Thus, the separation between documents, drug strategy and action plan as adopted by the European Union ([3]), has not been followed by most EU countries.

Therefore, and for the sake of simplicity, we don't address in the following pages the issue of differences among documents. We will use just the term 'national drug strategy' without distinguishing in detail between strategies, action plans or policy notes. Indeed, without a set of common criteria (agreed by member states) to define what a drug strategy or a drug action plan are, the exercise would be useless. For the purpose of this study, we have considered broadly all official documents coming from member states labelled as 'strategies', regardless their differences.

1.2 Coordination

The definition and meaning of the term 'drug coordination' has already been examined at length in an EMCDDA report released early in 2001 ([4]). In the report, the term is defined as *the task of organising or integrating the diverse elements comprising the national response to drugs, with the objective of harmonising the work and, at least implicitly, increasing effectiveness*.

Central elements of this definition are therefore: the 'interdependence' as the act of managing dependencies between activities (Malone and Crowston, 1993), the 'partnership' as the act of working together (Malone and Crowston, 1991) and the 'goal' – as the integration and harmonious adjustment of individual work efforts towards the accomplishment of a larger common goal (Singh, 1992). We will consider the issue of coordination more closely later in this study (Chapter 4, page 39).

1.3 Definitions and reality

Having attempted a definition of drug policy, drug strategy, drug action plan, and drug coordination it is important to stress again that definitions and reality are often two very different matters. A country may not have a formal written drug strategy, but this by no means implies that the country has no 'strategy on drugs'. Likewise, a country with a written drug strategy does not automatically pursue a 'strategy on drugs'. The same is true for coordination. Not having a drug coordinator or a specific coordination agency does not suggest that actions and individuals are uncoordinated. However it is true that appointing a specific drug coordinator (as the EU Action Plan (2000-2004) requires) indicate an increased political commitment toward drugs.

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[3] The European Union adopted the Drugs Strategy (2000-2004) in Helsinki in 1999 and the Plan on drugs (2000-2004) in Santa Maria da Feira Portugal in 2000.
([4]) Drug coordination arrangements in the EU Member States, EMCDDA, March 2001.

Chapter 2

New attitudes in drug policy

2.1 Measuring culture in drug policy

Management science appears to be increasingly applied in the public sector, which is more and more concerned with 'scientific' and 'measurement-oriented' criteria in its efforts to ensure accountability and financial prudence. Indeed, in our research we have noticed the presence of a growing ‘measuring culture’ in public administrations. Words such as ‘efficient management’, ‘proactive initiatives’, ‘evaluation’, ‘performance’ and ‘effectiveness’, were often pronounced during our interviews with governmental officials in the EU countries.

Moreover, the analysis of the most relevant governmental literature in the field of drugs confirms a tendency to introduce a more strategic approach to drug policy. Targets, performance indicators, evaluation processes are present in some drugs strategies analysed (including the European Union strategy), putting the accent on the effectiveness. While a debate is undergoing in many countries on the feasibility of these new tools (e.g. targets, performance indicators, etc.), we noticed a favourable attitude on them, at least for their role of attracting attention and raising awareness on the topic, promoting a change of attitude and culture. It is felt however that to be credible, targets, should consider feasibility and performance more closely.

Nevertheless, also in those national documents in which objectives are not bound by performance indicators or targets a certain attitude towards measuring results was reported. Indeed, the single fact that the majority of member states in the last few years have adopted a national drug strategy (see below) can be interpreted as the endeavour to produce more and concrete results in the field of drugs.

2.2 Adopting a drug strategy

Whereas in the 10 years 1987-1997 only four national drug strategies had been adopted, in the five years between 1998 and 2002 at least 25 strategic documents were adopted at national and regional level in the field of drugs in the European Union (Table1).

Table 1 – Drugs strategies adopted since 1998

1998		2001	
UK:	Drug Strategy 1998-2008	Belgium:	Policy note 2001
Norway:	Action Plan 1998-2000	Portugal:	Action plan 2001-2004
		Ireland:	Drug Strategy 2001-2008
		Finland:	Action Plan 2001-2003
		UK:	Annual Plan
		Greece:	Ministerial Council Decision
		Austria:	(Carinthia) Action Plan 2001-2005
1999		**2002**	
France:	Three-Year Plan 1999-2001	Italy:	Three year Governmental Program
Spain:	Drug Strategy 2000-2008	Austria:	(Burgenland) Drug Strategy
Portugal:	Drug Strategy	Sweden:	Drugs action plan 2002-2005
UK:	Annual Plan	Norway:	Action Plan to Combat Psychoactive Substance Use Problems 2003-2005
Scotland:	Drug Strategy	UK:	Updated Drug Strategy
Norther Ireland:	Drug Strategy		
Austria:	(Salzburg, Vienna): Drug Strategies		
2000		**2003**	
Luxembourg:	Action plan 2000-2004	Germany:	(Announced drug strategy)
UK:	Annual Plan	Italy:	(Announced drug strategy)
Wales:	Drug Strategy	Greece:	(Announced drug strategy)
Austria:	(Lower Austria, Styria) Drug Strategies	Austria:	(Announced drug strategy Upper Austria, Vorarlberg)

Despite the varying status, content and objectives of these documents, such a number confirms a new commitment by the EU Countries to move towards delivery and results in the field of drugs. This tendency however should not be overestimated. We are analysing just the official presentations and declarations, without addressing their effectiveness. Problems of implementation of actions or of coordination do not disappear just because good intentions are put on paper.

The impetus can be traced back to the principles expressed in the Political Declaration issued at the 20th United Nation General Assembly Special Session (UNGASS) on drugs, in June 1998 ([5]), and in the work of the European Union institutions which have contributed significantly to promoting a strategic global approach and planning in the field of drugs. Indeed, many national strategies were conceived, produced and adopted at the very time that the European Union Drugs Strategy and the European Union Action Drugs Plan (2000-2004) were being negotiated and discussed in Brussels. The role-played by the Council of the EU's Horizontal Working Party

[5] United Nation General Assembly Special Session (UNGASS), Political Declaration A/RES/S-20/2 , 9th plenary meeting, 10 June 1988 at www.undcp.org

on Drugs in the exchange of practice and mutual knowledge in this context should be highlighted in particular.

Adopting a strategy in the field of drugs is clearly a common denominator between countries. The fact that such documents address the multifaceted drugs issue strategically, and almost in the totality on a global approach, implies prior to the adoption of a strategy, a certain rethinking at governmental level on the drug phenomenon, on the current responses and on the possible measures to improve the situation.

In nine countries, a review of the drug situation has been undertaken by experts or parliamentary groups or commissions before the adoption of the strategy itself (Belgium, Germany, Spain, France, Ireland, Portugal, Finland, Sweden, UK). In many cases, the initiative to set up specific 'interdisciplinary' commissions to study the drug situation and propose solutions, came from national parliaments, revealing how relevant and close to citizens the drugs issue is. In others, the mandate for these reviews came from the government. Evidently, any mandate to review a current drug policy or propose 'new' solutions is confined to the parameters set by the country's legal treaties, laws or national policy. But is worth noting that, while some countries open up the debate and offer experts 'carte blanche' to consider all possible solutions, other countries open up the debate but require experts to keep within the national pre-established general approach to drugs, thus avoiding 'unwanted options'.

2.3 Appointing drug coordinators

Although coordination in the field of drugs is not a novelty in national administrations, we report it here as a 'new trend' because recently there has been a growing tendency to nominate national drug coordinators or to emphasise particularly this role. In the last years drug coordinators have been appointed in Ireland (1997) in Germany and UK (1998), in Portugal (1999), in Luxembourg (2000), and in Italy and Sweden (2002). In Austria, all nine Provinces have now (2002) a drug or addiction coordinator including federal drug coordinators, while Belgium and in Greece the appointment of such a role is foreseen in the respective drug strategies but not yet in place ([6]).

Also in this area however is necessary to point out that such expression 'drug coordinator' is not well defined and therefore it is difficult, without established criteria, to say where drug coordinators exists and were not. We have used for the purpose of analysis and comparisons the broader possible definition including coordinators, head of coordination agencies and drug commissioners. In future it might be worth to attempt to find common understanding and

[6] 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 Office in Germany, National Plan on Drug in Spain, MILDT in France) were already existent respectively from 1992, 1985 and 1984. Moreover, in the early 90s (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, pag.59.

definitions. The trend in appointing drugs coordinators is expressly promoted by the European Union Drugs Plan (2000-2004), which attributes a special importance to this role :

> *'art.1.1.2 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.*'

Chapter 3

Drug strategies in focus

Introduction

In this chapter we summarise the common denominators of EU Member States' found across national drug strategies (see Table 2).

In the first section (3.1) we look at common elements in the structure of drug strategies including: *overview of the drug situation; pillars; goals; targets and objectives; timescale; responsibility and resources; evaluation; regional and global approach.* In the second section (3.2) we examine the content of the strategies including: *prevention; treatment; social reintegration; harm reduction; supply reduction; information and research and training*.

Table 2 – 'National drug strategies' in the EU Member States

Belgium	Policy Note, January 2001	Luxembourg	Action plan 2000–2004 in the field of drugs and addiction, March 2001
Denmark	Fight against drug abuse: elements and main problems, 1994	Netherlands	Drugs policy in the Netherlands: continuity and change, 1995
Germany	National plan to fight narcotics, 1990; Points for the future action plan on drugs, 2003	Austria	Drugs strategies in the nine provincial Länders
Greece	(Draft proposal) National Action Plan on Drugs 2002-2006) Ministerial Council decision, June 2001	Portugal	The national strategy for the fight against drugs 1999; Action plan – Horizonte 2004: 30 objectives in the fight against drugs, 2001
Spain	National drug strategy, 2000–2008	Finland	Action plan for more efficient drug policies, 2001-2003
France	Three-year plan against drugs and for the prevention of dependencies, 1999-2001	Sweden	Drugs action plan, 2002-2005
Ireland	National drugs strategy, 2001-2008 building on experience	United Kingdom	10 years drug strategy 'tackling drugs to build a better Britain' 1998-2008; and National Plans; Updated Drug Strategy 2002 Drug strategies in Northern Ireland, and Scotland in 1999; Wales 2000
Italy	Three-year government programme on drugs, February 2002	Norway	Action Plan to Combat Psychoactive Substance Use Problems, 2003-2005

3.1 Structure of national drug strategies

National drug strategies as said differ in terms of status, structure, content degree of detail, timeframe, etc. The objective of this section is to analyse the structure of the national drug strategies available, presenting common patterns and main divergences.

3.1.1 Overview of the drug situation

A common element found in many countries is the review of the current drug situation done before the adoption of the new strategy. Information, data and statistics serve to identify 'gaps or deficiencies in the existing strategy' and to develop new 'more efficient actions' (e.g. *Irish drug strategy*). In many countries, hearings, conferences and public fora accompany this process. In Ireland, the review of the previous drug strategy involved extensive consultation and discussion with key players in the State, voluntary and community sectors, and a series of eight public regional consultative fora. Public announcements were also published in local newspapers. In Portugal, the review process included a newsgroup site on the Internet to comment on new options. In the United Kingdom, more than 2000 professionals were visited prior to the adoption of the drug strategy in 1998.

This approach, visible also in other countries – Belgium, Germany, Spain, France – respond to the need to find a consensus among the largest number of professionals at all levels, public and private, central, regional and local during the conception of a strategy. Partnership and common consensus among all involved actors seems to be the result of this conception process as well as the direction for the new strategy.

3.1.2 Pillars

Traditional pillars of drug policy: *prevention*, *treatment*, *supply reduction, international cooperation* are represented as main elements in almost all the national drug strategies analysed. Other subjects such as, *harm reduction, education, research*, *training* and *coordination*, are often underlined in many. (see further section on content of drug strategies pag. 28). Once again it is interesting to note that even where some themes are defined by the same term the actual meaning can be rather different across countries. If we analyse principles commonly present in all drug strategies i.e. 'care for drug addicts', 'prevention of drug use', 'training for professionals', we notice that differing and sometime opposite philosophies shapes different actions and interventions. For instance 'drug free treatment programmes', 'methadone maintenance', 'heroin prescription on trial basis' being rather different among them, all fall under the general principle of 'health care for drug addicts'.

3.1.3 Goals

Most of the documents analysed identify precisely their overall goals. Making a comparative reading among them, shows that while for some countries the main goal concern a generic principle such as a 'drug free society', for others the main stated goal could be a technical aspect such as 'coordination'.

Keeping in mind this distinction, we found four main goals recur in the national documents: *prevention of drug use, coordination and partnership, drug-free society; harm reduction.*

- *Prevention of drug use:* this is definitely a mainstream goal. It is expressly indicated as the main goal in the majority of national drug strategies, and where it is not, it is intended as one of the main principles. Increasingly, it is associated with the prevention of risks caused by drugs for the individual and for society.
- *Coordination and partnership*: a number of national strategies emphasise expressly the need for a better coordinated and cooperative approach towards drugs at national level. (Table 3)

Table 3 - Examples of goals related to coordination and partnership

Germany	To provide decision-makers and professionals with a new up-to-date strategy that takes into account current development in the field of drugs, both at law enforcement and at social and health level.
France	To establish clear and coherent guide in the field of drugs, on which all national actors (public and private can agree), thus overcoming the diversity of approaches and the different professional cultures.
United Kingdom	To bring together actors from different domains and different levels in a partnership to work towards common objectives.

- *Drug-free society:* this is the ultimate goal stated or intended in some official documents. This goal conveys the message that drugs will never be allowed to become an integral part of society, and that drug abuse must remain unacceptable behaviour and a marginal phenomenon (Table 4).

Table 4 - Examples of goals related to a drug-free society

Italy	A new 'cultural approach', reject harm-reduction policies as the principal philosophy of intervention and promotes prevention of drug use based on abstinence messages and treatment aimed at the full rehabilitation of drug addicts.
Finland	The main goal of Finnish drug policy is to prevent drug use and the proliferation of drugs so as to reduce the detrimental effects on individuals, and the costs entailed by drug abuse.
Sweden	The main goal of the Swedish drug policy is a society free from drugs. This goal is to be seen as a vision reflecting society's attitude to narcotic drugs and is reaffirmed by the new drug strategy (2002-2005)
Norway	The main vision forming the basis for the Norwegian drug control policy is a society free from drugs and substance abuse.

- *Harm reduction:* An increasing number of national strategies, while targeting the principle of a society as free as possible from drugs, reveal the growing importance of interventions designed to limit and reduce the harm caused by drugs. (Table 5)

Table 5 – Examples of goals related to harm reduction

Belgium	To prevent and limit the risks for drugs users, their environment and society as a whole.
Ireland	To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research.
Luxembourg	To diversify drug treatment facilities and risk reduction measures.
Netherlands	To minimise and prevent harm to users, the people around them and the public in general.
Austria	To limite drug-related risks and harm while looking for a society as free of addiction as possible.

3.1.4 Targets and Objectives

Spain, Ireland, Portugal and the United Kingdom, more than other countries, have specified detailed actions, deliveries and expected results into their national strategies. They also introduce specific targets and in some cases performance indicators (Table 6).

Table 6 - Examples of targets in national drug strategies

Spain	In 2003, perception of the risk to health of drug consumption will have increased by a mean average of 10%. In 2003, access must be provided to this type of programme (harm reduction) for 100% of drug addicts who either do not wish to undergo treatment for freeing themselves from drugs or are waiting to start this.
Ireland	To increase the volume of opiates and all other drugs seized by 25% by end 2004 and by 50% by end 2008 (using 2000 seizures as a basis).To bring drug misuse by school-goers to below the EU average and, as a first step, reduce the level of substance misuse reported to ESPAD by school-goers by 15% by 2003 and by 25% by 2007 (based on 1999 ESPAD levels as reported in 2001).
Portugal	To reduce by 50% (by 2004) the number of drug related death.To increase by approximately 50% (by 2004) the quantity of illegal substances seized.
United Kingdom	To reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable people.

Where information on performance is available, reports underline how some targets have already been met while, for others, measurability and feasibility have been questioned. It is beyond the scope of this study to assess performance, however it appears clear that the question of setting specific targets in national strategies, has opened up a reflection on the issue of performance in drug policy in the European Union in general. During our interviews with national civil servants we felt a certain hesitation about the tendency to set up tight, challenging and sometime vague targets. Examples like ‘reducing the prevalence by N%’ without relying on a baseline, or ‘increasing successful treated addicts by N%’ not having agreed what successful treatment is, do not seem, according to some views, a best practice, even is when we asked about the targets of

the European Union Drugs Strategy (2000-2004) ([7]) the answers were rather positive. these targets contribute to setting up and maintaining the reflection on measuring performance.

Indeed, the very act of putting down on paper very detailed objectives, agreed by the EU Member States can have a positive 'snow-ball' effect promoting a cultural and more results-oriented change in drug policy. However literature in the field point out that to be credible, objectives and targets must comply with scientific management criteria: *Specific, Measurable, Agreed, Realistic, Timed* (SMART) ([8])

3.1.5 Timescale

The duration of a drug strategy is another interesting element. While some countries opt for long-term frameworks such as 10 years (Spain, Ireland, Portugal, UK) others chose short-term periods such as 3-4 years (France, Luxembourg, Finland, Sweden, Norway), and some do not identify specifically date for achievement (Belgium, Denmark, Netherlands) ([9])

During our interviews we noticed how the longer framework (8-10 years) appeared to be more suited to deal with rather complex domains such as prevention, where the time between the setting of the objectives and the evaluation of the results can be rather long. We also noticed that the short term drug strategies are more similar to action plans (concrete, detailed measures often with expected results and timeframe), while the long term strategies contain among general principles sections with concrete measures to achieve.

3.1.6 Responsibility and resources

Some national strategies specifically identify national actors responsible for implementing actions and delivering results and few identify the appropriate budget.

The Belgian 'Policy Note' identifies, for each action proposed: the Minister responsible; the calendar for execution; the estimated budget. In Ireland, each agency involved in the actions under the strategy is identified together with the specific target or action for which it is responsible. Moreover agencies have to produce 'Critical implementation paths' to ensure the effective implementation of the Strategy. Six-monthly progress reports are presented to the Cabinet Committee on Social Inclusion. In Luxembourg, the action plan on drugs (2000-2004) foresees for each of the programmes envisaged details on the responsible authority and the budgetary repercussions. In UK the Drugs Action Team (DAT's), in existence since 1995, are the key to the delivery of the Drug strategy at local level 'taking a strategic view of their area's drug problems and thus ensuring a coordinated response'. The Updated Drug Strategy 2002 focuses in particular on delivery and resources. Delivering the Drug Strategy is reported as a main issue

[7] 1) To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age; 2) To reduce substantially over five years the incidence of drug-related health damage (hiv, hepatitis b and c, tbc, etc.) and the number of drug-related deaths; 3) To increase substantially the number of successfully treated addicts; 4) To reduce substantially over five years the availability of illicit drugs; 5) To reduce substantially over five years the number of drug related crime; 6) To reduce substantially over five years money-laundering and illicit trafficking of precursors;

[8] Management for public and non-profit sectors, Open University, 2000

[9] The reader must also consider the difference among national documents. Some recent Action Plans (Portugal, Ireland) are timed where previous policy papers (Belgium, Denmark, Netherlands) do not identify a specific time for achievements.

and a cross-government initiative. The Drug Strategy targets are expressed in departments' public service agreements and supporting service delivery agreements. These are embedded in delivery plans which are drawn up in conjunction with the Prime Minister 's delivery unit and kept under regular review by ministers and officials.

The financing of the national drug strategy is one important element of its implementation. Expenditure is indeed an indicator of the importance and commitment attributed to the drugs problem by the government. Some spending reviews are currently been reported. In Belgium where a research 'drug policy in figures', aims to reveal the cost of drug policy by the end of 2003. In Austria a comparison and analysis of economic aspects of the problem of illegal drugs was conducted in 2000. In the United Kingdom, the results of a new spending review (updating the previous of 2000) have been linked to the redefinition of the national drug strategy and a major increase in direct annual expenditure to tackle drugs is foreseen. Meanwhile, in France, a study on the social cost of drugs (including public expenditure) has been carried out in 1999.

However, data on the cost of public policies in the field of drugs are unknown in the majority of EU countries. Interviews with coordinators and persons responsible for national coordination confirm this situation. There is large uncertainty about availability and reliability of figures.

3.1.7 Evaluation

National strategies across EU countries formally aim to deal more efficiently with drug problems, increase the impact of governmental actions and achieve more and better results. The issue of evaluating how efficient these strategies are is a natural consequence. This is the reason why many of those documents indicate evaluation of the overall strategy or of specific actions or both.

Some examples follow:

- The Spanish national strategy includes an instruction to create an evaluation system *'to guarantee the final efficiency of the strategy'*. Indeed every year a report analyses the degree of fulfilment of the objectives stated in the national strategy. Comparative evaluation reports will be produced on the achievements obtained by 2003 and 2008.

- In France, the Interministerial Group on Drugs in its meeting of 26 September 2000 decided to undertake the evaluation of the three-year plan on drugs along four main axes: 1) evaluation of the local agreements realised between justice and health authorities (Conventions Départementales d'Objectif, CDO); 2) evaluation and effectiveness of the training initiatives; 3) evaluation of the prevention plan by counties (department); 4) evaluation of the integration of the new policy targeted to all addictive substances (legal and illegal drugs) into the health care centres. The evaluation (undertaken by the French Monitoring Centre, OFDT) aims to measure the effectiveness of the three-year plan, and to provide useful elements to decision-makers in order to prepare the new plan.

- In Ireland, each agency was asked to prepare and publish a 'critical implementation path' for each of the actions relevant to their remit. There are also monthly meetings with the Inter-departmental Group on Drugs and the national drugs strategy team, at which any obstacles to

progress in the implementation of the strategy can be highlighted and overcome, and at which progress to date can be assessed and evaluated.

- In Portugal a revision, both global and sectorial, is foreseen in 2004, to be carried out by an external independent authority, on the basis of continued observation and analysis of the interventions developed. Moreover, the 'Action plan Horizonte 2004: 30 objectives in the fight against drugs', considers (objective n. 29) the establishment of internal and external mechanisms of evaluation for the overall actions undertaken in application of the national policy.

- In Sweden, the new drug policy coordinator will have the responsibility of monitoring the implementation of the action plan (2002-2005). At least once a year he will report to the government on the developments in the drug situation in Sweden and on whether new adjustments to the national policy are needed.

- In the UK, The National Treatment Agency and Drugs Prevention Advisory Service will monitor the effectiveness of local delivery by Drugs Action Teams through support and advice to ensure consistency of approach and high quality provision.

- In Norway the new plan (in force from January 2003) envisages the establishment of a 'Performance Measure System' which aims to assess and evaluate progress and results.

The European Union considers evaluation of drug strategies as a key point of a modern approach to drugs. It dedicates to it a specific chapter of the EU Drugs Strategy (2000 – 2004), which will be in itself evaluated. The objective is that 'actions against drugs will be evaluated' ([10]) and that regular assessment of the drugs phenomenon is provided in a constant learning process ([11]).

3.1.8 Regional aspects

The various domains covered by national drugs policy are gradually being decentralised. This is particularly true for social and health care matters, which are increasingly a competence of regional and local authorities. The central authorities provide guidance and overall framework (in our case national strategies) while implementation is the responsibility of regions and municipalities. While coordination between two or more levels is unavoidable, some regions have adopted local plan or strategies mirroring the national one. This is the case of the strategies in Scotland, Northern Ireland and Wales, which addressing local issues, relate to the UK 10 years-drug strategy.

In Spain each Autonomous Community is expected to adopt an autonomous action plan and all have a regional coordinator. In Germany each Länder has a drug coordinator and in Austria drugs or addiction coordinators are present in each of the nine provinces where action or addiction plans are also adopted (or about to be).

[10] Strategy aim 2, EU Drugs Strategy (2000–2004)
[11] Reference to chapter VIII Information and Evaluation of the EU Drugs Strategy (2000–2004)

3.1.9 Global approach

The European Union Drugs Plan (2000-2004) suggests that a '*balanced and multidisciplinary approach is taken into account and implemented in member States drug programme and policies'* ([12]) This interpret the necessity to address with equal importance actions targeted to reduce the demand of drugs as well as its supply.

In line with the Political Declaration adopted by the General Assembly Special Session (UNGASS) on drugs in 1998 ([13]) and with the European drugs strategy adopted in Helsinki in 1999 (aim 3), supply and demand reduction are seen as part of a global, integrated approach to drugs. The majority of national documents analysed (Belgium, Spain, France, Ireland, Portugal, Finland, Sweden, United Kingdom) can be defined therefore 'global' in the sense that they announce actions both on the demand as well as on the supply side.

The question of a 'balanced approach' (to be distinguished from a global approach) is out of the scope of this study, being characterized by the comparisons and assessment of actions and commitment (also financial) in the various fields of the drug strategy.

3.1.10 Findings

Taking into account the obvious differences among national strategies, it is possible to see some common denominators in their structures.

According to the elements found in this section we can therefore try to draw the average 'strategy model'.

This, would be characterized by a review process before its adoption; a negotiation with key partners and professionals; the endorsement of a public authority (government or parliament); the identification of a main goal, of several objectives and (not always) of specific targets. It would consider regional and local competencies and it world cover most aspects of the drug phenomenon. Responsibility would, perhaps be identified but not the budgetary impact of its application.

[12] European Union Action Plan on Drugs 2000-2004 article 1.2.4 Cordrogue 32, 7 July 2000
[13] see Political Declaration at www.undcp.org/resolution_1998-06-10_1.html

3.2 Analysing the content of the national drug strategies

In the following section we have addressed the most recurrent domains in the documents analysed. A comparative reading shows a great deal of similarities, but also some small divergences on the following domains: *prevention; treatment; social reintegration; harm reduction; supply reduction; research and training*.

3.2.1 Prevention

Prevention of drug use is reported to be a 'key priority' in almost all national drug strategies and one of the main pillars on which they are usually built.

Evidently, the term prevention can alter according to a country's approach and attitude to drugs. In some countries, prevention initiatives aim to inform young people 'objectively' about the dangers and effects of all drugs, both legal and illegal. This approach is designed not only to prevent drug use but also to reduce the risk and negative effects of dangerous use (Belgium, Germany, Spain, France, Ireland, Austrian Länder). The UK drugs strategy's annual report (2000/2001) address the issue pointing out that 'educating children about the risks associated with drugs, and about ways to resist peer pressure to try drugs, can delay or avoid the start of experimentation. 'Just say no' is not, however, an effective message. Most young people experimenting with drugs get supplies from each other – from friends not strangers' ([14]). In the UK, the Updated Drug Strategy 2002 foresees a new education campaign for young people based on credible information about the harm which drugs cause.

In other countries, although reducing risks to drug users is considered, drug prevention messages and information aim to deter and impede any experimentation with drugs, promoting total abstinence in a drug-free life (Finland, Sweden).

Across the Member States, drug strategies may include the following goals in the field of prevention: the creation of prevention plans at national and at regional level (Spain, France, UK); the establishment of national prevention centres (Greece); the reinforcement of training for teachers and educators (Belgium, Germany, Spain, France, Ireland, Finland, UK); the increase of the prevention budget (France, Portugal, Sweden, UK); the adoption of general national criteria on prevention programmes (Spain, UK); the adoption of a model of best practices (Germany).

In the field of prevention we have looked at four issues: Prevention in schools; Prevention of legal and illegal substance use; Evaluation and quality; Timetable.

Prevention in schools

All EU Member States appear to share the common goal of targeting prevention for young people and groups at risk. Schools and families are broadly seen as the vehicles to deliver primary prevention programmes.

[14] Annual Report 2000/2001, UK Anti-Drugs Coordination Unit, pag.11

The Spanish, Irish and Portuguese drug strategies weave drug prevention in schools into specific targets and performance indicators (Table 7).

Table 7 - Examples of performance indicators in drug prevention in school

Spain	By 2003, provide 60% of school-goers with education for health programmes. By 2008, provide training on education for health (drug use) to all teachers (60% by 2003).
Ireland	By 2003, reduce by 15% (25% by 2007) the level of substance misuse reported to ESPAD by school-goers. By September 2003, deliver social, personal and health education in all secondary schools nationwide.
Portugal	By 2002, ensure that prevention of legal and illegal substance use is included in the educational projects of the 1,300 schools comprising the National Network of Schools Promoting Health and by 2004 that it is included in 100% of all schools.

Prevention of legal and illegal substance use

A growing common trend in national drug strategies is the extension of traditional prevention programmes and activities, aimed at illegal drugs, to legal substances such as alcohol and tobacco. Almost all countries studied ([15]), confirm this trend in their strategic documents. Prevention of drugs use is increasingly associated with prevention of addictive behaviour including a wide range of substances, legal and illegal. This trend is however more visible in some countries than others: Germany, France, Belgium and Spain.

Evaluation and quality in prevention

The gap between theory and practice in the field of prevention can be rather significant. Quality in drug prevention is still a difficult concept and unfortunately, information and feedback on prevention are rather scarce and research into the effectiveness of prevention rare. This may be due to difficulties in monitoring prevention delivery and even greater difficulties measuring prevention outcomes or the budget allocated to it.

Some examples in the field of evaluation however can be mentioned. The new German drug strategy (to be adopted in 2003) envisages, as ‘unavoidable standard’, regular systematic evaluation and quality assurance in the field of prevention. The Irish national drug strategy calls for the evaluation of two prevention programmes (Walk Tall and On My Own Two Feet) by end 2002, while a Dutch report on drug policy (1999-2001) presents the evaluation of prevention programmes carried out over the period 1995-1999 which had ‘improved students knowledge of tobacco, alcohol and cannabis’. The Spanish national drug strategy calls for the 'boost of scientific evidence to spread good practice in the field of prevention'.

[15] (Sweden (1995), Norway (1997 and 2003), Spain (1998), United Kingdom (1998), Germany (1999), France (1999), Northern Ireland (1999), Austria – in three Länder (2000/1), Belgium (2001), Ireland (2001), Norway (2001-2), Greece (2001 alcohol) Scotland (2001), Wales (2001), Italy (2002))

Timescale for prevention

The last element of importance we have considered in this domain concerns the timing of prevention activities. In the course of our interviews, it became clear that the short-term action plans (3-4 years), although suitable for law enforcement or treatment objectives, were too short for setting up a prevention policy and exploiting its benefits. Longer-term plans were therefore considered more appropriate.

3.2.2 Treatment

The treatment of drug addiction is one of the main objectives of all national drug strategies. In principle, the goals among countries are similar: 'to enable people with drug problems to overcome them and live healthy and crime-free lives' (UK strategy aim); or to enable people with drug use problems to access treatment and other support in order to re-integrate into society (Ireland);

However, when comparing the various objectives, different weightings reveal the degree of flexibility in the achievement of the ultimate goal of a 'healthy and crime free live'. The concepts of reducing the risks caused by drug use as much as possible, while attaining the superior objective, is clearly visible in some of the drug strategies analysed (Belgium, Denmark, Germany, France, Austrian Lander). In others, (Sweden, Finland, Italy) emphasis is put on full rehabilitation in a drug free context. Thus, we found that the general approach to drug policy in a country is transferred to initiatives and programmes.

However and besides linguistic and conceptual differences the following common denominators appeared in the treatment field after a comparative look at national drug strategies: - Increased treatment (more and better); continuity of care in prison interventions in the criminal justice system; treatment extended to 'legal drugs' ([16]); Individualisation of actions.

Increased treatment: More and better

Treatment is a traditional pillar of drug policies, recent drug strategy goals and actions focus more on improving good management of treatment and effectiveness. The creation of a national treatment agency (UK), the production of structured national plans and programmes (Spain, Greece, France, UK) and the envisaged establishment of national networks (Portugal), are a confirmation of the intentions to run drug treatment programmes 'more and better' than in the past. Likewise, coordination between health networks and social services is increasingly envisaged by national strategies as a successful element.

Furthermore, for some countries is possible to identify performance indicators set to assess results in the field of treatment (Table 8).

[16] Mainly alcohol but also prescribed medicines.

Table 8 – Some example of targets and performance indicators on treatment in national drug strategies

Spain	By 2003, the national health service will have included therapeutic strategies for covering problems related to alcohol, tobacco, new drugs and new patterns of consumption.
France	To increase the collaboration between alcohol and drug addiction teams creating new teams: by 20 a year for five years.
Ireland	To increase by end 2001 the number of treatment places to 6,000 and by end 2002 to a minimum of 6,500 places.
Portugal	To increase, by end 2002, by 50%, the existing capacity of the detoxing services, so that the existent resources meet demands.

Continuity of treatment care in prison.

Many national strategies address the principle that care should not be interrupted while the person is entering in prison, or that inmates should access treatment if needed.

The German drugs strategy announce that the Federal Government will work together with the Länder administrations of justice to intensify harm reduction measures for health for special groups of prisoners e.g. clearing-up, vaccination campaigns and the expansion of the substitution for opiates addicted. In Spain, the state administration, together with the autonomous communities and the cities of Ceuta and Melilla, will guarantee care for those detained with drug-use problems. In 2003, therapeutic models aimed at the drug-dependent prison population will be created in 100% of the polyvalent centers ([17]). France adopts the principle that care must be provided to users in custody. In Ireland, prison services are supposed to mirror, as far as possible, the level of medical and other support services available in the community for drug dependent people ([18]). In the UK, 30 new prison-based programmes and 5,000 prisoners a year in treatment are envisaged. The Updated UK Strategy in fact aims to expand and improve the quality of prison-based treatment. New forms of drug treatment in prison are presently being studied in Italy while, in Sweden, motivation and treatment for drug addicts in prisons will be enhanced, and control systems improved to detect drugs entering jails. The Portuguese action plan envisages progressively increasing substitution treatment programmes to all prison establishments.

From these examples it is possible to notice a growing common trend regarding the principle that care for drug addicts do not have to stop after the intervention of justice system (e.g. imprisonment). However the issue of competence and coordination between authorities (e.g. Health and Social responsible for care; Justice or Interior responsible for prison administrations) has been reported as relevant for the effective continuity of care in prison.

[17] These are prison establishments (created in 1992) organised in different sections and activities allowing for special wings for drug addicts with libraries and support services.

[18] In October 2000, the government approved in principle the implementation of the recommendations contained in the Report on prison-based drug treatment services which was produced by a Steering Group, established by the Director-General of the prison service.

Treatment interventions in the criminal justice system

Treatment interventions in the criminal justice system appear to be shared by the majority of national drug strategies. Indeed, it is an aspect present in all national document examined.

In Belgium, a working group is foreseen to analyse the possibilities of concrete collaboration agreements between justice and health authorities. 'Case managers' will ensure treatment and care for drug addict offenders on an individual basis. In Spain, programmes are planned for drug addicts in courts and in police stations. In France, the three-year action plan promoted the setting-up of agreements between health and justice authorities to offer drug treatment to drug addict offenders. In the UK, by the end of 2002, all police forces will have implemented arrest referral schemes. The Updated Drug Strategy 2002 foresees a major expansion of services within the criminal justice system to get drug-misusing offenders into treatment -including expanded testing, improved referrals, and new and expanded community sentences. By March 2005 the strategy aims to double the number of Drug Treatment and Testing Orders in UK.

Treatment extended to 'legal drugs'

Following a more general trend in giving attention to all addictive behaviours and substances, the political reflection on 'drugs' in recent years has gradually been extended to those substances which, although not included in narcotics or psychotropic lists, pose a serious public health hazard: 'in primis' alcohol and tobacco.

Drug strategies are therefore increasingly targeted to 'addiction' more than to 'substances' also in the treatment domain. Special attention is given to alcohol related problems in the drugs strategies of Spain, France and Norway. The future German action plan (to be adopted in 2003) will also include this aspect. In Italy the three year governmental programme consider specific treatment not only for 'legal' and illegal drugs, but also for addictive behaviors such as addictive gambling.

Individualisation of action in treatment

Tailoring the service to the needs of the user is a principle found across strategies and may be termed as 'individualisation of treatment'. In Belgium, Denmark, Spain, Greece, France, Ireland and the UK emphasis is put on care programmes which look at the patients' needs, whether they be minors, socially excluded, people with psychological problems (double diagnosis) or individuals with specific needs.

3.2.3 Social reintegration

Drug addicts

Another main element in drug strategies is the role of the social reintegration or social inclusion of drug addicts. Specific plans or occupational programmes are envisaged in the strategies of Belgium, Spain, Ireland, Netherlands, Portugal and the UK.

In Ireland, employing drug addicts after treatment will be increased by 30% by 2004. In Italy, vocational training courses for former drug addicts will be promoted as announced in the three

years governmental programme on drugs. In Portugal, the number of apartments for drug addicts in rehabilitation treatment will be increased by 100%, while the UK will set up national occupational standards for specialist drug and alcohol workers.

Prisoners addicts

The social reintegration of former prisoners is a specific concern in Spain where, according to the national strategy, occupational training will be increased by 30% by 2003. In Germany where the new plan envisages more opportunities for social reintegration and therapy for prisoners. In France, where ex prisoner addicts, will benefit from social inclusion programmes while in Italy the governmental programme on drugs announces new possibilities to access therapeutic treatment aimed at the full rehabilitation for drug addicts prisoners. In Portugal, the programme 'Vida-Emprego' (life-job) will allow the social reintegration of drug-addicted prisoners, increasing the availability of jobs offered by 50%.

3.2.4 'Harm reduction' ([19])

Article 152 of the EU Treaty underlines the necessity of reducing 'drugs-related health damage, including information and prevention'. This requirement seems addressed in many national drug strategies. However, differences are observed in the degree of priority given and in the type of activities foreseen under harm reduction policies.

We have noticed that in some strategies, 'harm reduction' is one of the main goals; in several it is referred as a task among other tasks, while in few there is no explicit mention. (Table 9 next page for some related examples)

[19] We use the term harm reduction intending the concept introduced by art.152 of the EU treaty. It is not our intention to consolidate any other definition or meaning.

Table 9 – Different degrees in 'harm reduction' approaches in some Member States' strategies

Belgium	Low-threshold services will be enhanced and officially recognized and needle exchange and substitution treatment will be put onto a more secure legal basis
Denmark	Demand-oriented treatment and differentiated goals must be available for each individual drug addict. This means that in cases where it appears difficult to guide the addict to a drug-free life, a more realistic goal would perhaps be to reduce the harm inflicted on the drug addict
Germany	Offer help to survive is the principle that will be implemented through low threshold services to prevent especially overdoses and infections, among others drugs consumption rooms
Spain	To start up harm-reduction programmes associated with drug consumption in a general manner, particularly programmes for exchanging syringes, safe sex and consumption with less risk, anti-AIDS kits, etc
Greece	Reduction of harm caused by the use of addictive substances, is one of the task of the draft proposal Action Plan (2002-2006)
France	The message of the law must be accompanied by a prevention approach which does not only focus on preventing the use of drugs, but also, when it exists, on avoiding the passage from harmful use to dependence
Ireland	To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research
Netherlands	Harm reduction for users is among the objectives pursued by the Dutch drug policy
Austria (Länder)	In the last few years the importance of measures of accepting assistance ([20]) (Akzeptierender Ansatz) has been emphasised more strongly, with the objective of limiting drug-related risks and harm
Portugal	To create a primary national network for harm reduction, composed of street teams, contact and information points, syringe- exchange programmes and low-threshold methadone substitution programmes in 100% of the districts. To make harm-reduction programmes available to 100% of reclusive drug addicts
UK	Reducing the harm that drugs cause to society – communities, individuals and their families.
Norway	The new Norwegian Plan envisages a substantial reduction in health problems and deaths related psychoactive substance abuse: low threshold health services, needle exchange and injecting rooms among the main activities.

From the comparative reading of the national drug strategies it appears that when it comes at harm reduction policies, more than for other domains, the general vision about drugs influences scope and type of actions presented in the strategies. However when analysing more in detail, we found out that in a growing number of countries reducing the harm caused by drugs is one of the main issues and harm reduction is considered in a broader scope and increasingly implemented as principle across several domains: prevention, treatment, criminal justice system. In the other hand, in those few countries where the drug phenomenon is fought at all level serving to the goal of a society without drugs, harm reduction policies appear to be less present in the national strategies. In practice, some activities (e.g. needle exchange, methadone provisions) are included under the term 'harm reduction' and reported even if on a small scale.

[20] This approach mean that drug users/addicts are supported and assisted also when they do not show signs of loosing their habit of taking drugs

Increasing needle exchange

Reducing needle sharing and increasing the availability of clean syringes appears to be a good way of reducing direct harm associated with drugs and avoiding the spread of infectious diseases among drug addicts ([21]). In Spain, the availability of clean syringes will be increased by 50% by 2003 while, at the same time, the re-use of dirty needles is targeted for a cut of 25% by 2003. Moreover the Spanish strategy aims to promote the exchange of syringes in at least 30% of penitentiary centres by 2003. In France the three-year plan (1999-2001) call on the creation of 20 drop-in 'shops', 30 syringe-exchange programmes, 30 local mobile teams in depressed areas, 50 automatic dispensers. In the United Kingdom, the goal is to reduce, already by end 2002, the number of those in treatment who report injecting and the numbers of those injecting who report needle sharing.

Reducing infectious diseases

Reducing the impact of drug-related infectious diseases if one of the main tasks presented in the Spanish and Portuguese drug strategy documents. In Spain 100% of drug addicts in contact with the national health service (for first aid or aid for drug addiction), will systematically receive the offer of a tetanus and hepatitis B vaccination. In Portugal, the strategy foresees the creation of a national network of combined therapy centres for drug addicts and for those suffering from tuberculosis and HIV, to reverse the trend of drug addicts' contamination with HIV, hepatitis B, C and tuberculosis. Moreover, detection centres for HIV will be opened to offer free monitoring accessible to the drug-addicted population.

Reducing drug-related deaths

Reducing drug related deaths is the ultimate objective of harm reduction policies and it is obviously one of the main political concerns. However we noticed that it is scarcely presented as a performance indicator or as a specific objective to reach. We found that the annual report 1999-2000 of the previous UK anti-drugs coordinator referred to such a goal, and that an increase of 2 million £ by 2003 will be allocated for the Government Action Plan to Prevent Drug-Related Deaths. In Greece the draft proposal for the new action plan refers, among the foreseen tasks, to the reversal of the observed increased tendency of acute deaths caused by drugs, as well as in Portugal where the Action Plan 'Horizonte 2004' look at reducing by 50% drug related deaths. Norway in the struggle to reduce deaths caused by overdose, is considering the establishment of public injecting rooms in a limited number of municipalities and on a strictly controlled trial basis. The current government is not in favour, supported by the majority of hearing responses. However, the Parliament decided in June 2002 to ask the government to prepare limited trials with injecting rooms under certain conditions listed in a joint proposal from three political parties.

[21] Drugs in Focus no. 4 Drug injecting challenges public health policies, July, August, EMCDDA 2002; and Insight no.4 drug use behaviour and risks research in the time of AIDS

3.2.5 Supply reduction

Supply reduction is another common element across national strategies. Objectives and envisaged activities relate especially to: *strengthening the fight against traffickers; fighting money laundering; reduce retail sale and distribution.*

Fight against traffickers

Improving and strengthening law-enforcement forces is one of the most frequently stated objectives in national drug strategies. In some cases targets are set to achieve concrete measurable objectives (table 10).

In Spain, the activities foreseen in this area focus on the increase of training and knowledge and on new investigative techniques for law enforcement forces, boosting their operational capacities and establishing new tools to tackle the supply of drugs more efficiently. Meanwhile, the Irish strategy aims to strengthen and consolidate existing coastal watches and the monitoring of ports of entry to restrict illicit drug imports. In Austria, the government programme focuses on specific measures in the field of health and internal security to fight drug trafficking, using all legal means and employing the resources needed is one of the main objectives. In Finland, the new action plan on drugs aims to increase control measures, especially at the Finnish borders, with new investigative methods and technologies and with trained personnel. Training and increased financial resources are advocated as key measures to conduct the fight against drug crime more efficiently. 'Key prosecutors' will be appointed to work only with drug-related crime.

Table 10 - Examples of targets in the field of supply reduction

Spain	To develop actions aimed at reducing the presence of the offer of illicit substances To create an Observatory to monitor the use of new technologies by trafficking organizations
Ireland	To increase the volume of opiates and all other drugs seized by 25% by end 2004 and by 50% by end 2008 (using 2000 seizures as a basis)
Portugal	To reduce drug-related crime by 25% by reinforcing community policies of close policing, increasing the visibility of the police and rationalising these instruments. To substantially reduce the availability of illegal drugs, increasing by approximately 50% the quantity of illegal substances seized by means of concerted efforts.
UK	Reduce the availability of illegal drugs by increasing: a) the proportion of heroin and cocaine targeted on the UK which is taken out; b) the disruption /dismantling of those criminal groups responsible for supplying substantial quantities of class A drugs to the UK market; c) and the recovery of drug-related criminal assets.

Money laundering

Fighting money laundering is another of the main objectives stated in the national drugs strategies of Spain, France, Portugal and United Kingdom.

In Spain, the strategy promotes the creation and development of a workgroup, which will examine the influence of 'tax havens' on money laundering legitimate economic processes. In France, drug traffickers' finances will be tackled by fully applying the law that reverses the burden of proof for unjustified quantities of money held by suspected traffickers. In Portugal the fight against

money laundering will be reinforced by making access to bank information more flexible and through closer co-operation with international agencies and foreign. The United Kingdom plans to increase by one-third in 2002 the amount of assets identified and secured from drug traffickers.

Retail sale and distribution

Drug use in public places and retail sale with related public nuisances are specific issues of concern highlighted in many European drug strategies.

Reducing public nuisance is a concern raised in the Belgian 'Policy Note'. Spain encourages action against illegal drug consumption in public places and against alcohol consumption by minors and in open spaces. Where applicable, coordination with the local and autonomous police services in their respective territories is established. In Finland, trained plain-clothes police will operate on the streets and other public places to detect and investigate drug-related crime, especially retail sale and distribution. Cooperation will be established between local police forces and voluntary organisations to combat the drug trade effectively.

3.2.6. Information

Strengthening the national information system in the filed of drugs in another rather common patterns visible in the national drugs strategies. In the last recent years drug monitoring centres or institute in charge of processing qualitative information have been established in Belgium, Netherlands, Italy, Greece, Portugal, Norway, etc. The emphasis is put on the need of information as a support in understanding the drugs phenomenon and to better take 'informed decisions'.

3.2.7 Research and training

Training for those working in the field of drugs is another key aspect found in many national drug strategies. Spain, Germany, France, Ireland, Portugal, Finland and Sweden, all underline the need for more qualitative support for professionals operating in the area of prevention of drug use, treatment, and the fight against trafficking, etc.

In Belgium a better status for social and prevention workers, who are often employed on precarious basis, is envisaged in the 'Policy note'. In Spain, continuous training for professionals is foreseen as well as under- and post-graduate courses. In France, the three-year plan made possible to establish a Diploma in Specialised Complementary Studies of Addiction. Also, to increase knowledge in the field of drugs, a multi-year research programme is envisaged, and a more important role will be given to the 'Observatoire francais des drogues et des toxicomanies', to monitor permanently the development of new consumption and patterns of use and production. The Irish drug strategy aims to eliminate all major identified research gaps in drug research by end 2003, while in Belgium the creation of a monitoring centre aims to link epidemiological data, evidence-based information and the political decision-making process. In Finland, training will be arranged for emergency care personnel to prevent death from overdoses. Training will also focus

on improving abilities for teachers and professors to recognise drug abuse and to take social and health appropriate measures. In Norway, the government actively supports the efforts engaged to obtain a better knowledge in the field of substance abuse to take more informed political decisions.

Findings

Although we have often referred to the fact that the general attitude toward drugs shapes the content of the national drug strategies we have tried to link together the minimum common denominators found across national strategies in a sort of 'typical content of a strategy'.

This, would be as follow: Main objectives would includes prevention of drug use in schools and targeted at risk groups, but increasingly looking at reducing the risks caused by all drugs (legal and Illegal). Treatment will need to be improved and extended, taking into account the individual needs and increasing its role in the criminal justice system. Social reintegration will be reinforced especially for former prisoners drug addicts. Reducing as much as possible the risk and harm (health and social) caused by the drugs will be considered as a mainstream while promoting a drugs and crime free life. Training will be secured for professionals, and research and information will be integrated as main part of the national strategy. Finally, law enforcement will be improved being concentrated on tackling crime related to drugs, money laundering and retail sale.

Chapter 4

Coordination in the field of drugs

Introduction

This chapter analyses the various theories, characteristics and models of the formal coordination mechanisms in the field of drugs in the 15 Member States and Norway. Our purpose is to offer a broad European picture of drug coordination in these 16 countries while, at the same time, attempting from a comparative point of view, to identify common trends and denominators. The task is certainly complex due to the different shades of meaning from one country to another when addressing the same concept of coordination of drug policy.

4.1 Some remarks on the concept of coordination

Coordination is all about linking 'individuals' and 'territories' and managing conflicts towards a common goal. It is particularly necessary when a great number of different actors are involved in delivering policy (Malone and Crowston, 1993). This is true for 'drug policy', where a significant number of actors perform various interlinked activities, and coordination is an essential complement to manage the different sides within public administrations. Indeed, the greater the number of people involved in a process, the greater the need for co-ordination.

We have defined coordination in the field of drugs earlier in this study (see chapter 1, page 13) as

> '*the task of organising or integrating the diverse elements comprising the national response to drugs, with the objective of harmonising work, and, implicitly, increasing effectiveness'.*

Basic elements underlying this definition are at least: *'interdependence'*, *'working in partnership'* and *'sharing common goals'.*

4.1.1 Interdependence,

Individuals performing activities which are linked in some way may have conflicting interests, be in competition with each other or have different views regarding the goal to be achieved.

The drug phenomenon, is undoubtedly one of the most complex problems of our time. It involves a kaleidoscope of issues and disciplines (ethics, morals, culture, and health, psychology, economics, sociology, criminology). Single actions in specific domains can be useful but the overall effectiveness is conditioned to the linkage of single activities in a 'multidisciplinary approach'. This is underlined in the several treaties and documents providing the basis for

international drug control: the three UN drugs conventions ([22]); the UN Conference on drug abuse and illicit drug trafficking of 1987 ([23]); the Political Declaration of the United Nations General Assembly Special Session (UNGASS) on drugs in 1998; and finally in the EU Strategy and Action Plan on drugs (2000-2004). A main thread traced in all these texts, is the need, for each country to find mechanisms and systems to link the *'multifactorious entities that are combined in the national effort against drugs'* ([24]).

Coordination mechanisms are therefore identified with the concept of *'effective systems against drug abuse and illicit trafficking'*, and international organisations (EU, UN) openly ask their members to set up in each country a coordination mechanism, or strengthen the existing machinery by establishing a nation wide strategy ([25]).

4.1.2 Partnership

Most public organisations – such as ministries – face tensions between their right to autonomy (where the focus is on achieving the organisation's objectives), and the need for cooperation (where the organisation meets with other organisations, public and private, in order to achieve common objectives, fixed for example by a governmental strategy).

The differing interests of the various actors (whether or not) involved in delivering public policy can provoke tensions and conflicts. In the field of drugs, in addition to the normal tensions between administrations, different beliefs, ideologies or cultures can increase such tensions.

Working in partnership has been adopted as a principle in the UK with the development of the 'Drugs Action Teams'(DAT's); in Ireland with the establishment of the 'Local Drugs Task Forces' (LDTF's); and in France, with the local 'comités de pilotage'. Creating links between disciplines in particular between health and justice, is also all about partnership. In Belgium 'case managers' are foreseen by the 'policy note' of January 2001; in France, the Three Year Plan established specific agreements between justice and health services, (Conventions Départementales d'Objectifs, CDO).

Finally, pulling together the various actors involved in the field of drug policy is also about working in partnership, as reported in Finland where all civil servants in charge of drug policy meet twice a month, or in Netherlands where work at central level in the field of drugs is based on frequent and informal contacts and meetings by the civil servants concerned.

These examples show the different form of 'working in partnership'. Indeed, the term 'partnership' implies an ethos of integration and togetherness when in reality no such ethos may exist. It can be a slippery concept that means different things to different people engaged in the same

[22] UN Single Convention on Narcotic Drugs (New York, 1961, amended 1972); UN Convention on Psychotropic Substances (Vienna, 1971) ; UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Vienna, 1988)

[23] On that occasion the 139 States present at the Conference adopted a 'Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control', which affirmed in its general principles the need for anti-drugs coordination mechanisms.

[24] UN Conference on drug abuse and illicit drug trafficking, 1987

process, and these different understandings can be still a source of tension. We do not address any possible solution for these problems, which lie in the hands of Member States and their policies, however we can point out that formal agreement between authorities (e.g. justice-health, social-prisons, CDO, DAT's, LDTF's) have been adopted in a number of countries to provide a frame where different disciplines/actors can meet and work together. Moreover, the revision processes prior to the adoption of a strategy, in many countries, is reported to be one of the key elements which have contributed to reducing differences and leading to agreement on a common course of action. A sense of togetherness has been found in cases where a strategy has been adopted after all actors were called to be performant in a common framework. Of course some conflicts or different views on specific topics may remain, but they have been moved to the sidelines giving centre stage to common denominators.

4.1.3 Goals

It is likely that different organisations have different goals. These different goals, possibly the fruit of different agendas, cultures and objectives, can bring about conflicts or tensions among administrations but these are reported to be fewer where major common objectives are set by a national strategy and where a strong coordination system is organised around the strategy to monitor its implementation. Nevertheless, conflicts may still exist.

4.2 Characteristics of (formal) drug coordination systems

The choice of how and what to coordinate in Member States is not just a question of method, or a ratification of international requests. It depends on the particular circumstances operating at governmental level: the priority given to the drug problem, the organisation of the public administration, the influence of the ministerial culture, the different views about drug policy and the financial resources available.

The meaning of coordination can be rather different according to the country concerned. In some cases, coordination can be identified as centralisation or direct control, in others it can be all about collaboration, in others it can refer simply to an exchange of information. It is important however not to confuse 'coordination' merely with 'control' or 'collaboration' or 'information'. An agency controlling the activity of another (e.g. Court of Auditors) is not necessarily coordinating that agency's actions. Two agencies (e.g. health and justice) collaborating in a joint project (e.g. therapeutic alternatives to prison for drug addicts) are therefore not automatically coordinating their work. And various Ministers keeping each other informed about respective activities (e.g. inter-ministerial meeting) are not necessarily coordinating their policies.

Nevertheless, all these elements are functional to the concept good coordination that will involve all together elements of exchange of information and collaboration, control and assessment, direction and guidance.

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[25] EU Action Plan, Art. 1.2.2 "*taking account of national legislation and administrative structures,*" also "*encourages all Member States to consider to establish where it does not exist and otherwise to strengthen the national coordination*

In Member States coordination of drug policy is usually located at the highest hierarchical level in government. In all countries – under different denominations - 'inter-ministerial coordination committees' are in charge of deciding on programmes, main laws and strategies. Ministers or their representatives comprise these committees, rather similar across Europe.

Furthermore, many EU countries report to have coordination agencies in place or simply units or section in their respective Ministries in charge of ensuring coordination.

If we now look at the 'coordination instruments' in the 15 Member States and Norway, and attempt a rough comparative overview, we can identify three main characterising elements:

A. Type of drug coordination;

B. Location of the drug coordination;

C. Scope of the drug coordination.

4.2.1 Type of drug coordination

If we look at the arrangements to ensure coordination we will find two levels in which coordination is ensured: the *inter-ministerial committees* and the *ad-hoc drug coordination agencies/unit in governmental departments* ([26]).

Type of coordination

I level: Inter-ministerial committee

II level :

a) 'Ad-hoc' coordination agencies

b) Coordination Unit in government departments

Not always present with the same structure, importance or compositions these two levels seem to respond to the need of coordination at political level (inter-ministerial committees) and at technical level ('ad-hoc' coordination agency or office).

The most usual and traditional level of coordination in the field of drugs is the inter-ministerial. Due to the multifaceted aspect of the drug phenomenon, many national administrations are called on to give their contribution. Therefore, in almost all Member States a committee, a group or a commission meet to coordinate political actions in the field of drugs. Two main elements differ among countries: composition and frequency of the meetings. In some countries (Spain, France, Italy, UK), ministers themselves sit at those meetings while in other countries senior civil servants take part. In Greece, Ireland, Italy, Luxembourg, Finland these meetings are reported to be held on a weekly or monthly basis, These are annual or biannual in Germany or Spain. However in the latter the distinction is reduced by the fact that ad-hoc meetings on specific and informal basis are held among senior civil servant with a certain regularity while ministerial meeting are more formal and therefore more infrequent.

While such meetings confirms the need for putting together more disciplines to take political decisions on drugs, the tendency recorded during our interviews was to 'downgrade' them, to be

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mechanisms and or to appoint a national drugs co-ordinator"

[26] We refers to 'ad-hoc coordination agencies' as to ad-hoc established coordination bodies somehow created externally to the routine governmental administration (ministries, department, units), with specific tasks relative to drug coordination.

held by senior civil servants (instead of Ministers) in order to ensure continuity to the work of coordination.

In some countries the need for better coordination in the field of drugs leads to the creation of specific agencies, in charge of increasing or improving coordination. These agencies normally lie outside or attached to the ministerial department responsible for drug coordination and usually its head or president is the person responsible for coordination nationally and internationally, the so-called 'drug coordinator'. This approach is characterised by a certain power of initiative and control, assessment and guidance played by the agency on the various public and private actors involved in the field of drugs.

In other countries there is no ad-hoc drugs coordination agency as such, and drug coordination functions are usually performed as routine work by a departmental unit in the central administration. It appeared that this approach is more based on informal collaboration with other departmental offices, responsible for specific aspects of the national drug policy and exchange of information. Usually in these cases the power of control, assessment and guidance of the coordination unit is less relevant (compared with the ad-hoc agencies) and responsibility of coordination might be somehow shared among several departments (e.g. according to their competencies), even though one administration is officially in charge of promoting/ensuring coordination.

The main difference between the two approaches (besides elements of effectiveness), is the apparently greater emphasis and therefore commitment shown by the governments with the appointment of an ad-hoc agency and often of also a drug coordinator.

4.2.2 Location of drug coordination

The second aspect we noticed during our study relates to the 'location' of drug coordination functions, which lies either within the Prime Minister's office, or in a 'governmental Ministry'.

Location of drug coordination
a) Prime Minister
b) Governmental Ministry

The location of a coordination agency or unit in a national administration depends on precise political choices as well as technical ones. We felt during our interviews that the notion of coordination is associated with concepts of hierarchy, power and control, and this, can contribute to shape and characterise the way in which coordination is organised in each country.

Indeed, an agency located under the Prime Minister suggests a major influence compared to the same office located within one of the governmental Ministries. One might think that the appointment at Prime Minister level would be appropriate to cover globally all drug related domains. However this cannot be proved. Indeed, although some countries have had or have at the moment their drug coordinations under the Prime Minister, the great majority of drug coordination units/agencies in the EU countries are placed (as we will see hereafter) under governmental ministries.

What is interesting to note is that in some countries the responsibility to ensure coordination tends to move within the government: Prime Minister, Ministry of Interior, Ministry of Health, Ministry of Social Affairs. This might be the result of internal equilibrium in the government or the vision at a given moment regarding drugs and drug policy in the Country.

4.2.3 Scope of drug coordination

We now look at the 'scope' of coordination having identified two categories: 'global' and 'specific'.

Scope of coordination
a) Global
b) Specific

Coordination can be defined as 'global' when it covers globally all domains interested by the drug phenomenon: health, social affairs, justice, public order, international relations, etc. This means that actions and programmes are still performed by the different actors within the public administration, but that somehow they respond or report, exchanging information, to a single coordination agency or unit in a Ministry. This Agency/Unit would act to ensure control and assessment, direction and guidance, collaboration and exchange of information.

Coordination defined as 'specific', covers only one or some specific domains. In this case the coordination agency would be in charge of coordinating activities in a specific area such as health and social affairs only. In theory, other fields such as justice, finance or international relations would not be within the scope of the coordination agency.

4.3 Models of coordination in Member States

We attempt now to present graphically the various systems in Member States comparing the three characteristics seen earlier: The 'type of coordination' and more in particular the existence of agencies/units in charge of coordination; the 'location of coordination' divided between functions at Prime Minister or governmental level; and its 'scope', global or specific.

Five models are visible (Table 11):

Table 11 – Models of coordination across Member States

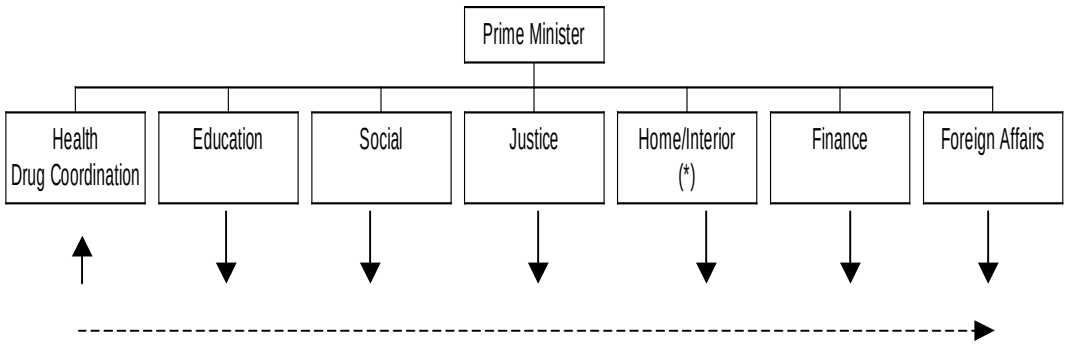
	Existence of a ad-hoc drug coordination agency or unit	**Location of drug coordination agency/unit**	**Scope of drug coordination agency/unit**	**Countries**
1	Coordination unit	Governmental Ministry	Global	Eight
2	Ad-hoc agency	Governmental Ministry	Global	Three
3	Ad-hoc agency	Prime Minister	Global	Two
4	Ad-hoc agency	Governmental Ministry	Specific	Two
5	Coordination unit	Governmental Ministry	Specific	One

In the next page we tried to present graphically these 5 combinations.

4.3.1 Coordination Unit – Governmental Ministry - Global

In this model an office or unit within a governmental ministry will perform the function of drug coordination as part of its routine work. In this model coordination is located within a Ministry of the government (usually the Health or Social Affairs Ministry, even if in few cases is the Ministry of Interior to be responsible). The scope of coordination is reported to be global giving power to controlling, assessing, guiding, cooperating and exchanging information with and from the other governmental ministries involved in the field of drugs (Fig.1)

Fig.1. Coordination unit – Governmental Ministry - Global

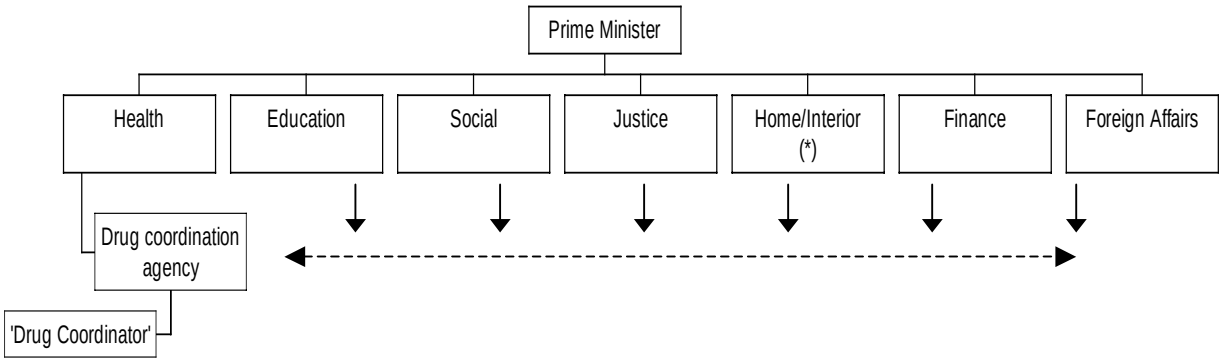


Similarities to this model are visible in the system in use in eight countries: Denmark, Ireland, Netherlands, Austria, Finland, Sweden, United Kingdom and Norway. During our research we have noticed as in this model, coordination is based more on collaboration, informal exchange of information, partnership, and is less about control, assessment and guidance. However, as in other parts of this report differences between countries could be quite relevant, and comparison could hide those differences. Furthermore, in some countries and for some matters (international relations, EU affairs), responsibility for coordination could change according to the respective competence among the most involved ministers.

4.3.2. Ad-hoc agency – Governmental Ministry - Global

A second model is characterised by the establishment of an ad-hoc coordination agency, responding (located) to a governmental ministry and provided with global competences controlling, cooperating or receiving information from the other departments (Fig.2).

Fig.2. Ad-hoc agency – Governmental Ministry - Global

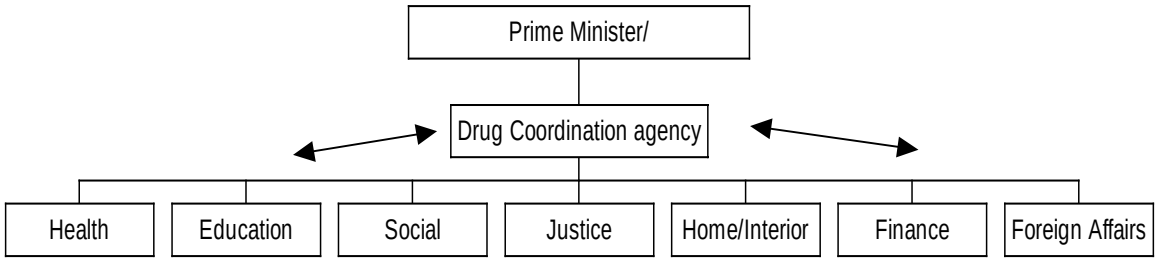


This model is the closest to the systems in use in three countries: Germany, Spain and Portugal, however in Spain the coordination agency is under the ministry of Interior (*), while in Portugal and in Germany the drug coordination agency is under the responsibility of the ministry of Health. Competences are reported to be global and in all the three, the head of the coordination agency is referred as the national drug coordinator.

4.3.3 Ad-hoc agency – Prime Minister - Global

In this third model an ad-hoc agency is located within the Prime Minister and it covers globally all drug-related domains (Fig.3).

Fig 3. Ad-hoc agency – Prime Minister - Global

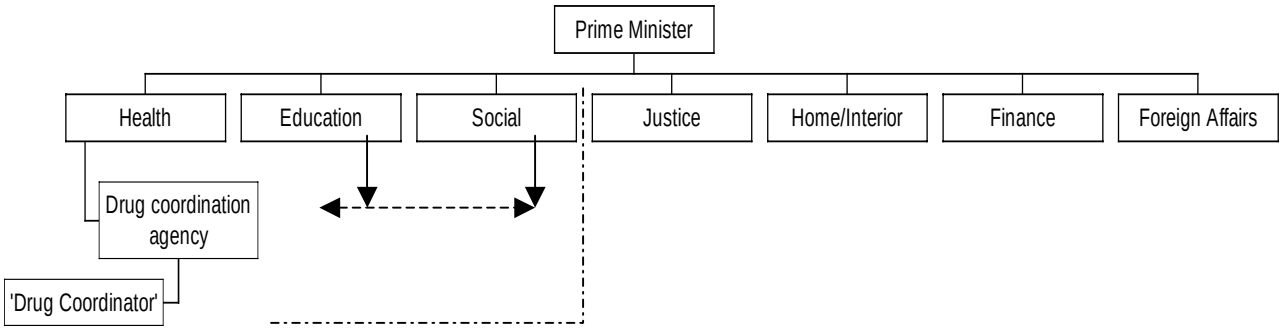


This is the case in France and in Italy. However, in France the coordination agency is under the responsibility of the Prime Minister but *'put at the disposal' (mise à disposition)* of the Ministry of Labour and Welfare. In Italy a Drug Policy National Department at the direct dependencies of the Prime Minister has been created by the government in 2001. The United Kingdom and Portugal had applied such a system respectively from 1998 and 1999 to 2001. In both cases after general political elections drug coordination responsibility has been moved from the Prime Ministers respectively to the Home Office (Interior Ministry) in UK, and to the Ministry of Health in Portugal.

4.3.4 Ad-hoc agency– Governmental Ministry - Specific

In this fourth model coordination is characterised by a ad-hoc agency attached to a governmental Ministry having 'specific' competences (Fig.4).

Fig 4. Ad-hoc agency– governmental Minister - Specific



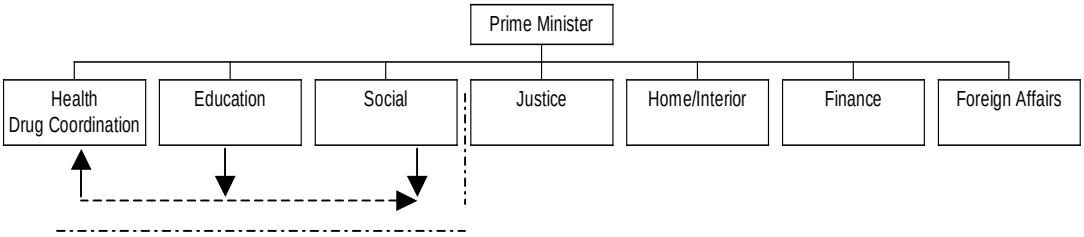
This is similar to the current situation of Belgium and Greece. In Belgium the 'health coordination unit' has been created in 2001, while in Greece OKANA is the organisation in charge of coordination in the field of drug demand reduction since 1993. In Greece the head of the coordination agency is referred as to the drug coordinator. However, in both countries this situation is about to change, according to the announcement in the respective drug strategies. In Belgium the January 2001 'Policy note' announced the creation of a 'Belgian central coordination unit' (cellule general drogue) while in Greece the functions of OKANA are proposed to be 'upgraded' to cover

globally the drug phenomenon, eventually being located under the Prime Minister. As said these situation are not yet established at the time of writing.

4.3.5 Coordination unit – Governmental Ministry - Specific

In this model coordination functions are performed by a unit located within a governmental Ministry having specific competences (Fig.5).

Fig 5.Coordination Unit – governmental Minister - Specific

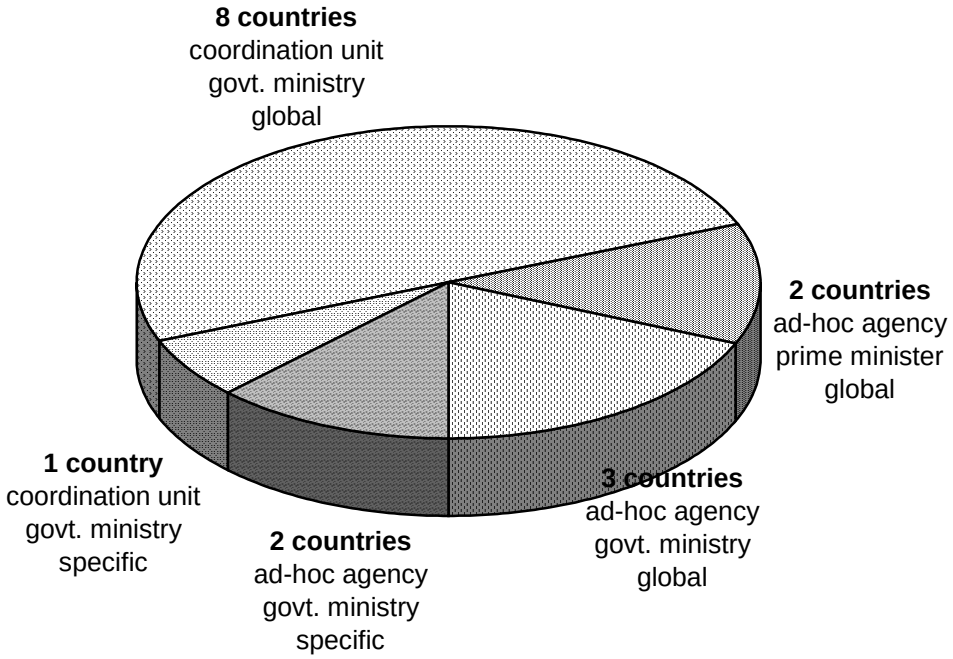


Similarities to this model have been found in Luxembourg where the coordination is located within a department of the Ministry of Health having competences in the field of drug demand reduction.

4.4 Comparative overviews of coordination systems

The following chart (Fig.6) summarise in a general overview the 5 models seen earlier.

Fig.6 Overview of main characteristics in drug coordination - agency/unit, location, scope - in the EU countries



From the chart above (Fig.6) we can see how the question of establishing an ad-hoc agency to oversee coordination is divided among countries. In nine countries (8+1) the functions of drug coordination are played by units within governmental departments while in seven (2+3+2), 'ad-hoc agencies' are in charge of ensuring drug coordination.

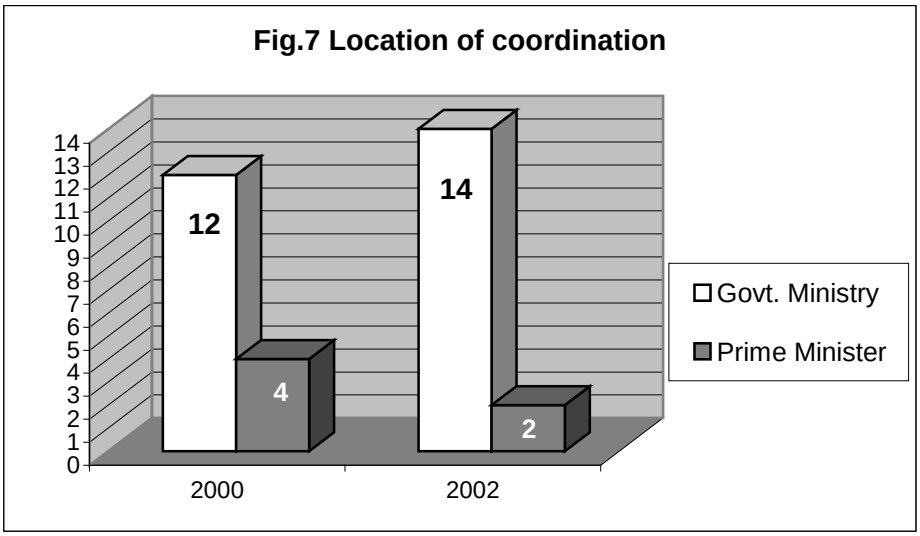
The following table shows where specific coordination 'ad-hoc agencies' have been established indicating if competences can be defined as 'global' or 'specific' (Table 12).

Table 12 – Specific structures (ad-hoc agencies) for coordination in the field of drugs

Belgium	Health Coordination Unit (*cellule drogue santé) (specific)*
Germany	Office of the Drug Commissioner *(global)*
Greece	Greek organisation against drugs (OKANA) *(specific)*
Spain	Government Delegation for the National Plan on Drugs *(global)*
France	Interdepartmental Mission for the Fight Against Drugs and Drug Addiction *(global)*
Italy	Anti-Drugs Policy Department *(global)*
Portugal	Institute for Drugs and Drug Addiction *(global)*

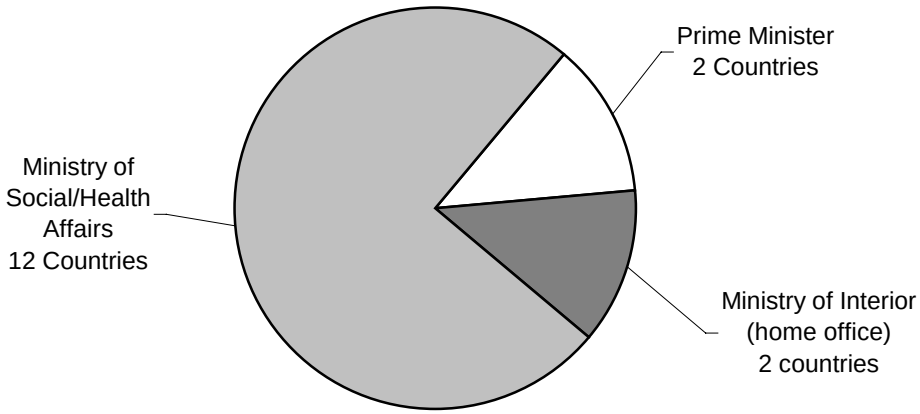
If we look at the 'location' of coordination responsibilities, we can see that these lie largely under governmental Ministries. Among the 16 countries analysed, 14 have set their coordination under a ministry of the government and only two countries have currently coordination under the Prime Minister ([27]); in 2000 these last ones where 4 (Fig.7).

Fig.7 Location of coordination



If we look at the authority in charge' of coordination we will notice a certain tendency to locate the responsibility of coordination among health and social administrations in 12 countries. On the 4 left, in two responsibility lies with the Ministry of the Interior (or Home Office) and in the other two the Prime Minister is the authority responsible for coordination (Fig.8 and Table 13).

Fig.8 Authority in charge of coordination



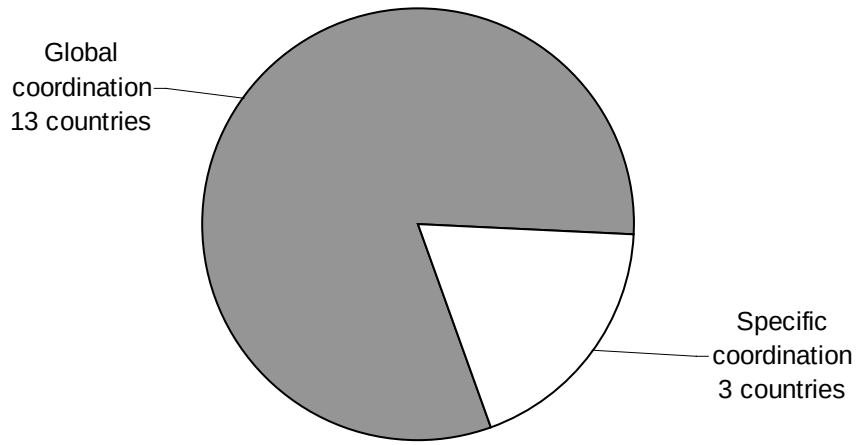
[27] However in France coordination is also 'put at disposal' of the Ministry of Welfare.

Table 13 - Administration in charge of coordination in the field of drugs

Prime Minister	Italy France	
Ministry of Social/Health	Belgium Denmark Germany (Federal Ministry) Greece Ireland Luxembourg	Netherlands Austria (Federal Ministry), Portugal Finland Sweden Norway
Ministry of Interior	Spain United Kingdom (Home Office)	

Finally if we look at the 'scope' (global or specific) of the office or ad-hoc agency in charge of coordination we will see that in the majority of countries (13), coordination can be formally defined as 'global', meaning that it involves all aspects relevant to drug policy: prevention, treatment, law enforcement, justice, research and international relations. This would point to the awareness of Member States to addressing coordination of drug policy with a system able to embrace – and coordinate – all fields and it would confirms the endorsement of the international call for a 'multidisciplinary approach'. In two of the three countries in which coordination is reported to be as specific (Greece and Belgium) the situation is announced to change, bringing coordination on global basis in all countries of the EU ([28]) (Fig. 9 and Table 14).

Fig.9 Scope of coordination



[28] coordination is reported in as 'specific' in Luxembourg.

Table 14 – Scope of coordination

Belgium - Health Coordination Unit (cellule drogue santé);	Specific (A 'General Coordination Unit' is also envisaged for global functions)	Luxembourg - Department of Health	Specific
Denmark – Unit at the ministry of Interior and Health	Global	Netherlands – Unit at Ministry of Health, Welfare and Sport	Global
Germany - Office of the drug Commissioner	Global	Austria - Federal Drug Coordination	Global
Greece - Greek organisation against drugs - OKANA	Specific (envisaged global)	Portugal - Institute for Drugs and Drug Addiction (IDT)	Global
Spain - Government Delegation for the National Plan on Drugs -	Global	Finland – Unit at Ministry of Health	Global
France - - MILDT Interdepartmental Mission for the Fight Against Drugs and Drug Addiction	Global	Sweden - Central Co-ordination Unit	Global
Ireland – Strategy Unit at dept. of Community Rural and Gaeltacht Affairs	Global	United Kingdom - Drug Strategy Directorate of the Home Office	Global
Italy - Anti-Drugs Policy Department	Global	Norway – Unit at Ministry of Health and Social Affair	Global

However we are aware of the fact that especially in the field of coordination 'formality and practice' could be two different things, the reader should keep in mind this aspect.

4.5 National Drugs Coordinators [(29)]

As previously mentioned, special emphasis has been given in recent years to the role of national drug coordinators. The European Union has certainly contributed to this tendency encouraging Member States to consider the appointment of a national drug coordinator (see page 18), and promoting a biannual meeting among national drug coordinators or those responsible for the coordination of drug policies ([30]).

In Member States, this tendency has been translated by some, with the appointment for the first time ever, of a drug coordinator or commissioner (Ireland, Italy, Luxembourg, Portugal, Austria, Sweden, UK), or by the reinforcement of its mandate (France, and foreseen in Germany and Greece).

Coordinator's meetings have been organised by the respective presidencies of the EU Council in France (2000), Belgium (2001), Sweden (2001) and Spain (2002).

[29] The term Drug Coordinator is not officialised as title in the EU countries. With such expression, used especially in international arena, are labelled those responsible of drug coordination at national level.

Table 15 aims to offer an overview of drug coordinators in the EU countries, however without solving the question of comparability.

Table 15 – Drug coordinators			
Belgium	n.a.*	Luxembourg	Drug Coordinator
Denmark	n.a.	Netherlands	n.a.
Germany	Federal drug commissioner + Lander drug/addiction coordinators	Austria	Federal Drug Coordinator + provincial drug/addiction coordinators
Greece	President of OKANA	Portugal	The President of the Management Board of the IDT
Spain	Government Delegate for the National Plan on Drugs	Finland	n.a.
France	President of MILDT	Sweden	Drug policy coordinator
Ireland	Minister of State with special responsibility for the National Drugs Strategy	United Kingdom	n.a.
Italy	Extraordinary Commissioner for the coordination of drug policy	Norway	n.a.

* The Belgian 'Policy note', 2001, suggests the appointment of a 'overall drug coordinator'

According to our research national drug coordinators have the task of coordinating governmental drug initiatives across the board and, according to the country, ensuring direction and consistency of action assessing the progress of the strategy. They are usually located in the high ranks of the public administration, reporting to the political level (government) and representing a link between the field and the decision-making powers. Usually they are heads of a specific ad-hoc coordination agency or unit within the department responsible for coordination. They act to create synergies and collaboration between the main public and private organisation involved in the implementation of the national policy on drugs, and where necessary they link the regional with the central level. Finally, they usually can act as governmental spokespersons on drugs, nationally and internationally.

Among the main differences, and taking into account that not all Member States report to have such a drug coordinator, we may note that, in some countries, the drug coordinator is a politician (Germany, Ireland), whereas in others, he/she is a senior civil servant (Greece, France, Italy, Sweden). In others the position is covered by the director or head of unit where responsibility for drug coordination is located (Netherlands, Finland, Norway).

4.5.1 Country by country

In Belgium, a drug coordinator should head the proposed 'general coordination unit'. However neither the coordinator nor the unit, had been appointed at the time of writing.

[30] Action Plan on Drugs (2000-2004) art. 1.1.3

In Denmark, there is no so-called 'drug coordinator'. Coordination of drug-related initiatives is shared between the Ministry of the Interior and Health, the Ministry of Justice and the Ministry of Social Affairs.

In Germany, a member of the German Bundestag is appointed as Federal Government Commissioner on Drugs. This function is attached to Federal Ministry of Health. In the current government, which is in place since October 2002, one person accumulates the two functions of Parliamentary State Secretary in the Ministry of Health and Government Commissioner on Drugs.

In Greece, the president of OKANA, has the responsibility of coordination in the field of demand reduction. The new action plan on drugs ([31]) assigns the global role of coordination to OKANA.

In Spain, since 1985, the Government Delegation for the National Plan on Drugs is the key agency for the coordination in the field of drugs. The Government Delegate for the National Plan on Drugs acts as National drug coordinator.

In France, the president of MILDT acts as national drug coordinator. The appointment of a new president in 1998, with a mandate to assess the current situation and propose new actions, gave new emphasis to the role of coordination. At national level, the national drug coordinator links professionals, civil servants and NGO representatives with the level of decision-making: the 'interministerial Committee on drugs'. In October 2002 a new president of MILDT was appointed.

In Ireland, a Minister of State with special responsibility for the National Drugs Strategy, was appointed in 1997. In particular, he heads the drug strategy unit of the Department of Community, Rural & Gaeltacht Affairs and chairs the Interdepartmental Group on Drugs. It is reported to by the National Drug Strategy Team, which is primarily concerned with work of the Local Drugs Task Forces.

In Italy, in November 2001, following the change of government, the 'Extraordinary Commissioner for the coordination of drug policy', was appointed as national drug coordinator. A new structure, the Drug Policy National Department has been created at the Presidency of the Council of Ministers to support his work.

In Luxembourg, a national drug coordinator was appointed for the first time ever in November 2000. He is responsible of the overall co-ordination in the field of drug demand reduction, and represents Luxembourg at international level.

In the Netherlands, there are no special coordination units or so-called ‘national drug coordinators’. The director of the department on drug matters of the Ministry of Health, Welfare and Sport is responsible for drug coordination. He represents drug policy nationally and internationally and is the chairman of the Dutch working group on drug policy.

In Austria the Federal Drug Coordination consists of three Federal Drug Coordinators (Health, Interior and Justice). The Ministry of Social Security and Generations (Health) has overall

responsibility - but still there are three official coordinators which ensure coordination if the field of drugs.

In Portugal, the function of drug coordinator passed from the Secretary of State at the Cabinet Office to the Ministry of Health following elections of a new executive in 2002. From October 2002 the President of the Management Board of the IDT former (IPDT) is the national coordinator.

In Sweden, a drug policy national coordinator was appointed in January 2002. He answers to the government, even if technically his post falls under the Ministry of Social Affairs (traditionally the Minister responsible for drug coordination). The coordinator is responsible for the implementation of the new action plan on drugs (2002-2005). A unit has been created to support the work of coordination.

In Finland, there is no specific 'national drugs coordinator' as such. Coordination is ensured by the Minister of Social Affairs and Health which is the main responsible body for drug policy coordination at central level while every Ministry has its own competence as stated in its specific action plans. The National Drug Policy Committee is the forum for all kinds of inter-ministerial issues related to drugs. It meets regularly every 15 days at senior civil servant level.

In the UK since a cabinet reshuffle in 2001, coordination has been located within the Home Office. Previously, a national drug coordinator, within the cabinet office, was responsible for coordination in the field of drugs.

Finally, in Norway there is no 'national drug coordinator'. The director of the unit at the Ministry of Health and Social Affairs ensures this role. Coordination is the responsibility of the Inter-ministerial National Narcotics Advisory Board now replaced by a more informal co-ordination group, chaired by the Ministry of Health and Social Affairs, and comprising also representatives of the Ministries of Justice, Child Welfare and Family Affairs, Education, Defence and Foreign Affairs.

From the previous paragraphs we can see not only that there is no uniformity among EU countries to appoint a senior official in charge of coordinating drug policy, but that responsibility for drug coordination when identified changes over time among ministries (Table 16).

Table 16 – Change of location of coordination of drug policy in national administration

Germany	Ministry of Interior (1992)	Ministry of Health (1998)	
Greece	Ministry of Health (1993)	Prime Minister (proposed in the new plan 2003)	
Ireland	Prime Minister (1995)	Ministry (Department) of Tourism, Sport and Recreation (1997),	Department of Community, Rural & Gaeltacht Affairs (2002)
Italy	Department of Social Affairs – Prime Minister (1990)	Drug Policy National Department - Prime Minister (2001)	

[31] Not yet in force at the time of writing.

Portugal	Prime Minister (1999)	Ministry of Health (2002)	
United Kingdom	Cabinet Office (1998)	Home Office (2001)	

4.5.2 Findings

Although with important differences each EU country has specific coordination arrangements in the field of drugs. While inter-ministerial committees 'formally' ensures political coordination, ad-hoc agencies or central units increasingly play a major role in organising and delivering coordination in the field of drugs on routine basis. In some countries, the directorate for drug-related matters of the Ministry of Health (or Social Affairs or both), is responsible for coordination; in others ad-hoc agencies are created for such objective, usually headed by a national drug coordinator.

From our interview and analysis of official documents([32]) we can see how coordination in the field of drugs depend on the commitment by the government, but it relies as well on the attitudes and beliefs of all actors involved. Good coordination is reported to be easier where the actors involved share and agree on the governmental strategy, and where partnership is promoted and implemented. Nevertheless, coordination might be hampered by conflicts and tensions typical of public (and private) organisations. We found that, besides differences some common elements come out from the research. First, coordination in the field of drugs, which can be intended as an indication of the political commitment of the government in the field of drugs, certainly grew in importance during the last 4 years. Second, looking at countries we can see that, coordination is reported to be mainly global, (formally) covering both demand and supply (13 countries over 16), it is largely under the responsibility of the Ministry of health or social affairs (12 over 16) and there is a tendency to create or appoint specific coordination units, either ad-hoc attached to the central administration (7 over 16), or within existent offices or units in ministerial departments (9 over 16). Third, senior officials responsible for drugs policy are appointed in 10 Member States as National Coordinators to ensure coordination at national level and to represent the national policy in the international scene.

Our 'typical coordination' will therefore be composed as follow: A unit within a ministry (or an ad-hoc agency) with global coordination competencies in demand and in supply reduction, headed by a senior official which play the role of national drug coordinator, responding to the Minister of Health/Social Affairs. The National coordinator will represent nationally the link between the field and the decision-making level and internationally will act as spokesperson of the government for what related to the national strategy on drugs.

In the next page (Table 17) we attempts a synopsis of all coordination aspects treated in this study for the 16 countries. However, as specified earlier, due to the differences in concept, meaning and structures on coordination and coordinators, sharp comparisons can't be completely accurate. We

[32] Analysis is limited at the national strategy documents and at the outcomes of the interviews held with responsible for coordination in Member States. Doing this work, we did not address the question of what works, where and how.

used definitions as broader as possible, and the reader should mind the problem of comparisons while addressing these figures and information.

Table 17- Synopsis of 'indicators' of coordination					
Country	Inter-ministerial committees	Ad-hoc agencies/units in Ministry	Location of drug coordination agencies /units	Scope of coordination of agencies /units	National Coordinators
Belgium	Inter-ministerial conference	Health Unit 'cellule drogue santé' (a 'General Co-ordination Unit' is foreseen in the new strategy)	Ministry of Health	Specific	n.a.*
Denmark	n.a.	Drugs unit at Ministry of the Interior and Health	Ministry of the Interior and Health	Global	n.a.
Germany	Inter-Ministerial Group on drugs	Office of the Drug Commissioner	Federal Ministry of Health	Global	Federal drug commissioner + Lander drug/addiction coordinators
Greece	Inter-ministerial Coordination Committee	OKANA (proposed in the new strategy to be upgraded to cover the task of global coordination)	Ministry of Health	Specific (Global envisaged)	President of OKANA
Spain	Inter-ministerial Group	Government Delegation for the National Plan on Drugs	Ministry of the Interior	Global	Government Delegate for the National Plan on Drugs
France	Inter-ministerial Committee on drugs	Interdepartmental Mission for the Fight Against Drugs and Drug Addiction - MILDT	Prime Minister ('mise à disposition' of Ministry of Labor and Social Affairs)	Global	President of MILDT
Ireland	Cabinet Committee on Social Inclusion	Drugs Strategy Unit in Dept of Community, Rural and Gaeltacht Affairs	Department of Community, Rural & Gaeltacht Affairs	Global	Minister of State with special responsibility for the National Drugs Strategy
Italy	National Drug Control Coordination Committee	Anti-Drugs Policy Department	Prime Minister	Global	Extraordinary Commissioner for the coordination of drug policy
Luxembourg	Inter-ministerial Commission on Drugs	Unit at Ministry of Health	Ministry of Health	Specific	Drug Coordinator
Netherlands	Working Group on Drug Policy	Mental health and addiction Policy department.	Ministry of Health, Welfare and Sport	Global	n.a.
Austria	Federal Drug Coordination	Federal Drug Coordination	Ministry of Social Security and Generations (main responsibility) together with Interior and Justice	Global	Federal Drug Coordinators + provincial drug/addiction coordinators
Portugal	Coordination Board of the National Strategy	Institute for Drugs and Drug Addiction (IDT)	Ministry of Health	Global	The President of the Management Board of the IDT
Finland	National Drug Policy Committee	Drugs related matter Unit	Ministry of Social Affairs and Health	Global	n.a.
Sweden	Working Group 'SAMNARK' (Governments Coordination Body in Drugs Related Issues)	Central Coordination Unit	The Ministry for Health and Social Affairs	Global	Drug policy coordinator
United Kingdom	Ministerial Committee on Drug Misuse	Drug Strategy Directorate of the Home Office	Ministry of Interior (Home Office)	Global	n.a.
Norway	National Narcotic Advisory Board	Drugs related matter Unit	Ministry of Health and Social Affairs	Global	n.a.

Key findings

Increased (formal) political attention to the drugs field

- **Formal commitment to drug policy.** Increasingly drug policy is announced and presented through strategies and action plans in almost all European Union countries. This hold the message that drug policy is thought, planned and presented, giving importance to results and effectiveness. The issue of drawing up a strategy, appointing a specific coordination agency or national coordinator, and particularly establishing specific targets has in itself, at least, a symbolic importance. Increasingly, governments show their intentions towards the drug problem through such initiatives. Of course future, more complex, research could also look at their effectiveness.
- **Ad-hoc coordination agencies/units.** Inter-ministerial committees are the forum for coordination issues at political level in all EU countries. However the establishment of specific agencies or central units in charge of ensuring drug coordination seems to be a common denominator among several countries. This, highlights the special need for coordination in the field of drugs and might show a higher governmental commitment in the field.
- **Appointing National Coordinators.** Confirming a trend, in the last years, in the vast majority of the EU countries a national drug coordinator has been appointed.
- **EU influence in drug strategies.** The EU Drug Strategy (2000-2004) is considered as a main global frameworks; links between national plans and European strategy are increasingly sought and the influence of the work at EU level can't be neglected in the establishment of a common (EU) culture.

Growing management culture in drug policy

- **Business culture enters public policies.** Management criteria are increasingly applied in the public sector in general, and in the field of drugs in particular. Action plans, targets and even performance indicators are starting to appear in the drugs policies in the EU**.** A culture of measuring performance seems to be opening up among countries, and the EU's common objectives and evaluation process may have a positive snowball effect on this measuring culture throughout the region.
- **Stated targets may encourage future fine-tuning.** Although some current targets are seen more as aspirational rather than realistic, they may have the advantage of raising awareness, promoting a change of attitude and culture. Of course future strategies should also consider feasibility and performance more closely, having first regarded constraints of data and monitoring capabilities.

- **Evaluation as a common element.** The principle of evaluation seems to be recurrent among the national strategies, though again patchy and with differences. In some, evaluation will accompany the development of the strategy from the beginning, in others it is done 'a posteriori'. In some it will be undertaken by external evaluators, in others it will be done internally; in some strategies envisage to be evaluated globally while others focus just on selected parts. Finally we noticed how in some documents evaluation is highly emphasised while in others is just mentioned.
- **Costs are not easy to assess.** Business culture includes aspects of efficiency. Yet it is reported that there are difficulties in assessing how much a drug strategy costs to implement – there is uncertainty about the availability and reliability of figures.

Common content – to a degree

National strategies

- **Drug strategy or action plan.** In the last 5 years almost all EU countries have adopted a national drug strategy or an action plan (see Table 1 pag.16). Such a trend shows a new commitment by the EU Countries to move towards delivery and results in the field of drugs. The comparison among them however, shows an important variety in structure, status, content and objectives of these documents ([33]).
- **Hearings before the adoption of a strategy.** The debate, negotiations and hearings about the adoption of a drug strategy, involving hundreds of professionals, is reported to be one of the key elements which have contributed to reducing differences and leading to agreement on a common course of actions among national actors. Conflicts or different views may remain, but they have been moved to the sidelines giving centre stage to common agreements.
- **Main elements and objectives of strategy/action plan.** While across countries there is a certain similarity regarding the domains on which the national strategy is supposed to focus (prevention, treatment, supply reductions, etc.), the terms and phrases used (prevention of drug use; treatment of drug addicts; training of professionals; reduction of supply; fight against traffic; etc.) may mean different things in different countries. The general attitude towards drugs (more progressive or more conservative) seems to contribute to shaping programmes and interventions in the field accordingly.
- **Harm reduction.** Harm reduction has the widest degree of emphasis. The concept is highly emphasised in some national strategies, considered in several, and in a few there is no mention of it.

[33] Some countries may have adopted an action plan, others a drug strategy, few have adopted both; In some countries the National Strategy is a comprehensive and detailed document, in other is a short statement of policy principles. In some of these documents objectives and targets are specified, in others do not; some identify a timetable for achievement, in others there is no date for completion of activities. In some responsibilities are identified while in others actors are not specified. Rarely the budget involved is identified.

- **Evaluation.** Evaluation is a widespread element across national strategies. The concept that interventions in the field of drugs must be evaluated seem to have been (with different degree of importance) adopted by all countries. However, while the strategies address more and more similar issues, methodologies, scope and objective of evaluation change from one country to another.
- **Inclusion of legal drugs**. A common elements retrieved across national strategies is the inclusion of alcohol and or tobacco in the documents especially concerning prevention activities. Few countries extend this principle also to treatment. Attention to gambling as addictive behaviour has appeared in some documents.**Global approach.** The majority of documents analysed present actions both in the field of demand reduction and in the field of supply reduction. Clearly in: Belgium, Spain, France, Ireland, Portugal, Finland, Sweden, United Kingdom. However, concerning the 'balanced approach' other kind of studies, more analytical, should reveal its real degree.
- **Information.** Also information, intended as tool to provide better data to support political decision was presented in some national documents.**Resources.** In the majority of national strategy documents, there is no identification of resources. Only few identify actors for responsibility and implementation.

Coordination

- **Type of coordination.** Inter-ministerial committees in all countries usually are in charge of coordination at political level. However, increasingly, a more technical coordination is ensured by ad-hoc created agencies or units within the governments departments. Member states are divided on the type of agency adopted. In seven countries technical coordination is the responsibility of ad-hoc created coordination agencies; in nine countries coordination functions are performed by the governments department responsible for the field of drugs.
- **Location of coordination.** Health and social affairs hold coordination. In more than two thirds of the countries analysed (12 countries out of 16), responsibility for drug coordination lies with the Ministry of Health or Social Affairs. If we look at the authority in charge we see that in 14 countries responsibility for drug coordination is under a Ministry in the government; in two, coordination is located at the level of the Prime Minister.
- **Scope of coordination.** Coordination in the field of drugs is stated as global in the majority of the countries analysed (13 out of 16) (In the two out of the three countries left, the situation is announced to change in the near future.) This means that actions in the fields of supply and demand would be coordinated by a single coordination agency, unit, section or inter-ministerial group. However, we feel that coordination may not mean the same thing in all countries. While in fact, there are coordination mechanisms in all countries, the elements characterising the concept of drug coordination, as we have tried to define it (control, assessment, direction, guidance, and promotion of collaboration and exchange of information) might vary from country to country.

- **National Coordinators.** In the last four years nine countries in the EU have appointed a national drug coordinator for the first time ever. National drugs coordinators do not exist with this title as such. This is the expression used (especially in the international arena), to label those responsible for drug coordination at national level. That is one of the reasons why their status, position, task, might greatly differs, making it hard to establish comparisons. We conclude in this study that there are at the moment 10 countries in which the head of the coordination agency can be identified as 'national drugs coordinator' ([34]), while in the others it is the director or the head of the directorate in charge of the drugs dossier and of drug coordination, which can be identified as national drug coordinator.

Methodological constraint

- **Same words different meanings.** Although drug strategies, drugs action plans, coordination and coordinators are current subjects of the work of the European Union in the field of drugs, these terms are poorly defined being difficult to rely on common understanding.
- **Dynamic environment**. The matter object of this research is in a continuous development. We have tried to take a picture in a moment in time, however the reader must take into account that responsibilities of coordination in member states or elements of national strategies, are subject to frequent changes. The EMCDDA is committed to constantly monitor those changes.

[34] Germany, Greece, Spain, France, Ireland, Italy, Luxembourg, Austria, Portugal, Sweden

Part II - Country Profiles

Belgium

Denmark

Germany

Greece

Spain

France

Ireland

Italy

Luxembourg

Netherlands

Austria

Portugal

Finland

Sweden

United Kingdom

Norway

Belgium

Documents of reference: 'Policy Note of the Federal Government on the drug problems, January 2001'

National strategy

Background

On 17 January 1996, the Belgian Federal Parliament nominated a Parliamentary Working Group on Drugs to study the Belgian drug policy on drugs and to come up with suggestions for action. The recommendations produced by the working group in 1997 promoted a reflection at governmental level, also inspired by the principles of the European Union Drugs Plan (2000-2004), which lead to the adoption in January 2001, of the 'Policy Note of the Federal Government on the drug problems'.

The main goal

This document (the Policy Note) while global and multidisciplinary, is much focused on prevention, as the drug issue is considered and foremost a social and public health problem. The main goal is to 'prevent and limit the risks for the drugs users, their environment and for the society as a whole'. Special attention is attributed to young people to protect them from early experiences with both illegal and legal drugs.

General principles

- A global approach;
- Epidemiology, Evaluation and Research;
- Prevention;
- Care, risk reduction, reintegration;
- Repression;

A global approach. The new Belgian strategy envisages of a system of coordination units on drugs at federal level. These new bodies would ensure the organisation and delivery of a global and integrated drug policy looking at the reduction of supply and demand, and at aspects of international co-operation. Participants in these units will represent communities, regions and the federal State. National coordinators will be appointed per unit. This global approach will also be ensured by collaboration agreements to be signed between relevant authorities involved in specific issues. A working group composed of justice and health authorities is already foreseen to analyse the possibilities of concrete collaboration agreements.

Epidemiology, evaluation and research. Data and reliable information are key elements of the new policy. A drugs monitoring centre will be created to ensure a direct link between

epidemiological data, evidence-based information and political decision. Evaluation also is stressed in the new system. Activities in the field of epidemiology and data collection will be developed and evaluated according to EMCDDA guidance while the Belgian monitoring centre will be in charge of assessing the impact of the various political decisions taken in the field of drugs.

Prevention. Prevention of drug use is clearly emphasised in the Strategy and relates to both legal and illegal drugs. Special attention is given to alcohol and tobacco use. The importance of prevention is also underlined via the improved status foreseen for social and prevention workers who are often employed on precarious basis. Recognising the competence of the Belgian Communities in this field, the federal government asks them to increase prevention activities. In particular, 'routine training for teachers' and 'school programmes' are among the measures proposed to become permanent. However, as yet there is no agreement among the various linguistic Communities to institute prevention on a permanent basis.

Care, risk reduction, reintegration. In the field of treatment, the accent is placed on the need to individualise the intervention concerned, taking into account the specificity of the 'client' whether he/she is minor, socially excluded, or with psychological problems (double diagnosis). Substitution treatment and needle exchange will be brought to a more secure basis ([35]).

To better provide help for drug addicts, a new instrument will be created: the case manager. Chosen from experts in the field of addiction, the case manager will be the link between drug addicts and the institutions providing assistance on an individual basis. It is hoped they will help to reduce relapse into crime and drug abuse by ensuring that care is received in a favourable social context.

Risk reduction is another important element of the Belgian global approach to drugs. Low-threshold services will be enhanced and officially recognised and needle exchange and substitution treatment will be put onto a more secure legal basis.

In the field of social reintegration the, Policy Note proposes the creation of a specific plan of action to assist and direct former drug addicts into the labour market.

Repression. On the supply side the accent is put on the need for cooperation between health and justice/interior authorities. Drug addiction must be approached from a social and health point of view while the repressive intervention must be optimised to ensure security and public order. A decree will fix in the close future the priorities against trafficking and drug related crime. The government also plans to modify the legal treatment of users: a change in the law is announced to provide a new approach for illicit possession of drugs for personal use in particular of cannabis.

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[35] Decree law 5 June 2000

Main objectives

The Belgian paper present 3 main objectives:

- Reduce the number of drug users
- Reduce the harm, (physical and psychosocial) related to drug use
- Reduce the negative consequences of the drug phenomenon on society
- To reach these objectives, the government proposes to develop activities along three axes: 1) *Prevention is better than cure* – Concentrating on discouraging the use of drugs, whether legal or illegal, especially among young people; 2) *Fair support in case of problem drug use* – Care and support will be prior to the sanction. Addiction is not an excuse for criminal conduct but drugs addicts will be first directed to care. The government wants to avoid drug users ending up in prison if their offence is only the illicit use of a controlled substance; 3) *Reduction of nuisance for the close environment and for society as a whole* – Better performance and results are required to tackle drug trafficking and organised crime.

Specific tasks

Since the adoption of the Policy Note in January 2001, the government has performed a series of tasks in two main directions: the organisation of a new institutional framework – coordination units, working groups etc. – and the modification of the national law on drugs.

To better execute the tasks foreseen by the strategy, each actor and his respective task is stated in the Policy Note.

Evaluation

The Parliamentary Working Group on Drugs in its recommendations concluded that assessing the measures being implemented is necessary to adapt drug policy to development of the society ([36]).

Financing

The Policy Note stated that the various sources of financing drug related-projects do not help transparency. The government is therefore undertaking research on public expenditures in the field of drugs.

The new coordination structures introduced by the strategy will be financed proportionally by all authorities operating at federal, regional and community level. The federal government has allocated approximately 12.400.000 € (500 millions BEF) for the implementation of the strategy

[36] The Parliamentary Working Group on Drugs underlined also the need to have more information about the global budgetary allocations for the drugs problem. One of the main outcome of the Working Group was the necessity of having a clear estimation on drugs expenditure, also in view of a progressive evaluation of the strategy.

Coordination

National level

The federal structure of Belgium is certainly an important element to be considered while addressing the question of coordination in the drugs field. Belgium is a federal State which consists of communities and regions. It has three Communities today, based on language: the Flemish Community, the French Community and the German-speaking Community. There are also three regions: the Flemish Region, the Brussels Capital Region and the Walloon Region. These, to some extent, are similar to the German Länder. Belgium is further divided into 10 provinces and 589 communes.

The decision-making power does not lie exclusivity with the Federal Government and Federal Parliament. The Federal State retains important areas of competence including: foreign affairs, defence, justice, finance, social security, important sectors of public health and domestic affairs, etc. However the Regions and Communities have their own governments and parliaments and therefore hold legislative and executive powers in those areas where they have competence ([37]).

In the field of drugs, the division of competences between the federal, community, regional, provincial and local levels is seen in the conclusions of the Parliamentary Working Group on Drugs, as unhelpful for an integrated policy: *'Political choices are often incoherent while the execution of new options requires a considerable amount of time'* ([38]).

The new global, integrated, and coordinated national drug policy is the response of the Federal government to the recommendations of the Parliamentary Group.

General Coordination Unit ([39])

The 'General Coordination Unit' is one of the most important suggestions of the new Belgian policy. Not yet operational (Nov. 2002), this new coordination unit is supposed to cover all aspects of the drug phenomenon (supply, demand, international co-operation) ensuring a global coordinated approach to the State response to drugs.

Its protocol will be signed by all actors involved in delivering the drug policy, the Federal Government, the Flemish Government, the Wallon Government, the Government of the German Community, the Government of the French Community and the Brussels Region.

Its main objective is to stimulate and ensure the follow-up of the execution of the drug strategy along the line of the stated objectives and to promote among the Belgian Communities the implementation of an harmonised policy on drugs. Headed by a 'Drug Coordinator' the new

[37] For further information see the Web site of the Federal Government: http://www.fgov.be
[38] La politique belge en matière de drogue – An 2000 Situation, Prof. B. De Reyver, J. Casselman, Coll. K. Meuwissen, F. Bullens, K. Van Impe, - January 2000 pag. 6
[39] 'Cellule Général Drogue'

General Coordination Unit might be under the responsibility of one of the Ministry of the government and will be convened once a year in September.

Thematic coordination units

Three 'working coordination units' will support the work of the 'general coordination unit' with specific tasks:

a) the 'health coordination unit',

b) the 'control coordination unit', and

c) the 'international cooperation coordination unit'.

At the head of each 'coordination unit' there will be a coordinator. These three units will execute tasks in their own area of competence and it is foreseen that they will create sub-units for specific issues: e.g. the sub-unit 'Prevention and Control' under the 'Health Coordination Unit', and the sub-unit 'Rapid Communication and New Information' under the 'Control Coordination Unit'.

The Health Coordination Unit

The 'health coordination unit' as been already created on 30 may 2001 ([40]). The eight Ministers of Health (one federal, one for each region and one for each linguistic Community) will be represented. The unit will perform the following tasks:

a. to keep an inventory up dated of the actors, public and private, involved in the domain of drug addictions;

b. to give opinions and recommendations on the harmonisation of policies and actions in the field of drugs and their effectivness;

c. to make proposals in view of improving the quality of data on the drugs phenomenon;

d. to prepare and propose cooperation agreements to attain the pre-established objectives and to set up key indicators for evaluation.

e. To produce a general report on drugs every three years.

The new 'health coordination unit' created under the direct responsibility of the Ministry of Health is funded for the first year with a budget of 173.525 € paid by all the authorities involved ([41]).

The Control Coordination Unit

Composed by a coordinator and representatives of relevant federal and regional Ministries, the Control Coordination Unit (not established at the time of writing) will mainly assess the law enforcement collaboration and activities in the field of drugs. One important aspect will be the

[40] Protocole d'accord concernant la création d'une politique de santé intégrée en matière de drogues, 30 Mai 2001
[41] Etat fédéral 51%, Communauté flamande 23.4%, Communauté française 11.8%, Région Wallonne 7.5% Commission Communautaire Commune 2.285%, Commission Communautaire française 2.85%.

evaluation of the relations between prevention, care and repression activities towards drug users. The Control Coordination Unit will have a budget of 61.973 €.

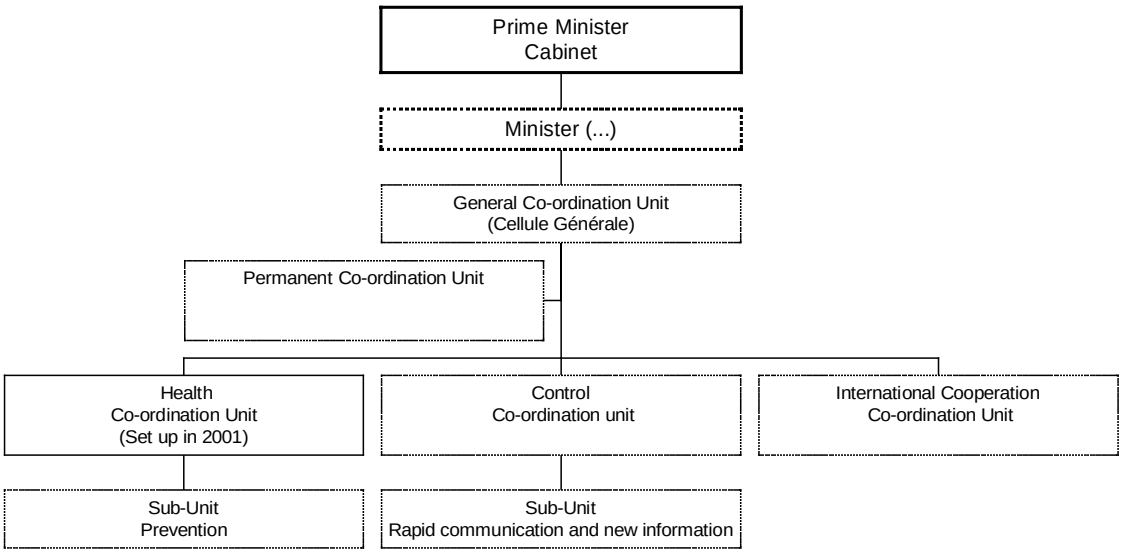
The International Coordination Unit

The International Coordination Unit (not established at the time of writing) has the objective of co-ordinating the participation of Belgium at the international fora and to evaluate the effectiveness of the Belgian international drug policy on drugs. Composed of a co-ordinator and representatives of relevant federal and regional Ministries, its budget is of 61.973 €.

The Permanent Coordination Unit.

The Permanent Coordination Unit is another body foreseen to ensure coordination between the 'general coordination unit' and the three thematic 'coordination units'. It will be composed by the respective co-ordinators. Negotiations are currently underway to allocate the responsibility of the 'Permanent Coordination Unit' in the federal administration.

Envisaged coordination structures at central level in Belgium



The inter-ministerial conference on drug policy

To ensure dialogue on the harmonisation of drug policy at national level an inter-ministerial conference on drug policy will be organised every five years. Its main objective will be to establish and monitor the implementation of a global and integrated drug policy in Belgium.

Belgian Drug Monitoring Centre

The new Policy Note gives special attention to the role of reliable and evidence-based information to support the political decision. A Belgian Drugs Monitoring Centre is therefore created to assist the work of the general 'coordination unit' and the other sub-unit with qualitative

information and data. This Monitoring Centre will integrate the Reitox National Focal Point of the EMCDDA with the aim of collecting data and assessing the impact of the different policies, in view of proposing an adaptation of the general principles to the concrete results obtained.

Conclusion

The Policy Note adopted by the Federal Government in January 2001 represents a milestone in Belgian drug policy. A new concept is put forward in the way the drug phenomenon will be tackled. The accent is more on prevention than repression. The latter will be more concentrated on drug trafficking and organised crime.

A new framework of measures both legal and socio-medical, is proposed for non problematic cannabis users. Imprisonment for drug users is refused as a correctional measure. On the contrary, a system of case managers, (‘case-manger justice’ and ‘case manager health’), will be created to provide individual assistance to people affected by the drug problem. Protecting young people from drugs is the priority.

Finally an important role is played by coordination. In a country where the power is divided among several partners the creation of a 'General Coordination Unit' is an important step to ensure a coordinated approach to drugs. The Belgian system appears in fact very fragmented and the administrative culture plays an important role among the authorities in the drugs policy field. The new coordination structure in the field of drugs reflects the need to ensure a more multidisciplinary, integrated and global approach.

The system envisaged with a ‘General Coordination Unit’ plus ‘Thematic Coordination Units’, can ensure a selected representation of all actors involved, at international, federal and Community level, and a global and integrated approach to drugs. The implementation of this system is also supposed to contribute to the Belgium representation in the European and international fora.

Belgian Drug Strategy in brief

National Strategy	Specific Action Plan	No as such, however the 'Policy note' is designed enough to detail activities and actions
	Performance indicators	The Health Coordination Unit will propose key indicators to evaluate performance
	Global approach	Yes
	Legal/illegal substances	Yes, alcohol, tobacco, illicit drugs
	Implementation	The Policy note specifies in detail for each of the actions presented which authority is responsible for action and the related budget.
	Permanent system linking objectives to performance	It is envisaged to be set up by the Health Coordination Unit
Coordination	Authority responsible for central coordination	n.a.
	Central coordination unit	Envisaged
	National coordinator	Envisaged
	Global	Envisaged
	Drugs Monitoring Centre	Creation of the Belgian Drug Monitoring Centre

Denmark

Documents of reference: Fight against drug abuse - Elements and main problems - Ministry of Justice, Ministry of Social Affairs and Ministry of Health (1994)

National strategy

Background

The document *'Fight against drug abuse* – 'Elements and main problems – 1994*'* is the main drug policy paper containing the basic principles and objectives to tackle the drug phenomenon in Denmark.

The document was conceived as a reply from the Prime Minister on frequently asked questions on drugs. The document was drawn up in 1994 as a joint action between the three ministries mainly involved on drug-related issues: the Ministry of Health (now: Ministry of the Interior and Health), Ministry of Justice and Ministry of Social Affairs. Although the paper is called 'fight against drug abuse', it contains elements of both supply and demand reduction and it is normally referred to as the government's statement on drugs (*Regeringens narkotikapolitiske redegørelse*). It is rather comprehensive including health measures and prevention activities, law enforcement and international cooperation. The division of responsibilities between central and local authorities in the field of drugs is also addressed.

The report is considered to be still valid (even if in the meantime the government has changed) because the basic principles of drug policy in Denmark have not substantially changed since 1994.

The main goal

The Danish drug policy is very much based on a social approach to the problem. While maintaining a prohibitive stance on drugs, drug abuse is to a large extent seen as a result of social problems and closely interlinked with social conditions. Therefore, any improvement in the social area will produce a positive impact on society’s problem with drug abuse.

General principles

- Drug prevention
- Prohibition of non-medical use
- Global approach
- Medical intervention and social intervention (including harm reduction)
- Law enforcement

The Danish drug strategy is based on a balanced approach, which is mainly expressed through the country's legislation, where a clear distinction is made between licit and illicit drugs.

Drug prevention is based on the principle of prohibiting non-medical use of drugs with a high-level information as well as actions to impact social conditions. Three elements are traditionally included in drug prevention in Denmark:

a) Drugs must be difficult to procure (prohibition);

b) Information quality must be high with a view to building barriers against drug use;

c) Social welfare measures must be ready to provide assistance to addicts. Finally, prevention must be targeted to its 'clients', in particular to vulnerable young people.

Prohibition of non-medical use is reported as a basic principle of the Danish drug policy, and although a drug-free society is seen as probably unrealistic, the society must reject legalisation and continue tackling drug abuse (Policy paper 1994).

Global approach. There is a consensus among law enforcement, health care and social authorities on drugs, each of them recognising the other's respective competencies and specificity. The central opinion is that the drugs problem cannot be tackled by law enforcement activities alone; prevention and social and medical treatment must complement the work of law-enforcement authorities.

Medical and social intervention, including harm reduction. The departure point is an individual approach. Demand-oriented treatment and differentiated goals must be available for each individual drug addict. This means that in cases where it appears difficult to guide the addict to a drug-free life, a more realistic goal would perhaps be to reduce the harm inflicted on the drug addict. The trend is to prioritise actions for vulnerable people, which clearly include drug addicts. This approach is commonly shared in the Parliament and in society, however there are issues on which the opinion, also among the political parties, still differs, above all on heroin prescription trials and on injecting rooms.

In connection with a parliamentary debate, the new government has rejected to introducing heroin prescription as a possibility in the treatment of hardcore drug users. And when answering a parliamentary question, the new government has turned down the idea of establishing drug injection rooms.

Drug abuse in prison was the only point concerning drugs mentioned in the new government programme.

Law enforcement. Control activities launched to face drug crimes are administered by the police and customs authorities. Their operations are targeted at individuals and national and international criminal groups. On the side of drug abuse, drug consumption has been a lower priority for the police since 1969: a decree asks the police not to focus on drug users but on more serious crimes.

Main objectives

The Danish drug strategy is not presented so that targets or specific objectives or performance indicators are explicitly written in same kind of document or plan. Nevertheless, the objectives are included in the above-mentioned general principles and however can be summarised as follows:

Maintaining prohibition of non-medical use
Acting on prevention of drug use
Offering support to improve social conditions
Offering medical care and when needed reducing the harm of drug abuse
Tailoring law-enforcement activities to needs

Financing

As far as the cost of the drug policy for the society is concerned, neither valid figures nor valid estimates are available for the moment at central level.

Coordination

In Denmark, there is no specific formal central coordination body or national coordinator in the field of drugs. During our interviews with Danish authorities, it was reported how the government departments already perform the functions of such organs.

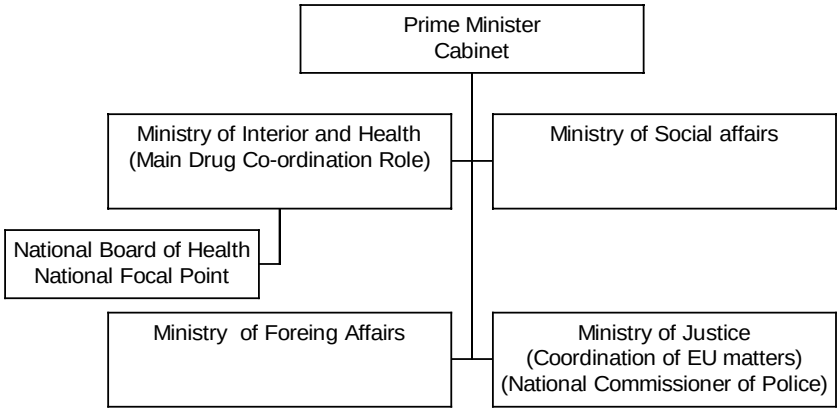
Coordination is based on frequent informal contacts between relevant administrations. As in other small countries of the European Union, coordination among ministries is less problematic where there are frequent informal contacts among ministers and civil servants based on close relations and frequent cooperation. The administrative culture of cooperation is fundamental in ensuring a good coordination. Ministers and civil servants ensure therefore the continuity of the policy and the stability of the coordination network. In fact, contrary to other countries of the EU, no major changes in drug policy occurred in Denmark when the government changed.

National level

Coordination of drug-related initiatives is shared between the Ministry of the Interior and Health, the Ministry of Justice and the Ministry of Social Affairs. The Ministry of the Interior and Health has the main responsibility for the coordination in the field of drugs at central level.

The Ministry of Health was merged with the Ministry of the Interior after a decision of the new Government in power from November 2001. This combination, Health and Interior, may appear unusual, but it corresponds to a model already in use in Denmark until September 1987. Moreover, in the Danish the system law enforcement authorities are not part of the Ministry of the Interior (as usually happen in other EU countries), but fall the responsibility of the Ministry of Justice ([42]). The Ministry of the Interior mainly deals with regional and local issues and other internal matters. The Ministry of Justice is responsible for ensuring coordination on EU affairs, due to the considerable amount of work developed on justice and home affairs issues at EU level. In addition the Ministry of Foreign Affairs is involved in world-wide drugs policy mainly related to development assistance.

Central Administrations Involved in drugs-related issues and coordination



Regional level

Efforts to combat drug addiction are the responsibility of both central and local authorities as regards prevention, treatment and control. At regional level there is a tendency to divide tasks between the 14 counties and the 275 municipalities. This also applies to drug-related issues.

The 14 counties are responsible: for the health-care system, including hospitals; treatment (drug-free and substitution treatment); and prevention. Local authorities develop social support particularly for risk groups and schools and also collect taxes for these activities. A special form of collaboration kwon as 'SSP' exists at local level. It involves Social Affairs, Schools and Police and runs targeted projects such as prevention in schools. The 'Association of County Councils in Denmark' is in charge of co-operation between the counties. It provides agreements with the

[42] The Ministry of the Interior in Denmark traditionally deals with residual matter not dealt by other Ministries. The Danish Ministry of the Interior until 1987 was dealing with matters related to e.g. health and local government, The Government of 2001 therefore re-established a situation existent until 1987.

Government on behalf of the 14 counties regarding their economy, including preventive action against drugs and treatment of drug addiction.

Conclusion

Coordination is reported to be working for a number of reasons in Denmark. First, the relatively small extension of the drugs problem, if compared with alcohol abuse, and the common vision on it shared by the majority of national actors; second, a basic culture of cooperation, coordination and communication among administrations already in place also in other domains; and third the low turnover of civil servants, dealing with same issues for long periods.

In Denmark, the extent and the visibility of the drug phenomenon do play a role in the way drug policy is discussed, implemented, and coordinated. Drug addicts are a concern but a lower priority than alcohol addicts. It is estimated that for every drug addict there are 18 alcoholists. ([43]).

Another characteristic element of the Danish drug policy is that a change of government does not usually imply a radical change in policy or in civil servants (even at higher levels). In other words, the different political parties share the same general approach and a new executive is not likely to make major changes in drug policy, ensuring continuity of action.

Danish drug strategy in brief

National Strategy	Specific Action Plan on drugs	n.a.
	Performance indicators	n.a.
	Global approach	Yes
	Legal/illegal substances	n.a.
	Implementation	n.a.
	Permanent system linking objectives to performances	n.a.
Coordination	Authority responsible of central coordination	Ministry of the Interior and Health
	Central coordination unit	No
	National coordinator	No
	Global	n.a.
	Drugs Monitoring Centre	n.a.
	Advisory body	n.a.

[43] Estimated 14.000 drugs addicts and 250.000 alcohol addicts, source Ministry of the Interior and Health

Germany

Documents of reference: "national plan to fight narcotics, 1990" and Key Points for the Action Plan on Drugs and Addiction, 2002

National strategy

Background

Currently the national strategy document in Germany is the National Plan to combat drugs (Nationaler Rauschgiftbekämpfungsplan). As reported by the present Federal Drug Commissioner 'this plan, conceived in 1990, is a rather old document which do not reflect anymore the current situation of the drugs problems as well as the present drug policy in Germany'. This is mainly due to the fact that:

- It concerns only illegal drugs while the Federal Ministry of Health in the field of addiction covers illicit as well licit drugs;
- It is mainly oriented to repressive concepts; the vocabulary in use has military connotations: "fight", "combat", "war" which do not correspond anymore to the principles of the current drug policy in Germany;
- It does not take into consideration European Union and United Nations strategies and development produced since 1990;
- It does not include international cooperation .
- To update the 1990 plan and to include these elements, the Federal Drug Commissioner of the Federal Government Mrs. Marion Caspers-Merk, announced in April 2001 that a new plan would be needed. During 2001 and 2002, negotiations with federal ministries and with the drug Commissioners in the Federal Länder have been undertaken to exchange ideas. All actors at public and private level involved in drug-related issues have been invited to participate in the conception phase of the new document in the course of 2002. This to construct a consensus on the principles, objectives and even tasks to be achieved by all. The principles of the new plan have been adopted by the government in June 2002 and discussed by the Federal Länder and the associations of addiction services. A proposal for the Action Plan is scheduled to be ready by the beginning of 2003.

The main goal

The main goal of the new plan will be to provide decision-makers and professionals with a framework that translates the current development intervened in the field of drugs both at law enforcement and at social and health level. In particular the new plan emphasise three main goals: a) to delay the start of consumption; b) to reduce high-risk use patterns early; and c) to treat dependence with all available possibilities, ranging from abstinence therapy to medication-based treatment.

General principles

In the drugs agreement of the Federal Government, which took power in Germany in 1998, 'education', 'prevention', 'help for drug addicts' and 'law enforcement' were fixed as four major pillars of drug policy.

The new plan maintaining these principles will promote a *balanced approach* between law enforcement strategies and interventions to prevent, treat and reduce to a minimum the harm caused by drugs to the individual and to society.

- Balanced approach (supply and demand)
- To address legal and illegal substances
- To prevent the beginning of consumption of addictive substances
- To stop risky consumption as early as possible through intervention
- To offer help to survive
- To succeed in getting out of addiction with any help available
- International Cooperation
- Law enforcement

Addressing legal and illegal substances. Addiction policy in Germany in former years has mainly targeted at illegal substance. In the coming years, the drug policy of the Federal Government will concern more than before also legal psychoactive substances. For instance, the sale of tobacco to children and young people under 16 years will be forbidden by a to be adopted next year. A working-group of the Federal Ministry, the Federal Länder and the alcohol industry was set-up in order to develop proposals for a 'responsible approach to alcoholic beverages'. Abuse of medications and addictive gambling will also be considered among the activity to prevent in the new Plan.

To prevent the beginning of consumption of addictive substances. One important target is to improve the social and individual conditions for children and their families to organise their lives without using psychoactive substances to solve problems. The high life-time prevalence of cannabis use should be reduced. With school-based programmes (like 'Be smart - don't start') pupils will be addressed to refrain from smoking.

To stop risky consumption as early as possible through intervention. Young people, especially young girls, should be supported not to start with tobacco smoking and drinking alcoholic beverages at an early stage. The poly-drug use of specific groups (participants of raves, young

migrants from the former USSR (German Russians) should be addressed with low-threshold prevention campaigns and actions and early interventions.

To offer help to survive. Low-threshold services and methadone programmes are implemented in all large cities. These services will be supplemented by 'drug consumption rooms' where supervised drug consumption will be allowed to prevent overdoses and infections.

To succeed in getting out of addiction with any help available for that. The already existing system of services, drug-free treatment and methadone treatment, will be supplemented by a heroin prescription model programme. Early intervention programmes for prevention of alcohol addiction will be implemented.

International Cooperation. At international level the so-called drug producing countries will be supported to reduce the production and trafficking of drugs and to develop alternative development programmes. Also, prevention programmes for addicted people will be supported.

Law enforcement. The main strategy will focus on demand reduction and to tackling drug trafficking. The small-time drug users should be offered help.

Main objectives

It appeared during our interviews that only feasible, concrete and reachable objectives and targets would be included in the new plan. 'The idea of stating very high (and important) targets but not having the real possibilities to achieve' is seen as a reason to set up more realistic objectives. In the June 2002 document (*Key Points for the Action Plan on Drugs and Addiction, 2002),* goals and sub-goals are identified in each area covered by the new Plan.

Evaluation

According to the Key Points of June 2002 the plan will be drafted taking into account timescale, implementation steps and evaluation elements. In particular great emphasis will be given to the issue of evaluation. A National Drug and Addiction Council will be established under the chairman of the Federal Drug Commissioner and with the participation of the Federal, Länder and local authorities, and social insurance organisations (responsible for treatment). It will support the implementation of the Plan examining the goals and respective implementation steps.

Financing

The budget of the Ministry of Health for 2001 mainly for research and scientific projects, for model projects and for evaluation was of 6 Million €. Other 6 Million € were allocated for prevention activities.

Coordination

Federal level

After the change of government in autumn 1998, the office of the Federal Drug Commissioner was transferred from the Federal Ministry of the Interior (BMI) to the Federal Ministry for Health (BMG). This move underlined the renewed importance of health and social aspects in the German drug policy, 'help and treatment instead of punishment' is now a basic principle. Mrs. Nickels, member of the German Bundestag (Green Party) was appointed on 18th November 1998 as 'Federal Drug Commissioner'. In January 2001 following a cabinet re-organisation, Mrs Caspers-Merk member of the German Bundestag (Social Democrats), replaced Mrs Nickels in the office of the Federal Drug Commissioner. Mrs. Caspers-Merk (in October 2002 nominated Parliamentary States Secretary) is responsible for the addiction policy of Federal Ministry of Health and is coordinating addiction and drug policy of the whole Federal Government. This includes demand reduction strategies and activities and law enforcement, public order and judicial issues on drugs which are still under the responsibilities of the Ministries of the Interior, Justice, the Land Ministries and Customs. The Drug Commissioner is organising a permanent process of exchanging information and preparing decisions.

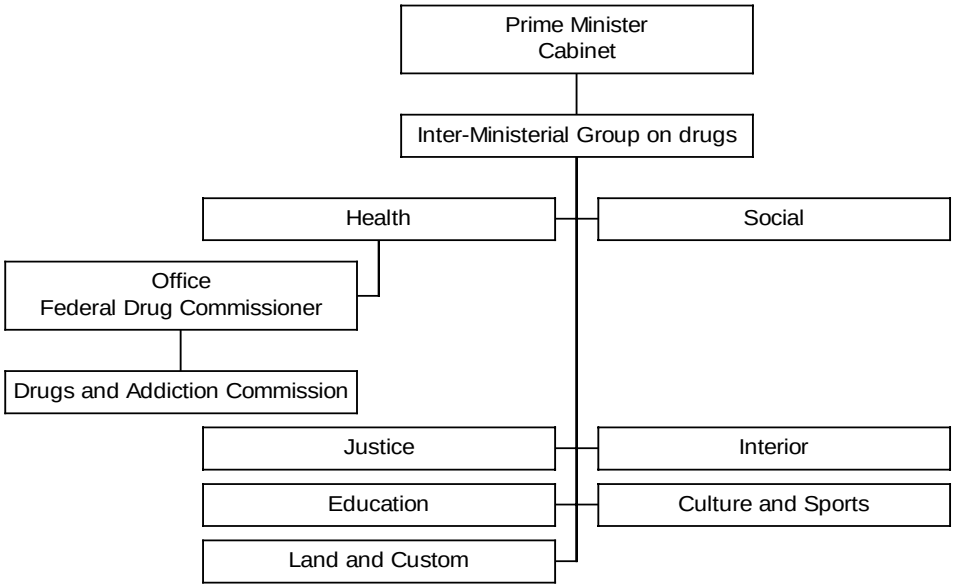
Her other tasks are to coordinate the federal action on drugs and to produce evaluation programmes, scientific models, guidelines along with the organisation of the new German Plan on Drugs. She also represents the Federal Government in drug-related European and international fora.

The Federal Drug Commissioner produces once a year 'the Report on Drugs and Addiction'. In 2002, the new Federal Drug Commissioner changing the title of the report from '*Drugs and Addiction'* to '*Addiction and Drugs'* wanted to put the priority on a strategy that will be addressed from now on to the addiction more than to the substances.

Inter-ministerial group

The Federal Drug Commissioner is the chairman of the Inter-Ministerial Group on drugs .It meets twice a year, it is composed by all concerned Ministries. Its task are to coordinate the drug and addiction policy of the government.

Federal Ministries involved in drug-related issues and coordination structures



Drugs and Addiction Commission ([44])

In December 1999, under the Federal Ministry for Health, the 'Drugs and Addiction Commission' was created. This new body has a multifaceted approach and hence consists of 14 representatives covering a wide range of drug-related issues, such as medicine, psychology, social science and law. The 'Drugs and Addiction Commission', which is an advisory body without decision-making powers, replaces the 'National Drugs Council' that existed since 1992. The function of the Commission is to give professional advice and support to the Federal Ministry for Health. It will publish a report on necessary activities and effective strategies for drug and addiction prevention in summer 2002.

Länder level

Given Germany's the federal structure, the 16 Länder have an high degree of autonomy regarding drug policy. Coordination mechanisms have a great role at Länder and at Federal level. All 16 Federal Länder have installed a Drug or Addiction Commissioner. Their task basically is to bring together and co-ordinate the measures of different branches (health, social, youth, culture, interior, justice) for example through inter-ministerial task forces or working-groups. Task forces or working groups composed of experts and representatives of the Länder authorities meet regularly or an ad hoc basis providing an institutional framework for common decision-making and planning.

[44] Drogen und Suchtkommission

Coordination between the Federal and Länder level is undertaken in regular meetings of the 'Ongoing Working Group of Federal and Länder Drug Commissioners'. Representatives of other relevant ministries and NGOs are also included, which ensures an exchange of information and experience between Federal and Länder level and NGOs.

Drugs Monitoring Centre

The EMCDDA's national focal point plays a role of interface to the European level, as far as data, concept and technical aspects are concerns. As the coming addiction plan will very likely make use of evaluation and ongoing monitoring, EU and national activities especially in relation to the key indicators will be an important input in the national addiction plan.

Advisory Bodies

The new Plan envisages the constitution of a 'National Drug and Addiction' to support the implementation of the Plan examining the goals and respective implementation steps.

Conclusion

In Germany, both political and technical coordination are ensured at regional level by frequent informal contacts among all actors involved in the drugs issue. The role of the Federal Drug co-ordination is to ensure a coherent global approach and political control on the implementation by the Ministries and by the Länder of the general objectives decided by the government. The Federal coordinator has also the legislative competence and provides the political input. This role will be reinforced by the adoption of a new global Action Plan.

Germany strategy in synthesis

National Strategy	Specific Action Plan	In preparation
	Performance indicators	Not specific
	Global approach	Yes
	Legal/illegal substances	Yes, alcohol, Tobacco, medicamentes
	Implementation	It is provided by the Federal Länder
	Permanent system linking objectives to performances	It is announced that the plan will be evaluated and a body will be set up to check the implementation of the Plan.
Coordination	Authority responsible for coordination	Ministry of Health
	Central coordination unit	Yes, however competencies of coordination are more explicit in the demand reduction area than in the law enforcement area
	National coordinator	Yes
	Global	Yes
	Drug Monitoring Centre	--
	Advisory Body	The Drugs Addiction Commission

Greece [45]

Documents of reference: Report of the all Party Parliamentary Committee on the situation of the drugs problem, 2000; Ministerial Council decision's June 2001;

National strategy

Background

On 21 October 1997, following a proposal of the Greek Ministry of Health, Mr. Guitonas, a Parliamentary Committee on drugs was established to study the drug phenomenon at national level. Composed of 26 members, representing all Greek political parties, the Committee had three main objectives:

- To analyse and evaluate the prevalence of the drugs phenomenon in Greek society, the new trends and problems;
- To propose new measures to the government;
- To enhance the harmonisation of the Greek policy to the European Union Policy on Drugs

The Parliamentary Committee concluded its work on the 10th March 2000 with the production of a report in which the guidelines of the new drug policy where included in form of recommendations to the government.

In June 2001, the Ministerial Council, following the Committee recommendations, adopted a series of decisions directed towards a global, unified, co-ordinated policy on drugs. The core idea is for a less ambiguous distinction between drug addicts (patients) and drug traffickers (criminals).

The document adopted by the Ministerial Council can be considered as the first Greek National Strategy on drugs. According to this document, the Government commits itself to introduce to Parliament a five-year National Action Plan with specific targets to be met, activities to be developed and measures to be taken. The Prime Minister, who is co-ordinating the whole procedure, has assigned the elaboration of the National Action Plan to an Inter-ministerial Committee consisting of representatives from 10 relevant ministries (Interior, Defence, Finance,

[45] It must be considered that information presented in this paragraph regards a draft proposal for a plan of Action 2002 – 2006 as announced by a ministerial decision in 2001, but that has not yet been published and therefore finalised. Some indications could be different with the actual plan of action when will be made public.

Education and Religion, Labour and Social Affairs, Health, Justice, Culture, Public Order and Merchant Marine). The Action Plan has not yet been published at the time of writing

The main goal

The Ministerial Council's decisions, refer to all fields of activity including supply and demand. However the main target is the coordination of the activities between different national agencies. Among others, primary prevention is considered as the main domain for the development of effective activities to deal with the drug problem in the new Greek policy.

General principles

- Prevention
- Coordination
- Treatment
- Rehabilitation
- Supply reduction

Prevention. Emphasised as the main goal of the new strategy prevention of drug abuse is intended to play a key role in the new approach. Further collaboration between the responsible ministries (Ministries of Health, Education, Interior, Defence, Culture) will be established to develop initiatives in the field of primary prevention. In particular establishing complementary action regarding the school population and systematising such initiatives within the school curricula. To this end an institutional (legal) framework for securing further fruitful co-operation could be set-up between OKANA and the Ministry of Education.

Coordination. Active participation and co-ordinated action of all relevant Ministries is emphasised namely by the 'up-grading' of the coordination agency OKANA, responsible at global level and directly attached to the Prime Minister.

Treatment. The goal in this field is the extension of therapeutic programmes and units and creation of new services, such as the Reception, Information, Assessment and Referral Services. Provisions for the expansion of substitution treatment in the National Health System are also included.

Rehabilitation. Close co-operation between the Ministry of Health and the Ministry of Labour and Social Affairs is envisaged to expand social security to drug addicts after treatment.

Supply reduction. Considering the existing repressive measures more or less as exhaustive, the Ministerial Council has decided to further enhance current initiatives based on an upgraded co-ordination that is currently exercised by the Central Anti-drug Co-ordination Unit. A joint action plan on tackling drugs is suggested to be signed among Greek law enforcement authorities.

Main Objectives

According to the draft proposal for an action plan, three main objectives are envisaged: a) Implementation of national coordination against addictive substances and addiction; b) Interaction between measures planned and implemented by the State and initiatives and actions taken by the civil society; c) Individualisation of treatment for every type of user or addict.

Specific Tasks

Among the foreseen tasks in the draft proposal of the national action plan 2002-2006 we can mention:

- Development of infrastructures and prevention programme so to cover the Greek population in total, increasing the level of alert and information on the cause of drugs that reach the public.
- Development of treatment facilities so to secure that the demand meet the offer.
- Reduction of harm caused by the use of addictive substances
- Reduction of the use of drugs especially among users under 18 years old
- Reversal of the observed increased tendency of acute deaths caused by drugs
- Decrease in number of drug related crime
- Decrease the availability of illicit drugs

Evaluation

The draft proposal for the new plan foreseen evaluation as main tool for measuring effectiveness. It will be based on the: a) selection of comparative measurable indicators of the implementation of policies' and programmes' effectiveness based on internal and European indicators; b) combination of internal and external evaluation projects; c) feedback to all interested partied in regard to the evaluation results.

Moreover the draft proposal auspicate the elaboration and acceptance of common evaluation plans and programme, the upgrading of evaluation process and the assignment of evaluation tasks to external evaluators.

Financing

The new measures suggested by the Ministerial Council's decision are accompanied by a new financial effort. Confirming the priority in coordination the budget allocated to a Coordination agency *(OKANA)* is supposed to pass will be increased passing from some 15 Million € to 44 Million €. A significant increase in funds has also been announced for other agencies operating in the field of demand reduction: for treatment activities (*KETHEA*), for the Mental Health Centre (IASON), and for the State Psychiatric Hospitals.

A Pay Office for the Treatment of Addictive Substances Problems is due to be established in 2002. The appropriated funds will be covered both by the State budget and by the confiscation of drug dealers' properties, aiming to cover the overall financial needs of the National Action Plan. The allocation of funds will be assigned to the Inter-ministerial Committee, which will be gradually replaced by the coordination agency *(OKANA).*

Different funding arrangements have also been provided to the local governments that have contracted to finance prevention centres by 50%. According to the decisions of the Ministerial Council, up to 60% of their financial contribution will be covered by the State budget and 40% by

local resources. In 2000, a total sum of € 5,459,428 was been allocated by the Ministry of the Interior to 49 local governments for the financial support of Prevention Centres.

Coordination

National level

Global Coordination

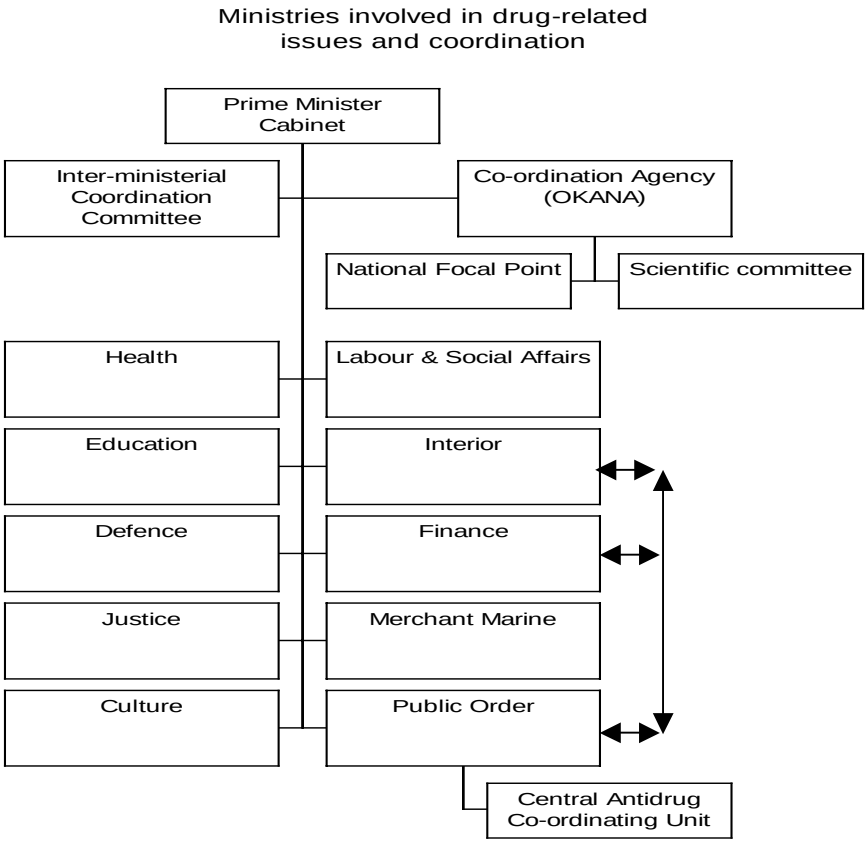
Coordination, monitoring and evaluation of overall policy implementation is assigned by the new Plan to a central coordination agency. OKANA which has since 1993 assumed a coordinating role in the drug demand reduction field will cover the task of global coordination across public and private administrations working in the field of drugs. To underline the key role of co-ordination, OKANA is supposed to be accountable directly to the Prime Minister.

Some legislative measures have already been taken in this direction, such as the law 2955/2001 issued in November 2001 which, among other, provides for the establishment of an 'Inter-ministerial Coordination Committee' (see below).

To assist OKANA in its role of policy making and monitoring policy implementation, an Institute specialised in substance addiction is supposed to be set up by the end of 2002, under the auspices of the Ministry of Health. The Institute is expected to be fully operational in the next three years and to provide prevalence rates of drug use, guidelines for treatment and education and evaluation of activities. Its reports shall be submitted to the central co-ordination agency, which shall be responsible for further action.

Coordination in the field of law enforcement

In the field of law enforcement, the Police, the Coast Guard, the Customs and the Financial and Economic Crimes Office, which are accountable to three different Ministries (Ministry of Public Order, Ministry of Merchant Marine and Ministry of Finance), will draw up a joint action plan to face drugs and its related crimes in a more co-ordinated way. The main idea consists of signing one or more memorandaa of understanding among the relevant bodies that will replace the current, unsophisticated co-ordination plan and will establish fruitful co-operation. Thus, the role of the Central Anti-drug Co-ordination Unit would be upgraded by co-ordinating overall prosecution according to a specific plan instead of simply mediating to facilitate information exchange among law-enforcement bodies.



Inter-ministerial Coordination Committee

The Inter-ministerial Coordination Committee is the new body created by law in 2001 to monitor the delivery of the national action plan. Presided by one of the directors of OKANA, it will be composed by the heads of sections of the relevant ministries involved in the implementation of the action plan, which will meet on a regular basis each month. Build under the auspices of OKANA it will assist the latter to monitor and facilitate the implementation of the Plan. (at the time of writing it is not yet established)

Conclusion

The announced plan 2002 – 2006 seems to add at the Greek drug policy important elements of evaluation and coordination. In it, prevention is supposed to play a major role been integrated in the school curricula and treatment is envisaged (following an European trend) for all that need of it. Harm reduction for drug addicts is also announced as a task for the new approach.

An important aspect is the envisaged new role of OKANA as central drug coordination unit which is supposed to cover globally the field of drugs. The Central Anti Drug Coordination Unit will however be responsible for coordination and operational activities in the field of law enforcement related to drugs. The new coordination committee, which composed by all governmental actors

involved in the delivery of the action plan, can ensure monitoring and follow-up of the plans' implementation in regular monthly meetings

Greek strategy in brief (based on the draft proposal for an action plan)

National Strategy	Specific Action Plan	Announced 2002 -2006
	Performance indicators	n.a.
	Global approach	In the announced Plan
	Legal/illegal substances	Yes, just for alcohol for prevention measures
	Implementation	Monitoring and facilitation performed by the Inter-ministerial Coordination Committee
	Permanent system linking objectives to performances	n.a.
Coordination	Authority responsible of co-ordination	n.a.
	Central co-ordination unit	Announced OKANA
	Central Anti Drug Coordination Unit	Responsible for drugs-related law enforcement coordination and operational activities
	National co-ordinator	n.a.
	Global	n.a.
	Drugs Monitoring centre	n.a.
	Advisory Body (ies)	n.a.

Spain

Documents of reference: 'Spanish Drug Strategy (2000–2008)' and the Brochure 'National Plan on Drugs (PNSD)'

National strategy

Background

Adopted by a Royal Decree on 17 December 1999 the Spanish Drug Strategy (2000–2008) is a global, comprehensive document tracing line of actions for all national actors involved in drug policy.

Consensus and partnership are the basic principles on which the Spanish strategy was founded. The draft document prepared by the Inter-autonomous Commission ([46]) in June 1999 was opened at the revision and suggestions of public and private institutions and organisations. After debates, meetings and new drafts, the final document was then approved by all the institutional actors involved: the Mixed Parliamentary Committee and finally by the Council of Ministers ([47]).

The adoption of such a consensus document has certainly contributed to inspiring all actors, civil servant, professionals, doctors, social workers, magistrates, policemen, to further work along the line traced by the national strategy. As reported to us during the interview at the National Plan on Drugs, it is still early to evaluate the effectiveness of the measures in place, but the feeling of working together towards a common objective is already in a benefit in itself.

The main goal

The Spanish Drugs Strategy aims to be the framework reference for the establishment of the essential cooperation and coordination between the different public administrations and NGOs working in the field of drugs ([48]). The fundamental aim (as stated by the Minister of Interior at the official presentation of the Strategy) is to prevent the use of drugs: 'Prevention must be based on education and training in attitudes and values, aimed particularly at children and young people, (…). Prevention must also be framed in a wide perspective within the so-called 'Education for Health'.

[46] (see further section on coordination)
[47] The Strategy was approved by the 'Plan Sectorial Conference' on the 26th October, by the 'Higher Council for the Fight against Drug Trafficking and Money Laundering', on 15th November, and by the 'Inter-ministerial Group', on 16th November.
[48] Article 2 – Aim National Drugs Strategy 2000 - 2008

General principles

The Strategy is build upon three classic pillars, demand reduction, supply reduction and international cooperation. Within these, some domains receive a special attention.

- Prevention
- Addressing legal and illegal drugs
- Harm Reduction
- Treatment and rehabilitation
- International drugs trafficking, internal distribution, retail sale
- International cooperation

Prevention has the primary role in the 10 year strategy. Some 38 targets are devoted to prevention measures to be taken by 2003. The main goal is to make prevention part of young people working and leisure time, in all Spanish Autonomous Communities, in schools, in the family, via the media, but also in the workplace and in the penitentiary institutions.

Legal and illegal drugs. Besides the 'traditional' focus on illicit drugs, special attention is given to alcohol and tobacco and their consumption in recreational settings. Targets concern both the reduction of the percentage of young people starting to drink or smoke as well as the reduction of the total number of young consumers.

The emphasis placed on prevention however, does not detract from the importance that the Strategy attributes to other domains. *Harm reduction* for instance is one of the measures planned by the Strategy. Programmes aimed at reducing the harms caused by drug consumption must be available for the major part of the drug dependent population, ensured by 24 concrete objectives designed in the Strategy.

In the field of *treatment and rehabilitation,* the Strategy underlines the basic principle that rehabilitation, without full out-patient assistance for all drug addicts would be an in vein. The Strategy proposes therefore a series of 26 concrete measures in the area of assistance and social integration, to help people with drug-related problems reintegrates into society and became as active members of it.

Tackling *international trafficking, internal distribution and retail sale of drugs* is another pillar of the Strategy. Some 15 strategic recommendations encourage the development and improvement of police actions related to drug trafficking. The National Plan on Drugs calls to promote legislative initiatives to improve actions against criminal organisations involved in drugs trafficking.

International cooperation is conceived as one of the three main domains of the Spanish strategy, together with demand reduction and supply reduction. In this area the Strategy calls for active and concrete measures to strengthen bilateral and multilateral collaboration with EU as well as third countries and international organisations working in the field of drugs.

Main objectives

The Spanish Strategy can be defined as global, fixing goals, objectives and concrete targets to be reached in the areas of demand reduction, supply reduction and international cooperation. The Strategy's goals are:

- Encourage the debate
- Involve society
- Prioritise prevention
- Have a global viewpoint
- Adapt aid networks to needs
- Focus on reintegration
- Integral action against drugs
- Keep the law up-to-date
- Encourage international cooperation
- Invest in training, research, evaluation

1. To maintain and strengthen constructive political debate towards the common objective of reducing the extent of drug addiction and improving the situations of those affected.
2. Increase awareness and participation of society in the work in the field of drugs.
3. Prevention, the most important strategy for dealing with this problem, aimed at children and young people to aid their emotional and social maturity, encouraging their capacity for self-criticism, their autonomy as persons and the clarification and strengthening of their values.
4. Address the phenomenon from a global viewpoint including all the substances which can be used and abused with special attention being paid to alcohol and tobacco.
5. To redirect the aid network existing in the Spanish Autonomous Communities and the Cities of Ceuta and Melilla in order to adapt it to the new needs and the new scientific knowledge.
6. To facilitate the reintegration of drug addicts into the society encouraging abstinence from drugs as one of the goals possible in the aid process.
7. To strengthen and improve coordination of the different legal bodies that work on the control and repression of drug supply and crimes, ensuring integral action against drug trafficking, money laundering and other connected crimes.
8. To up-to-date the law in the different fields covered by strategy: demand reduction, drug supply control, political and administrative organisation, international co-operation, etc.
9. To encourage international co-operation, both with regard to participation in competent international organisations in the matter and in bilateral or multilateral agreements with particular countries or geographical areas.
10. To encourage training and specialisation in the various fields of action; to strengthen the culture of evaluation and to promote investigation to achieve a greater knowledge of the situation.

Specific tasks

The Spanish Drug Strategy adopted in 1999 contains some 166 goals and objectives divided for specific areas of interventions. Targets specify the actors involved for actions, the time frame for achievement (2003 and 2008), and the product expected.

The filed concerned are Demand reduction, Harm reduction, Assistance and social integration, Drug supply control, International co-operation, Coordination, Multi-lateral relations, Bilateral relations and Evaluation.

Evaluation

The National Strategy includes the instruction to create an evaluation system *'to guarantee the final efficiency of the strategy'*. Indeed every year a report analyses the degree of fulfilment of the objectives stated in the National Strategy. Comparative evaluation reports will be produced on the achievements obtained by 2003 and 2008. In 2003, a report will be prepared on the results achieved in the 1990-2003 period in the field of international co-operation in the National Plan on Drugs, moreover a comparative evaluation report will be prepared on the degree of fulfillment obtained of the objectives given in the National Drugs Strategy.

Financing

The budgetary impact of the National Strategy is supported by each administration according to their competences and to the objectives defined by the Strategy. The GD National Plan on Drugs as central coordination body ensures the overall management of the national strategy. In 2001 its budget neared 39 million €. In addition another 6.860.000 million € have been reconverted from illegal assets to finance activities in the field of demand reduction (5.151.876 €) and supply reduction (1.556.080 €).

Coordination

National level

The first call for a co-ordinated and structured action in the field of drugs in Spain dates back to 1978 ([49]) when an Inter-ministerial Commission was set up to study and to propose solutions to the problems caused by drugs. The work of this Commission the government lead in 1983 to announce the creation of a governmental body in charge of institutionalising and centralising the political and administrative coordination in the field of drugs.

[49] Royal Decree 3032/1978

The Government Delegation for the National Plan on Drugs (PNSD)

In 1985 the PNSD was created under the responsibility of the Minister of Health as national drug coordination body in Spain[50]. Its functions were mainly to coordinate, improving, the partnership of the different governmental administrations involved in the national drug policy (health, social interior, justice, etc), evaluating measures and programmes of the different departments and coordinating the allocation of their budgets for drug interventions. The Plan had also the responsibility to design and implement programmes and actions facing drugs and drug consumption.

Its development and growth since 1985 interested mainly the strengthening of the political and administrative powers, clearly defined as the two basic pillar of the coordination construction. New tasks and functions have been added along the years making today the Spanish National Plan on Drugs the main governmental body in the field of drugs in Spain.

This accomplishment, as recalled during our interview with officials of the PNSD, can be concentrated in two words: consensus and partnership.

It concerns the consensus and the active partnership of all actors at national, regional and local level, in the public and in the private sector, in the political party at government as in the opposition party which have set up the bases for a solid structure capable of aggregating the national efforts.

'This consensus among the political powers, which has prevented partisan and opportunist temptations, contributed efficiently to avoiding fruitless confrontations and prevented the passing on to the public of an artificial worsening of the situation which would have contributed to encouraging the feeling of social alarm and uneasiness which would have made the provision of calm, efficient solutions very difficult.' ([51])

The consensus also forms the basis of the Mixed Parliamentary Committee Report that, in 1995, pointed out the need for actions in different areas concerned by the drug phenomenon. This report, unanimously approved by all political groups, included a series of practical measures, fully developed since then.

The Inter-ministerial Group

The Inter-ministerial Group is presided by the Minister of Interior and composed of representatives of the Ministries of Justice, of Education, Culture and Sport, of Health and Consumption, of Labour and Social Matters as well as the Secretary of State of the Treasury, the Secretary of State of Economy and the Secretary of State of Relations with the Parliament. The Group is responsible for the proposal and adoption by the Government of all drug-related

[50] Royal Decree 1677/1985

measures and activities under the State competence. It meets once a year. The Secretariat of this Group is under the responsibility of Mr. Robles the Government Delegate for the National Plan on Drugs who chairs the Group.

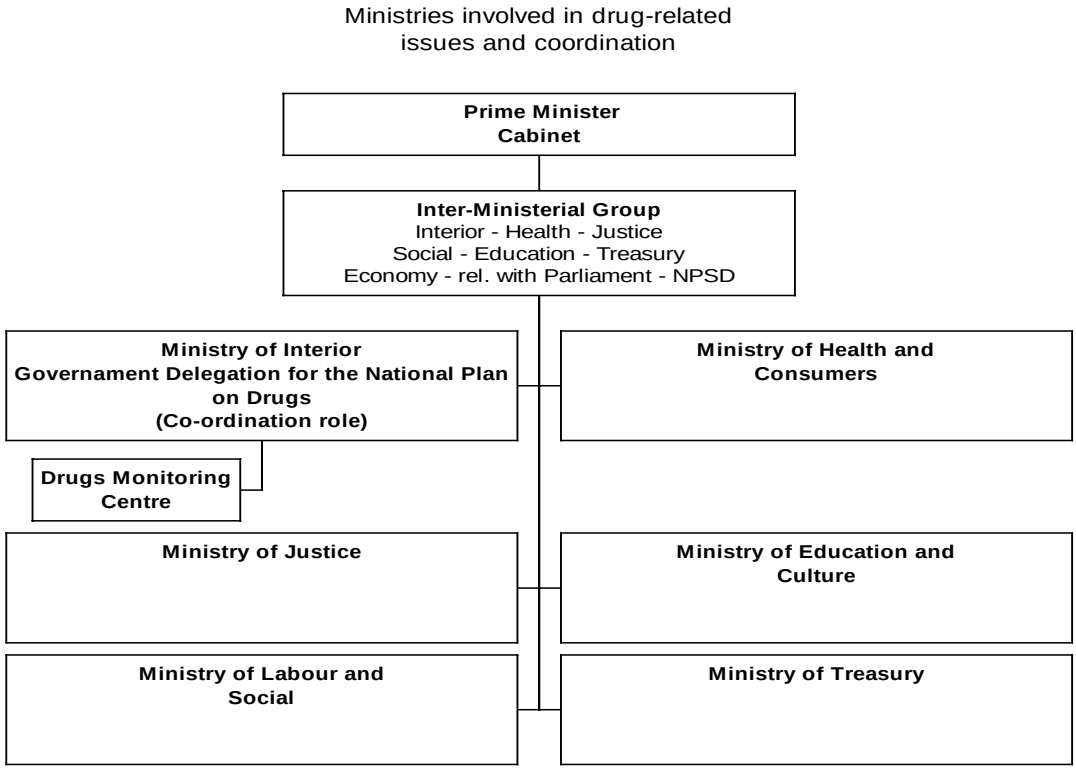
The Sectorial Conference

The relationship between the Central Administration and the Autonomous Governments takes place through: the 'Sectorial Conference' and the 'Inter-autonomic Commission'.

The 'Sectorial Conference', presided over by the Minister of the Interior, is the policy decision-making body, consisting of the members of the Inter-ministerial Group and the Councillors responsible for the drug dependency policy in the Autonomous Governments. It meets once or twice a year.

The Inter-autonomic Commission

The Inter-autonomic Commission, presided over by the Government Delegate for the NPD, is composed of those directly responsible for the Autonomous Governments' Plans on Drugs in the 17 Autonomous Communities and the Autonomous Cities of Ceuta and Melilla. It submits technical proposals to the Sectorial Conference and executes the guidelines issued by the latter. It meets twice a year in plenary.



[51] Introduction to the Royal Decree 1911/99 of 17th December, which approved the National Drugs Strategy for the period 2000-2008 in eldd.emcdda.org

Regional level

Spain is a decentralised State (*Estado Autonómico*). The 17 Autonomous Communities and the 2 Autonomous Cities have responsibilities in the field of drugs and in particular in the domain of health care, prevention and treatment of addictions. Close co-operation is reported with the Central government at political level through the 'Autonomous sectorial conference' and at technical level by the Inter-autonomic Commission (see above). The fact that the National Drugs Strategy has been adopted by the regional governments before the final endorsement by the National Parliament, ensure a coherence of actions in the field. The Autonomous Communities to implement it have adopted Regional Plans and nominated Regional coordinations or responsible for the regional drugs plans.

Drug Monitoring Centre

The Spanish Drugs Monitoring Centre was created in April 1998 with the task of collecting, analysing and disseminating information on drugs and drugs addictions. It ensures the interface with the EMCDDA.

Its basic functions consists in the evaluation of the drug addiction situation in Spain and the provision of evidence-based information to support decision-making at governmental level. A 'Scientific Committee' and an 'Advisory Council' support the work of the Centre.

Conclusion

Spain has one of the oldest coordination structures among EU Member States. The Government Delegation for the National Plan on Drugs (NPSD) dates back to 1985. The NPSD ensures and promotes coordination in the field of drugs in all public administration domains. In 1999, the adoption of the National Strategy, has given a specific direction to the government policy on drugs.

In it, comprehensive system of objectives ensures that actions are clearly defined and concrete outcomes expected. This system certainly help to avoid ambiguity and lack of concreteness. Evaluation is part of the system and will be used to check the results and eventually to correct the direction.

An important role is played by the 17 Autonoms Communities and the 2 Autonomous Cities. Each of them is in close co-operation and coordination with the NPSD, having adopted and implemented regional Plans, that taking into account local characteristics, follow the general guidelines and specific objectives given by the 2000–2008 National Strategy.

Finally it should be mentioned the concept that is the 'glue' of this system: 'partnership and consensus'. In a decentralised country with an high degree of autonomy divided between central

government and regions, fundamental was and is the role that each actors, from public to private, from central to local, have in the adoption and implementation of the national drugs policy.

Spanish strategy in brief

National Strategy	Specific Action Plan	The document 'National Strategy 2000–2008' has the main features of an Plan of Action.
	Performance indicators	The Strategy outlines 166 objectives to be reached by 2003
	Global approach	Three main directions: demand reduction, supply reduction and international cooperation
	Legal/illegal substances	The strategy address legal and illegal drugs
	Implementation	Ensured by the Autonomous Communities
	Permanent system linking objectives to performances	
Coordination	Authority Responsible of coordination	Minister of Interior
	Central coordination unit	The National Plan on Drugs (PNSD)
	National coordinator	The governmental delegate of the PNSD, Mr. Robles
	Global	Coordination includes all aspects of the drug phenomenon
	Drugs Monitoring Centre	A Spanish Drugs Monitoring Centre was created in 1998

France

Document of reference: Three-year Plan against Drugs and for the Prevention of Dependencies (1999-2001)

National strategy

Background

Before the adoption of the 'Three-year Plan on Drugs' in 1999, the French drug strategy was composed of the individual strategies of the various ministers involved in drug policy. Although the MILDT, the Interdepartmental Mission for the Fight Against Drugs and Drug Addiction had been in charge of the overall coordination in the field of drugs since 1985 ([52]), a strong ministerial culture was still shaping French drug policy.

By the end of the 1990's some reports ([53]) had pointed to the need for a better coordinated and comprehensive approach to drugs.

The turning point came in 1998 with the appointment of a new President of the MILDT, with a specific mandate ([54]) to assess the current situation and propose new measures. The report produced by the MILDT on 15 October 1998 lay the foundation for a new Action Plan which was adopted by the government on 16 June 1999 (June 1999–June 2002).

The main goal

The main goal of the 1999-2001 plan has been to establish a clear and coherent guidance in the field of drugs, in which all national actors, public and private, could agree, overcoming the diversity of approaches and professional cultures.

[52] Although with another name and with other functions.
[53] In particular, the report of the Court of Auditors on the drug policy structures and organisation *(Rapport de la cour des comptes sur le dispositif de lutte contre la toxicomanie 1998).*
[54] ('lettre de Mission' of the Prime Minister).

General principles

The 1999-2001 plan is structured in eight main sections each of them containing the general principles and specific tasks to be accomplished.

- Knowledge of the phenomenon
- Communication and information
- Extend and enhance prevention
- Improve training
- Care and reintegration
- Law enforcement
- Coordination
- International action

- The drugs phenomenon must be known in depth making full use of research and science.
- Messages on drugs must be objective, informing the public on the real effects and dangers of the addictive substances (including legal substances).
- Prevention, targeted primarily at the young, must focus on behaviour patterns (use, harmful use, dependence) rather than products.
- Training will serve to create a shared culture among all professionals, specialists, actors involved at any title within the drug strategy.
- The offer of health care must be up-to-date with current drug problems and based on the individual needs of the person.
- The redefinition of the priorities for the criminal policy on drugs must relate more to drug trafficking than to drug use.
- The MILDT must be the centre of reference for promoting and evaluating know-how.
- The French international action on drugs must be redefined according new geographical priorities.

Main objective

The key objective of the French drug policy is to focus all drugs regardless of their legal status, licit or illicit, and to build up specific knowledge in order to spread this knowledge to professionals and the population as a whole. The aim is to lay the foundation of a more consensual and effective policy, both as regard the use of drugs as well drug trafficking.

Specific tasks

In addition to main principles, the Plan introduce several concrete tasks to be implemented:

- To increase knowledge in the field of drugs three main tasks are envisaged: *a)* a multi-year research programme; *b)* a permanent system for monitoring the prevalence of drugs the general population; and *c)* a special unit, within the French Monitoring Centre, to monitor permanently the development of new consumption and production patterns.

- In the field of communication, new publications (on-line and off-line) are foreseen. In them, more objective messages are used to reach the public more effectively e.g. the pamphlets 'Know Drugs More' *(Savoir Plus Risquer Moins).*
- Tasks in the field of prevention include:

The establishment of a national prevention programme; a guide to good practice in prevention plus the setting up of a Commission to assess prevention tools. These were all been established between 1999 and 2001.

Moreover, the Plan foresees: the creation of prevention plans in all counties *(départments);* the organisation of training for prevention initiatives in each region; the improvement of the work of the Education Committees for Health and Citizenship; the organisation of prevention campaigns in sports and cultural associations, and in party locations (concerts, festivals and raves).

Regarding the drug users, the priority is to promote alternative measures as opposed to sanctions. The objective is to avoid imprisonment (for users) and to develop health and social responses at all stages of the procedure making sure that the police questioning policy do not restrain the risk reduction programmes.

In the training field, specific tasks concern the availability of training for all voluntary personnel who deal with drug users. Training must also be provided for police forces, professionals in the prevention field, specialist personnel (teachers, trainers and general practitioners), correctional services, doctors and pharmacists. A diploma in specialised complementary studies of addiction (DESC) was created for the General Practitioners in 1999 (GPs), so that skills acquired in drug addiction and alcoholism would be certified at university level.

- In the field of care of addictions, the following tasks are foreseen:
  - Reviewing regional and local planning; developing, structuring and strengthening town-hospital networks (creating 20 new ones and progressively developing hospital liaison teams: at least one per counties (*département*) and in every public health institution with more than 200 beds).
  - Increasing the collaboration between 'alcohol' and the 'drug addiction' teams creating new teams: 20 a year for five years.
  - Stepping up existing alcoholism consultations, creating 50 more structures in three years, and adopting a single legal and financial framework to help anybody with addictive behaviour.
  - In this line, the law of January 2002 creates a new type of structure which no longer distinguishes between products (drugs, alcohol, tobacco, medicaments): *centres of care,*

follow-up and prevention of addiction (centres de soins, d'accompagnement et de prévention en addictologie).

- Creation of three sleep-in hostels, 20 drop-in 'shops', 30 syringe-exchange programmes, 30 local mobile teams in depressed areas, 50 automatic dispensers.
- Ensuring continuity in the care of users in custody and those in correctional establishments, monitoring drug users' access to existing placement schemes, in particular those provided within the context of the law on exclusion.
- Strengthening the social support of people undergoing substitution treatment with the urban medical services, taking better care of pregnant women who take drugs or consume excessive amounts of alcohol.
- Experimenting supervision arrangements for adolescents who are excessive consumers of drugs (legal and illegal).

- Also in the area of law enforcement the plan envisaged specific initiatives:

  The development of new investigative actions to tackle the financial means of the traffickers, and street-level traffic. In particular article of the penal code 222-39-1 will be applied reversing the burden of proof for unjustified quantities of money held by suspected drug traffickers.

Evaluation

The Inter-ministerial Group on Drugs (see below) in its meeting of 26 September 2000 decided to undertake the evaluation of the 'Three-year Plan on Drugs' following 4 main axes:

- the evaluation of the local Conventions realised between justice and health authorities *(Conventions Départementales d'Objectifs CDO);*
- evaluation and effectiveness of training initiatives;
- evaluation of the prevention plan by counties (*departments*); and
- the evaluation of the integration of the new policy targeted to all addictive substances (legal-illegal drugs) into the health care centres.

The evaluation (undertaken by the French Monitoring Centre, OFDT) aims to measure the effectiveness of the Three-year Plan, and to provide decision-makers with useful elements in order to prepare the new plan.

The results of the evaluation are excepted by end of 2002.

Financing

There are no global figures on the financing of the national strategy however there appear to be a considerable increase if we look at some specific area of the Three-year Plan.

The overall annual budget of MILDT is approximately 46.000.000 €. The budget for research has increased from 343.000 € in 2000 to 945.000 € in 2002 while funds to the OFDT have increased from 1.600 M€ in 1999 to 3.400 M€ in 2001. Communication and information can also be mentioned along with the increase in funds available from 13.000.000 € in 1999 to 18.000.000 € in 2001. As direct funds for prevention activities, we can mentions an increase from 8.600.000 € in 1999 to 17.600.000 € in 2001. The funds of the Conventions realised between justice and health authorities to ensure social and health care towards drug addict offenders passed from € 4,9 millions en 1999 to € 9.5 millions M in 2001. Finally, the budget for training passed from 76.000 € in 1999 to 228.000 in 2001.

Coordination

The 1978 Pelletier report recommended for first time the creation of a central coordination body in the field of drugs in France. Following this report, in 1982 the Inter-ministerial Committee on Drugs was created under the authority of the Prime Minister.

To prepare its work and deliberations a new structure (MILT) was created in 1985 *(Mission interministérielle de lutte contre la toxicomaine*). Composed of civil servants representing the various ministers sitting at the Inter-ministerial Committee, its name changed many times name as well its location in the public administration, reflecting the different priority attributed to drug policy in France over the years.

Between 1985 and 1989 it was transferred from the Prime Minister to the Ministry of Justice (1986), Ministry of labour and social affairs (1987) and again back under the Prime Minister. In 1989 the General Delegation Against Drugs (*Délégation général à la lutte contre la drogue*) (DGLD) was created under the Prime Minister. The MILT and DGLD were merged in 1990 creating the General Delegation Against Drugs and Addiction (*délégation général à la lutte contre la drogue et Toxicomanie – DGLDT).*

In 1996, it was named as we know it today MILDT, Interdepartmental Mission for the Fight Against Drugs and Drug Addiction*, (Mission interministeriel de lutte contre la drogue*) and placed again under the responsibility of the Prime Minister. However it is 'at the disposal' of the Ministry of Labour and Walfare and of the Health Secretary of State, resulting in a situation that the French Court of Auditors in 1998 described as ‘subsistent ambiguity’.

National level

At national level, the MILDT is responsible for preparing the decisions of the Interministerial Committee and of ensuring their follow-up. For this purpose, the MILDT is in charge of promoting and coordinating the actions of the different ministerial services. The MILDT, in its structure, reflects and also integrates both the horizontal and the vertical dimensions of a national coordination system; each of its eight operational units has an organised partnership with the

relevant ministries and other national agencies or bodies working in the field of drugs. The presence of seconded officials in each specialised unit ensures a direct link with these different administrations.

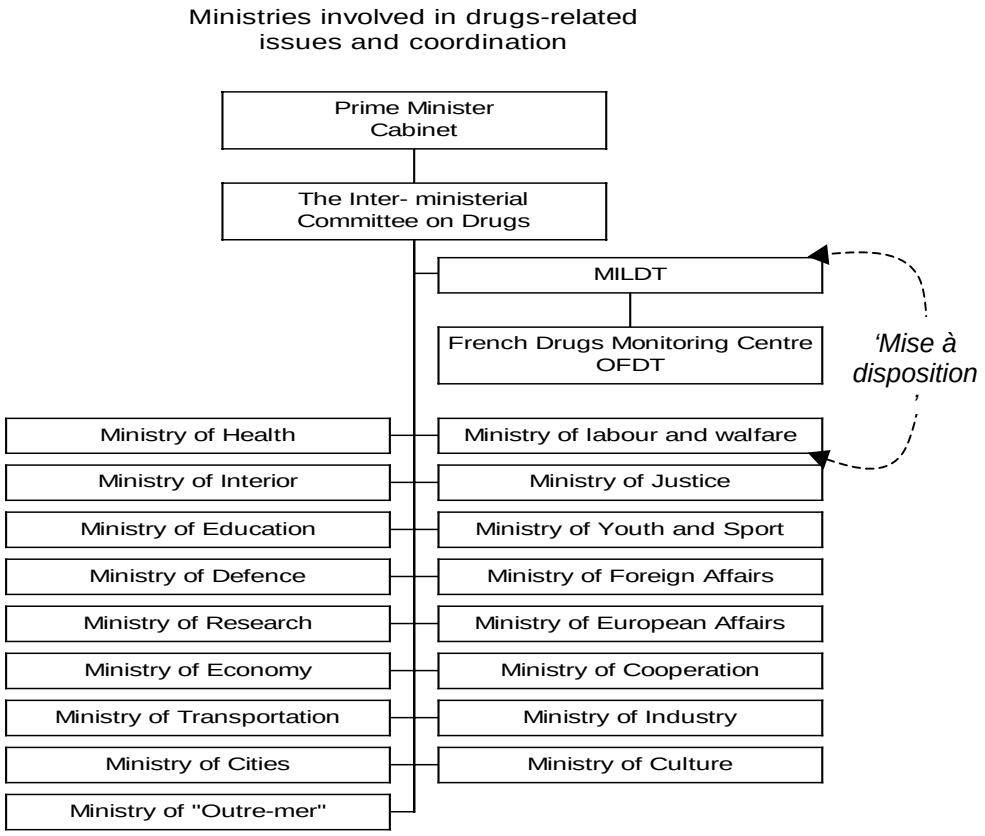
The president of MILDT is the 'rapporteur' of the inter-ministerial Committee and the chair of ad-hoc meetings among professionals, civil servants and NGOs representative on selected issues. Ad-hoc working groups among representatives of the Ministries and professionals working in the field are normally organised for specific matters.

Inter-ministerial

The Inter-ministerial Committee on drugs is the authority designated to prepare the decisions of the Government in all domains related to the drug problem and it approves the national Plans on Drugs.

It is placed under the authority of, and presided over, by the Prime Minister and is composed of the Ministers and State Secretaries in charge of Employment and Social Affairs, Health, Education, Youth and Sports, Justice, Home Affairs, Defence, Foreign Affairs, European Matters, Cooperation, Budget, Economy, Industry, Agriculture, Transports, Overseas, Culture and Urban Policy. The ministers themselves take part in the Committee. The President of MILDT is the general 'rapporteur' of the Inter-ministerial Committee.

Other inter-ministerial meetings take place at a lower level (Directors, Head of Units) in an ad hoc basis and on the initiative of the MILDT. As far as international cooperation is concerned, MILDT has the mandate to represent France in international and European meetings, in close cooperation with the international Unit (SGCI) placed under the Prime Minister for European affairs and in collaboration with the Ministry of Foreign Affairs on the other international affairs.



Regional level

At local level MILDT has an important role to planning and promoting the tasks and programmes of the local coordination systems. Following guidelines *(circulaire)* in September 1999, local authorities are now in charge of reinforcing coordination mechanisms, designating a project manager in charge of assessing the drug situation, setting up programmes and initiatives and evaluating all funded actions.

A management committee (C*omité de pilotage*) is composed of representatives of all concerned State services working in the field of drugs at local level (Prefect, Project Manager, local authorities, NGOs,) and may also involve communities and associations. It is in charge of monitoring the coherence and the articulation of socio-sanitary activities with actions in the field of law enforcement.

Centres of information and resources on drugs and drug dependence, at regional and local level, are also planned, with a target of 20 such centres within three years. They will provide the necessary information and documentation to project managers, public services, and NGOs. In June 2002, 40 centres had been created.

Drug Monitoring Centre

The new plan strongly emphasises the need for decisions based on scientific solid information and research. The French Monitoring Centre (OFDT) is the body in charge of collecting, analysing and disseminating quality information in the field of drugs, promoting the use of indicators and good practices. It is also in charge of the evaluation of the 'three-year Plan on Drugs' (1999–2001).

Conclusion

Drug policy in France is traditionally based on a strong ministerial culture where the dualism Justice/Interior – Social/Health has an considerable weight. Since the 1980s several reports (Pelletier 1978; Trautmann 1990; Henrion 1995) have emphasised the need for co-ordination, and although coordination structures and plans in the field were available, it is only since the end of the 1990s that a particular attention has been dedicated to the coordination system.

The role of MILDT and the 'three-year plan (1999-2001)' are the key elements of introducing and promoting new concepts and principles for co-operation and collaboration among professionals and among public administrations.

The Plan, which is currently being evaluated by the OFDT, has already shown certain important outcomes, notably within the collaboration between Health and Justice.

Currently 94 counties *(departments)* out of 100 have signed special agreements 'Convention Justice-Santé' ([55]) between justice and health authorities to make available health and social care at all stages of the penal procedure. Moreover, at local level, project managers, in charge of assessing the drug situation, setting up programmes and initiatives and evaluating all funded actions, have contributed to implement the various objectives of the national plan.

Other outcomes of the Three-year Plan are:

- The establishment of health and social structures in courts or the availability of advice on therapeutic alternatives in tribunals.
- A guide focusing on health promotion and harm reduction in prison delivered to all prison personnel. All new recruited prison supervisory staffs will receive a four hour obligatory training course while further training is proposed within the framework of the continuous training of personnel.
- In the field of monitoring the drug situation, several general population surveys have been launched (ESCAPAD, ESPAD, Barometer health adults-youths, EROPP) and a database

[55] Conventions Départementales d'Objectifs – CDO -

('SINTES') was created in 1999 to track health threats linked to new patterns of drug use and dangerous new products.

- In the field of information new communication methods have been used to approach the drug problems with the launch of the MILDT web site (www.drogues.gouv.fr) and of booklets such as 'Drugs Know More'.
- In the field of prevention the Commission for the Validation of the Prevention Instruments, *(commission nationale de validation des outils de prevention)* composed of professionals and representatives of the ministers involved has been constituted to assess prevention instruments towards the creation of a national plan on prevention. At local level, funds have been increased for prevention activities along with the elaboration of methodological instruments: bulletins, booklets, flyers.
- Training has been provided to all actors envisaged by the plan with a financial effort tripled from 1999 to 2001.
- 16 hospital liaison teams operating in addiction matters (alcohol and drug addiction) has been created as well as consultation centres for problems related to alcohol and tobacco.

Concerning MILDT, in 2002 main development will involve its internal organisation. The 46 member of staff will have their statutory posts transferred from the respective administrations, where each member of the staff belongs, to the MILDT.

MILDT is now preparing a new plan, which will probably cover a longer period of time (5 years, as the legislature) and will be endorsed probably during 2003. For the moment the work concentrates on the technical level, relying on evaluation of the previous plan.

French strategy in brief

National Strategy	Specific Action Plan	Three-Year Action Plan 1999 - 2001
	Performance indicators	No
	Global approach	Yes
	Legal and illegal substances	Yes
	Implementation	Undertaken by MILDT at central level and by Management Committee (C*omité de pilotage*) at local level
	Permanent system linking objectives to performances	No
Coordination	Authority Responsible of coordination	Prime Minister
	Central co-ordination unit	MILDT
	National co-ordinator	Yes
	Global	Yes
	Drugs Monitoring Centre	OFDT (French Drugs Monitoring Centre)

Ireland

Document of reference: 'National Drugs Strategy 2001-2008: Building on Experience'

National strategy

Background

Following growing concern about the rise in drug use (particularly heroin) during the 1980s, a number of Governmental Committees were established which recommended a series of new measures and possible legislative reforms. Among these was the National Coordinating Committee on Drug Abuse which was created in 1985. It was subsequently re-constituted and strengthened under the responsibility of the Department of Health. In 1990, the Coordinating Committee was the origin of the first Government Strategy to Prevent Drug Misuse which was adopted in May 1991 ([56]).

However, during the 1990's, the drug problem was still growing. The Government responded by setting up a Ministerial Task Force on Measures to Reduce the Demand for Drugs in 1996, to ensure that there was a comprehensive response to the drugs problem, involving the development of strategies to reduce not only the supply of drugs but also the demand for them. The Task Force set out to deliver an 'integrated range of services covering the areas of treatment, rehabilitation and education/prevention'. Produced in October 1996, the Task Force's Report ([57]) proposed the creation of new structures to ensure delivery of the drugs policy in a coherent, integrated, cost-effective manner. The structures proposed included:

- a Cabinet Committee (on Social Inclusion) to confer political leadership on the policy and to resolve inter-organisational barriers to effective responses; and
- an Inter-Departmental Group (on Drugs) to address policy issues and review progress.

The Report also proposed the creation of a National Drugs Strategy Team to operate on a cross-departmental basis to ensure effective co-ordination of the national drug policy.

In 1997, a Government reshuffle moved co-ordination of the National Drugs Strategy from the Prime Minister's office to the Department of Tourism, Sport and Recreation where a Minister of State for Local Development with special responsibility for the National Drugs Strategy was appointed. Following the election in 2002, responsibility for this area was moved to the new Department of Community, Rural and Gaeltacht Affairs.

[56] Government Strategy to Prevent Drug Misuse, May 1991 Department of Health, Dublin (ISBN 1 873820 00 3)

In April 2000, the Cabinet Committee on Social Inclusion requested that a review of the current national drugs strategy be undertaken. The overall objective of the review was to identify any gaps or deficiencies in the existing strategy and to develop revised strategies and, if necessary, new arrangements through which to deliver them. A sub-group of the Inter-Departmental Group on Drugs and the National Drugs Strategy Team – known as the Review Group – managed and oversaw the process.

The review undertaken during 2000 involved extensive consultations through invited written submissions (189 received through public announcement for the population), discussions with key players in the State, voluntary and community sectors, and a series of eight public regional consultative fora (attended by approximately 600 people) held throughout the country during June 2000. In addition, a total of 34 agencies and organisations were invited to make detailed presentations to further assist in the identification of any gaps or deficiencies in the current strategy.

The resulting Report of the Review Group was adopted by the Government in April 2001 and the *National Drugs Strategy 2001-2008: Building on Experience* was launched in May 2001.

The main goal

The overall strategic objective of the National Drugs Strategy 2001-2008 is "to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, and research".

General Principles

The four 'pillars' of the new Strategy are - *supply reduction, prevention* (including education and awareness), *treatment* (including rehabilitation and risk reduction), and *research*.

- Supply reduction,
- Prevention (including education and awareness),
- Treatment (including rehabilitation and risk reduction),
- Research

The underlying principle of the Strategy is that the best way to tackle drug misuse is within the framework of the Government's overall social inclusion strategy, which aims to improve living standards in areas of disadvantage throughout the country.

Main objectives

The Strategy has identified seven overall aims:

1. to reduce the availability of illicit drugs;
2. to promote throughout society a greater awareness, understanding and clarity of

[57] First report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs, October 1996

the dangers of misuse;

3. to enable people with drug misuse problems to access treatment and other supports in order to re-integrate into society;
4. to reduce the risk behaviour associated with drug misuse;
5. to reduce the harm caused by drug misuse to individuals, families and communities;
6. to have valid, timely and comparable data on the extent and nature of drug misuse in Ireland; and
7. to strengthen existing partnerships in and with communities and build new partnerships to tackle the problem of drug misuse.

Specific tasks

The National Drugs Strategy 2001-2008 specifies objectives and key performance indicators for each of the four pillars – supply reduction, prevention, treatment, and research. There are 100 actions to be carried out by a range of Government Departments and agencies. Key performance indicators are identified in the for each of the domains covered in the Irish strategy. The Inter-Departmental Group on Drugs will oversee the implementation of the objectives specified in the Strategy in consultation with the National Drugs Strategy Team. Six monthly progress reports will be made to the Cabinet Committee on Social Inclusion.

In the area of supply reduction the objectives are to significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets as they are identified; and to significantly reduce access to all drugs, particularly those drugs that cause most harm, amongst young people especially in those areas where misuse is most prevalent.

The objectives in relation to prevention are to create greater social awareness about the dangers and prevalence of drug misuse; and to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

The objectives in relation to treatment are to encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well being, with the ultimate aim of leading a drug-free lifestyle; and to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

The objectives in relation to research are to have available valid, timely and comparable data on the extent of drug misuse amongst the Irish population and specifically amongst all marginalised groups; and to gain a greater understanding of the factors which contribute to Irish people, particularly young people, misusing drugs.

In the area of coordination the objective is to set efficient and effective framework for implementing the National Drugs Strategy

Evaluation

Key performance indicators relating to the establishment of a framework for implementing and evaluating the Strategy are identified. They include:

- establishing an effective regional framework to support the measures;
- completing an independent evaluation of the effectiveness of the overall framework;
- requiring each agency to prepare a critical implementation path for each of the actions listed in the Strategy that are relevant to their remit; and
- reviewing the membership, workload and supports required by the National Drugs Strategy Team to carry out its terms of reference.

Each agency was asked to prepare and publish a Critical Implementation Path for each of the actions relevant to their remit. It was since decided to publish these collectively and the composite Critical Implementation Path is currently being prepared for publication shortly.

There are also monthly meetings with the Inter-departmental Group on Drugs and the National Drugs Strategy Team, at which any obstacles to progress in the implementation of the Strategy can be highlighted and overcome, and at which progress to date can be assessed and evaluated.

By end 2004 an independent evaluation on the effectiveness of the overall framework will be completed.

Financing

The Review of the National Drugs Strategy found that, in common with many other States, the cost of drug misuse at societal level in Ireland is extremely difficult to quantify. However, bearing in mind these difficulties and using the information supplied to the Review Group, it is estimated that the development, co-ordination and delivery of the four pillars that make up the current National Drugs Strategy was approximately €182 million in 2000.

Coordination

The National Drugs Strategy Review Group looked at the question of the location, within the Government, of the responsibility for co-ordinating the Drugs Strategy. It considered that while in other countries responsibility usually resides either in the Department of the Prime Minister or the Department of Health, in Ireland given the strong correlation between drug misuse and social exclusion, the Department of Tourism, Sport and Recreation (which had a key role in local development and the co-ordination of a number of programmes relating to social inclusion), was in a strategic position to ensure an global and integrated approach to the drugs issue. The functions have since been moved to the new Department of Community, Rural and Gaeltacht Affairs which now has responsibility for local development and community development programmes

Structures involved in the delivery of the National Drug Strategy

- The Cabinet Committee on Social Inclusion
- The Inter-Departmental Group on Drugs
- The National Drugs Strategy Team
- National Advisory Committee on Drugs
- National Assessment Committee of the Young Peoples Facilities and Services Fund
- Local Drugs Task Forces
- (planned) Regional Drugs Task Forces
- (planned) Oireachtas (Parliament) Committee on Drugs.

National level

The Department of Community, Rural and Gaeltacht Affairs has, therefore, the responsibility for the overall co-ordination of national policy to tackle drug misuse, including implementation of the National Drugs Strategy 2001-2008. The Department reports to Mr. Noel Ahern, the current Minister of State with special responsibility for Local Development and the National Drugs Strategy.

The Department's co-ordinating responsibilities also include the establishment of an evaluation framework for the National Drugs Strategy 2001 - 2008. Monthly meetings of the Inter-Departmental Group on Drugs are held to assess progress and discuss any potential problems to future progress. There will also be a mid-term evaluation of the Strategy in 2004.

The Department also has responsibility for local development. The framework for delivery of the Local Development Programme is the local development measure contained in each of the Regional Operational Programmes of the National Development Plan (2000 – 2006), which facilitates the funding of 38 Area Partnership Companies and 33 Community Groups throughout the country, to implement area action plans, focusing on social and economic development in local communities.

The Department is also responsible for the implementation of the Revitalising Areas by Planning, Investment and Development (RAPID) Programme, which targets the 25 urban centres with the greatest concentration of disadvantage for priority funding under the National Development Plan.

The RAPID Programme builds on the experience of the Integrated Services Process (ISP) which was a pilot project developed in 1998 to provide a more focused and better co-ordinated response by the Statutory authorities to the needs of communities with the greatest levels of disadvantage, as a basis of a model of best practice.

The Inter-Departmental Group on Drugs (IDG)

The Inter-Departmental Group on Drugs plays a key role in overseeing the implementation of the National Drugs Strategy 2001 – 2008.

Strengthened under the Strategy, it is chaired by Minister of State at the Department of Community, Rural and Gaeltacht Affairs and includes senior level representatives from relevant Government Departments and State Agencies.

It advises the Cabinet Committee on Social Inclusion on relevant matters of drugs policy and it facilitates input by relevant Departments and agencies into emerging operational difficulties or conflicts. The Group also assesses proposals from the National Drugs Strategy Team including the plans of the Local Drugs Task Forces and the proposed Regional Drugs Task Forces. It also monitors and evaluates the outcomes of their implementation, in conjunction with the National Drugs Strategy Team.

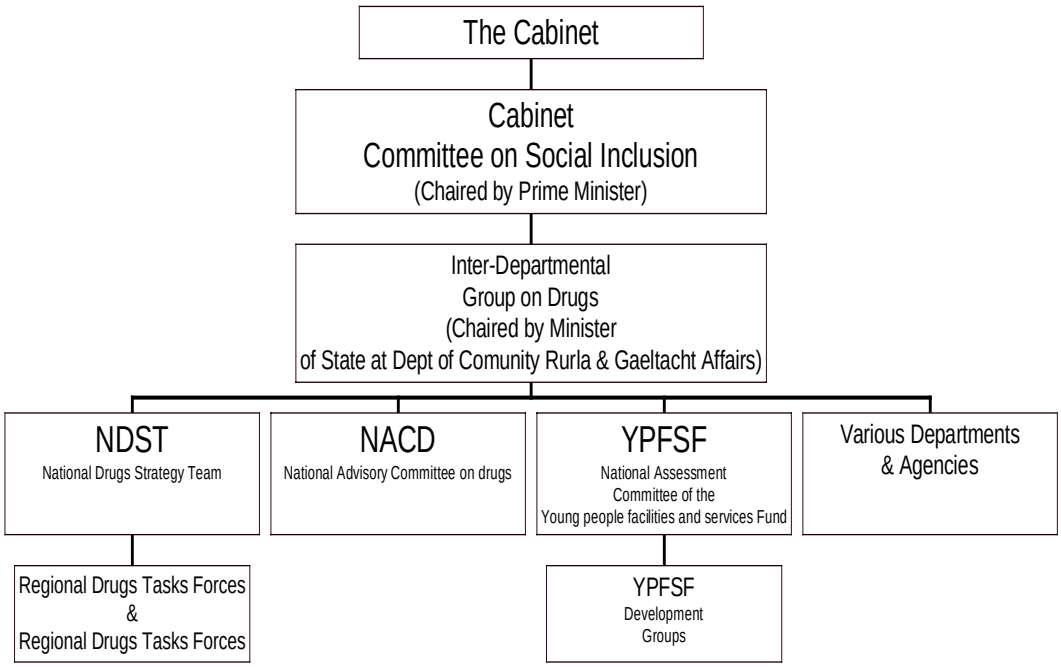
The National Drugs Strategy 2001-2008 also identifies the need for a Parliamentary (Oireachtas) Committee on Drugs. This Committee, which it is expected will be established by end 2002, will meet at least three times a year.

The National Drugs Strategy Team (NDST)

The National Drugs Strategy Team is a cross-departmental agency which operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs. It was set up in 1996 to coordinate a response to the drug problem at central level.

The Team has representatives from relevant Government Departments and Agencies, who have been assigned to work 2 ½ days per week on NDST work, and 2 ½ days in their own Departments. The Team also has two non-government representatives, one each from the community and the voluntary sectors. Members of the NDST play an important role in overseeing the implementation of the National Drugs Strategy by ensuring effective co-ordination between departments, agencies and the community and voluntary sectors. It is specifically mandated to assist the Local Drugs Task Forces in their on-going work.

Ministries involved in drugs-related issues and coordination



The National Drugs Strategy Team has joint monthly meetings with the Inter-Departmental Group on Drugs (IDG). The Departments and Agencies on the IDG are Finance, Health and Children, Taoiseach (Prime Minister), Education and Science, Justice, Equality and Law Reform, Environment and Local Government, the Garda Síochána (Police), Customs and Excise, and Enterprise, Trade and Employment.

Regional level

Local Drugs Task Forces

The Local Drugs Task Forces were set up in 1997 to facilitate a more effective response to the drugs problem in areas having the highest level of drugs misuse, particularly heroin.

There are currently 14 Local Drugs Task Forces, operating under the direction of the National Drugs Strategy Team, in Dublin, Bray and Cork.

Each Task Force is composed of a chairperson and a co-ordinator who helps prepare local action plans in relation to treatment, rehabilitation, education, prevention and curbing local supply. Other members includes representatives from the statutory (Health, Police, Education, Probation, FAS, Environment), voluntary (charities, volunteers operating in the drugs field) and community sectors (associations, individuals, local residents).

Funding is provided at Government level to support the implementation of local initiatives developed under the respective Task Forces. To date since 1997, €115.9 million has been allocated through the Local Drugs Task Forces and the Young Peoples Facilities and Services Fund. A sum of almost €155 million has been provided in the National Development Plan (2000–2006) to support the work of the Local Drugs Task Forces.

Regional Drugs Task Forces

A key recommendation contained in the National Drugs Strategy for 2001-2008 is the creation of Regional Drugs Task Forces in each of the ten regional health board areas. They will consist of representatives from the statutory, voluntary and community sectors to ensure the development of a co-ordinated and integrated response to tackling the drugs problem in their region. The Regional Drugs Task Forces will be modelled on the operation of the Local Drugs Task Forces.

Drug Monitoring Centre

The Drug Misuse Research Division (DMRD) of the Health Research Board is involved in national and international research and information activities in relation to drugs and their misuse, and is the location for the documentation centre. The Health Research Board is represented on the National Advisory Committee on Drugs and its sub-committees.

Other bodies

National Advisory Committee on Drugs

The National Advisory Committee on Drugs was established in July 2000 to advise the Government in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland, based on the Committee's analysis and interpretation of research findings and information available to it.

The Committee is overseeing the delivery of a three year prioritised programme of research and evaluation on the extent, nature, causes and effects of drug misuse in Ireland, identifying the contribution which can be made by all the relevant interests. Its membership reflects statutory, community, voluntary, academic and research interests as well as representation from the relevant Government Departments. The Committee operates under the aegis of the Department of Community, Rural and Gaeltacht Affairs.

Young Peoples Facilities and Services Fund

The Young Peoples Facilities and Services Fund (YPFSF) was established in 1998 to support the development of youth facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The overall aim of the Fund is to attract young people in disadvantaged areas - at risk of becoming involved in problem drugs use – into more healthy and productive pursuits. The target group for the Fund is youth aged 10 to 21 years who traditionally have found themselves outside the scope

of mainstream youth activities. A sum of €129.5 million has been provided under the National Development Plan (2000 – 2006) to support measures under the Fund, of which over €68 million has been allocated to date in the first round of funding.

Conclusion

Ireland's National Drugs Strategy 2001-2008 has been developed in the context of various international and EU agreements. Development of the Strategy has also involved extensive consultation, including public fora in a number of centres throughout the country. All Governmental Departments and Agencies involved are committed to the Strategy. There are 100 actions to be completed by the relevant actors.

The Drugs Strategy is co-ordinated by the Community, Rural and Gaeltacht Affairs and also involves the National Drugs Strategy Team. At a ground level, work is carried out by the relevant statutory agencies, community and voluntary groups, the Local Drugs Task Forces, and the proposed Regional Drugs Task Forces and the National Drugs Strategy Team co-ordinates the work in this regard. The Inter-departmental Group on Drugs reports through the Minister of State to the Cabinet Committee on Social Inclusion on the progress made in the implementation of the Strategy.

Irish Strategy in Brief

National Strategy	Specific Action Plan	National Drugs Strategy 2001-2008 Building on Experience
	Performance indicators	Yes
	Global approach	Yes
	Legal/illegal substances	Yes
	Implementation	Critical Implementation Paths for each agency involved in the actions under the Strategy will be devised to ensure the effective implementation of the Strategy. Six-monthly progress reports will be presented to the Cabinet Committee on Social Inclusion. There will be a mid-term evaluation of the Strategy in 2004.
	Permanent system linking objectives to performances	Yes
Coordination	Authority Responsible of coordination	Cabinet Committee on Social Inclusion - reporting to the Taoiseach (Prime Minister)
	Central co-ordination unit	Drugs Strategy Unit, Department of Community, Rural and Gaeltacht Affairs
	National co-ordinator	Minister of State with special responsibility for the National Drugs Strategy
	Global	Yes
	Drugs Monitoring Centre	National Advisory Committee on Drugs; Health Research Board
	Advisory body	National Advisory Committee on Drugs

Italy

Document of reference: 'Three-Year Government Programme on Drugs, February 2002'

National Strategy

Following government elections in spring of the year 2001, drug policy and structures have been, or are about to be reformed. Coordination functions have been redistributed, with the creation of two new coordination bodies, while the amendments to the main Drug Act and the drafting of a three-year drug strategy are currently under way.

Background

Traditionally, the main direction of the government policy on drugs was decided every three years in a National Conference convened among the main actors, public and private, involved in the drugs field. The Conference aimed to assess the trends of the drug phenomenon and suggest adequate measures to the National Parliament so 'that it may identify any amendments needed to the legislation to combat drug dependence and trafficking on the basis of practical experience'([58]).

Drug policy became a major priority of the new government following political elections in spring 2001. At first, in November 2001, a new department, the Drug Policy National Department was created under the direct authority of the Prime Minister to define and coordinate the national drug policy and to draft a three-year Drug Strategy. The previous entity responsible for drug policy promotion and coordination, the Department of Social Affairs of the Presidency of the Council of Ministers ([59]) was transferred to the Ministry of Labour and Social Policy.

The change implied not only a re-definition of the competences of the two administrations but a major role assigned to the coordination of drug policy through the appointment of an 'Government Extraordinary Commissioner for the Coordination of the Drug Policy' ([60]) (see further coordination). The first initiative of the new Department was the presentation in February 2002 of a short note identifying the next three-year Government Programme on Drugs.

[58] (DPR 309/90 Sec. I art.15)
[59] The 'Ministry of Social Affairs' of the Council of Ministers was a department within the cabinet office, headed by a Minister without portfolio.
[60] *Commissario Straordinario del Governo per il Coordinamento della politica antidroga.* Mr. Soggiu has been appointed for two years as '*Extraordinary Commissioner*'.

The main goal

The main goal of the Italian Government in the field of drugs is to propose a new 'cultural approach', which, refusing harm reduction policies as main philosophy of intervention, promotes prevention of drug use based on abstinence messages and treatment aimed at the full rehabilitation of drug addicts. This new approach is highlighted in the three-year Government Programme on Drugs (2002-2004).

General Principles

The Programme of the government focuses on the domains in which action will be concentrated in the near future.

- Prevention
- Treatment oriented to rehabilitation
- Reintegration in the labour market
- Evaluation

Emphasis is put on *prevention* of adolescence difficulties and dependency. Family and schools are the main targets of the national campaigns and specific projects.

In the field of *treatment* the goal is to promote and encourage the full recovery from addiction both from legal and illegal drugs in a drug-free environment. A stronger integration between drug-free treatments and methadone therapies is therefore suggested, in view of the full rehabilitation of the individual.

Alternative measures to prisons must be available for drugs addicts who decide to undertake a treatment and rehabilitation therapy. A new drug-free instrument for imprisoned drug addicts is envisaged.

The *reintegration in the labour market* is another key element of the new approach. Rehabilitation programmes, including vocational training courses for former drug addicts, will be promoted.

In the field of *evaluation***,** criteria will be established to measure all interventions both in the field of prevention and treatment, and to ensure that the expected results are properly achieved.

The programme of the government can be considered as a statement of principles which focus on the areas to be tackled. However, to determine more in detail priorities and objectives the government announced that a three-year Drug Strategy will be adopted by the end of 2002.

Main objectives

The main objective of the government on drugs is the promotion of a life free from all drugs. The current review of the Italian Drug Act and the future three-year Drug Strategy will most likely go in this direction.

Specific tasks

At the moment, the newly established Drug Policy National Department is reviewing the Drug Act and the future Strategy. It is therefore too early to analyse in depth the specificity and the tasks of the Italian Drug Strategy.

Evaluation

Evaluation of interventions in the field of prevention and treatment is one of the general principles announced in the government programme presented in February 2002. Expert Commissions will be established at national level to propose qualitative national standards in the area of prevention, treatment, rehabilitation and social reintegration. The programme highlights how the standards will follow the main objective of the new drug strategy: a life free from drugs.

Financing

Since 1990, Act 309 has foreseen every year the availability and disposal of a fund for projects and activities in the field of drugs equal to about 120 million euro. The fund is managed by the Ministry of Welfare, 75% of the fund goes to the regions while 25% is redistributed among the central administrations for drug-related activities. There are no assessments on the total cost of drug policy, however, a study carried out in 1998 in Italy on the total health care costs of drug addiction, provides with an estimate equal to € 500 million ([61]).

Coordination

National level

Drug Policy National Department

In November 2001, pursuant to the change of government, a new structure, the Drug Policy National Department has been created at the Presidency of the Council of Ministers with the objective of supporting the work carried out in the field of drugs by the National Drug Control Coordination Committee.

Main tasks include the production of a three-year Drug Strategy and the proposal of amendments to the national drug legislation to implement the following goals:

- To concentrate in a single structure the various responsbilities divided among several administrations;
- To coordinate the activities of the central administration with the regions and the local authorities;
- To increase the efficiency of prevention, law enforcement and rehabilitation;

[61] This is based on an analysis of all costs of the local health services (Aziende Sanitarie Locali [ASL]) for 1998.

- To ensure freedom of choice concerning the treatment and rehabilitation programmes to be followed

Extraordinary Commissioner for the Coordination of Drug Policy

Moreover, together with the new Department, a new function has been created: the 'Extraordinary Commissioner for the Coordination of Drug Policy'.

Appointed in November 2001, as Extraordinary Commissioner, Mr. Soggiu, has the objective of coordinating the activities carried out by the central administrations and the agencies working in the field of drugs and to forward proposals to the Prime Minister to maximise the functioning of the government in the field of prevention, law enforcement and rehabilitation from drugs. The creation of this position of Extraordinary Commissioner demonstrates the relevance assigned by the Executive to the drug problem. It is indeed a tool applied in Italy to very crucial issues, which need to be addressed with special powers, such as mafia, illegal immigration or loan-sharking.

The creation of these new structures, the Central Department and the Extraordinary Commissioner shows the increased emphasis, at political level, given to the drug policy and to coordination by the Italian government.

Inter-ministerial

The National Drug Control Coordination Committee is the forum of decision within the central government. Created by Law 162 in 1990 and composed of 11 Ministers ([62]), it is responsible for issuing guidelines and to formulate the general policy for prevention of use, treatment of addiction and action against illegal drugs at national as well as at international level. It suggests proposals to the government within its competencies and on the guidance and coordination of matters of regional competence. The Committee gives advice on the Acts produced in the field of drugs by the Prime Minister and it is supported by the scientific work of the Permanent Monitoring Centre on Drugs and by the Consultative Council.

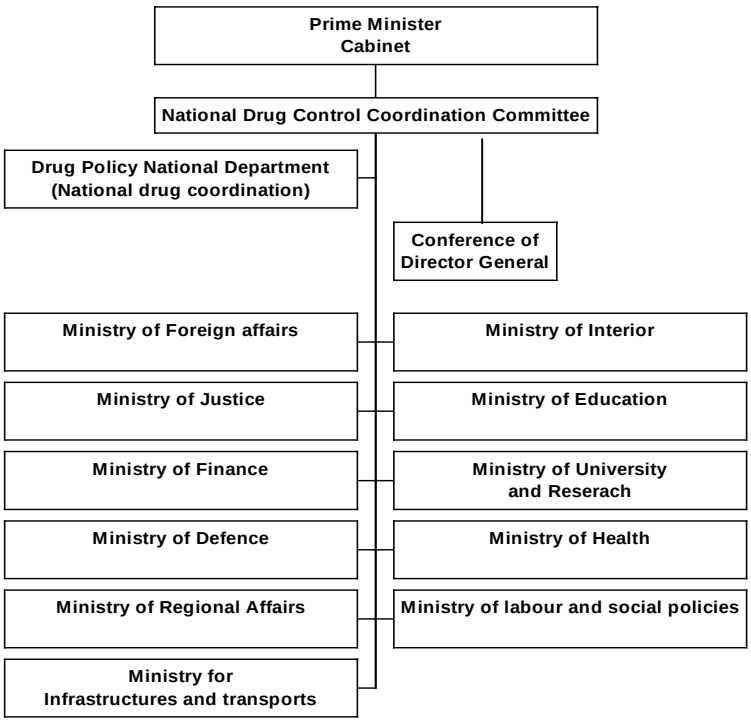
The law attributes the chair to the Prime Minister who has until 2001 delegated it to the Minister of Social Affairs. With the new government a new decree law has been issued to re-organise composition and competences. The chair of the National Committee is ensured by the Prime Minister, or in his absence, by the Vice-Prime Minister. The function of Chairman can be delegated to the Minster of Labour and Social policies ([63]). The composition involves 13 Ministers or other ministers that can be convoked ad hoc.

[62] Ministers of Foreign Affairs, Interior, Justice, Finance, Defence, Education, Health, Labour and Social Security, University and Scientific and Technological Research, Regional and Institutional Affairs, Urban Areas, and the Under-Secretary of State at the Prime Minister's Office.

[63] Art. 1 Presidential Decree of 5 April 2002 on the composition and competences on the National Drug Control Coordination Committee

The implementation of the decisions taken by the National Committee are performed by the Conference of the Director Generals, presided by the Director General with competence in the field of drugs of Ministry of Labour and Social Policies.

Ministries involved in drugs-related issues and coordination



Regional level

Following a referendum in the year 2000, the 20 Italian regions are fully responsible for health matters. This means that legislative and executive powers are no longer delegated from the central authority to the regions but they are considered as institutional powers of the regions concerned. The responsibility for the advice and coordination of activities between the regions and the central government is ensured by the 'Standing Conference for Relations between the State, the Regions and the Self-Governing Provinces' ([64]), Regions are responsible for developing and implementing Regional strategies for prevention, treatment and rehabilitation and for establishing arrangements which provide the optimum situation for the delivery of interventions. Regions also have responsibility for accrediting services, ensuring the availability of training and for establishing the rules for control, verification and evaluation of interventions. To support planning and implementation, many Regions have developed their own monitoring centre, which acts as the scientific reference point for the same Region.

[64] as established by Law No. 400 of 23 August 1988.

Municipalities and, to a much lesser degree, Provinces have also been involved in providing or supporting interventions. In particular, they have supported prevention initiatives at primary and secondary levels, youth service provision, outreach work with disadvantaged people and social re-integration projects. In a number of Municipalities, local advisory committees have been established to advise on and support the implementation of local initiatives.

Drugs Monitoring Centre

Established by Act 162 dated 1990, the Permanent Monitoring Centre on Drugs changed its location three times in 10 years.

It started at the Ministry of the Interior, by integrating data in particular from law enforcement sources. In 1999 Law 45 established in details its characteristics and objectives, transferring it under the Department of Social Affairs at the Presidency of the Council of Ministers with the name of National Drugs Observatory ([65]) *(OIDT)*. It was then divided into three sectors: epidemiology, demand reduction and the national focal point, as the interface of the EMCDDA in Lisbon. In 2001, it followed the restructuring of the public administration being now under the Ministry of Labour and Social Policy. The political and administrative changes that occurred have certainly influenced its performance.

Advisory bodies

The *Consultative Council ([66])* made up of 70 experts and operators working in the field of drugs, has been established in 1999. It is acting as an advisory board for all matters related to the competences of the National Committee. This new body is undergoing some changes in type and number of operators.

Conclusion

In Italy, since 1990, Act 309 has been the frame of reference for the drug strategy and coordination. However, in Italy, the drug issue is highly politicised through a rather important debate between conservatives and liberals. Any law or decision must be interpreted within the political scenario in which it is produced.

With the new government of 2001 there has been a change in drug policy from the previous government and although it is not yet possible to foresee in detail which will be the concrete initiatives undertaken by the new strategy, it is clear that a greater emphasis is placed on the promotion of abstinence, full rehabilitation and a life free from drugs rather than on harm reduction, as was previously the case.

[65] (Osservatorio Italiano per la verifica dell'Andamento del Fenomeno delle Droghe e delle Tossicodipendenze - OIDT)
[66] La Consulta nazionale degli esperti e degli operatori delle tossicodipenedenze

With regard to coordination, two new structures have been created under the direct jurisdiction of the Prime Minister, with the objective of enhancing coordination and designing, for the first time in Italy, a national Drug Strategy.

Italian strategy in brief

National Strategy	Specific Action Plan	Announced
	Performance indicators	--
	Global approach	--
	Legal/illegal substances	--
	Implementation	--
	Permanent system linking objectives to performances	--
Coordination	Authority Responsible for coordination	Prime Minister delegated to the Vice Prime Minister
	Central coordination unit	National Drug Control Coordination Committee
	National co-ordinator	Mr. Soggiu 'Extraordinary Commissioner for the coordination of the drug policy'
	Global	Coordination includes demand and supply reduction
	Drugs Monitoring Centre	National Drugs Observatory (OIDT)'.
	Advisory Body	The Consultative Council

Luxembourg

Document of reference: 'Action Plan 2000–2004 in the field of drugs and addiction, March 2001'

National strategy

National drug policy has always been characterised by shared political competencies and responsibilities. Traditionally Luxembourg privileged an approach that enabled the coordination of heterogeneous and differ however opposed policy levels.

Background

The parliamentary elections of June 1999 can be described as the turning point in the field of drugs in Luxembourg. The governmental declaration of August 1999 ([67]), and the subsequent coalition agreements, emphasised the need for further development and diversification of specialised health care, a more pragmatic approach to law enforcement, by means of the required legislative amendments and the promotion of harm-reduction measures.

The new government thus decided to charge the Ministry of Health with national drug coordination in the fields of demand and harm reduction. Accordingly, the Minister of Health appointed a national drug co-ordinator and took the necessary steps to centralise collaboration conventions with drug-related NGOs, previously held by the Ministry of Family.

This decision demonstrates the political will for a more centralised coordination of drug policies and for the further development of a decision process based on reliable scientific data.

In line with the above, the Minister of Health presented a four-year drugs action plan in the field of addiction (2000-2004) in October 2000.

The main goal

The Action Plan is partly inspired by the EU Action Plan on Drugs (2000-2004), which offers guidelines for the national Action Plan. The main goal is to diversify drug treatment facilities and risk-reduction measures, to promote drug-related research and to reinforce collaboration and coordination nationally and internationally. The new Government benefits from an in-depth analysis of the drug situation in the country performed by the national focal point of the EMCDDA.

[67] Governemental Declaration of 12/8/1999, http://www.gouvernement.lu:80/gouv/fr/gouv/progg/declu.html

General principles

- Low threshold services
- Outpatient inpatient therapeutic network
- Post-therapeutic measures and professional reintegration
- Research and monitoring
- Primary prevention

The 2000-2004 Action Plan lays out the basic principles to be followed in the area of drug addiction. It is divided into four pillars: prevention, treatment, harm reduction and repression. It relies on five main areas: low-threshold services; on outpatient-inpatient therapeutic network; post-therapeutic measures and professional reintegration; research and monitoring; and primary prevention.

The plan defines actions to be implemented, highlights schematically the budget needed and the authority in charge of implementation.

Development includes: amendments to the national drug law (to introduce harm reduction activities, decriminalisation of cannabis use, substitution treatment, on-site pill testing, etc.); development and diversification of the drug-care and harm-reduction network; coordination of national and international drug strategies; promotion of drug research and monitoring activities; future collaboration between justice and health.

Main objectives

The drug situation has been evaluated and the Action Plan is the government's concrete response to the drug problem, also following the new possibilities provided by the new law on substitution treatment. There are two main objectives: primary prevention and 'N prevention' (that means every preventive action excluding primary prevention). The objectives defined in the Action Plan are also divided in three pragmatic criteria to allow for prioritisation: urgencies, mid-term priorities and possible future actions depending on the available resources.

Specific Tasks

n.a.

Evaluation

Regarding evaluation, the Inter-ministerial Commission on Drugs, chaired by the Ministry of Health, follows the implementation of the drug action plan. A further evaluation mechanism is the mandatory bi-annual progress report to the Government on actions included in the governmental declaration and coalition agreements.

With regard to the national drug action plan, the effective implementation of clear goals to be reached within defined time periods, is monitored by means of control mechanisms. As an example, the creation of injecting rooms was prioritised (following the new legal framework) and the related performance indicator is looking at the implementation of these new structures within two years.

In 2004, at the end of the period covered by the Action Plan, which will coincide with the new parliamentary elections, an evaluation report will be prepared and all achievements and targets will be assessed.

Financing

The Ministry of Health finances the majority of drug-related actions and projects. The Action Plan has also defined the human and budgetary resources that are necessary to effectively implement the objectives and targets.

Luxembourg has recently launched a study on drugs expenditure. This study analyses the overall figure (from the prosecution costs to the health insurance system). The government's global expenditure for drug policy is estimated at 20 million € per year (0.1% of the GDP). The Ministry of Health allocated 3 million € for drug-related activities in 2000 and 3.64 million € in 2001.

In 1992, a fund for the fight against illicit drug trafficking was created, following the recommendation of the 1988 UN Convention, which allows the use of the confiscated proceeds of drug-related crime for demand reduction and prevention projects.

Coordination

National level

Structures involved in the delivery of the national drug strategy

- Inter-ministerial Commission on Drugs
- Ministry of Health

Following the latest election in 1999, the coordination of drug demand reduction, risk reduction and research has been transferred to the Ministry of Health. For the first time a National Drug Coordinator was appointed in November 2000, Mr. Origer. He is responsible for overall coordination in the field of drug demand reduction and represents Luxembourg at international level. However, the responsibility for supply reduction and law enforcement aspects remains with the Ministry of Justice, where there is no officially appointed coordinator.

At national level, coordination among the competent Ministries takes place in the Inter-ministerial Commission on Drugs, chaired by the Ministry of Health. The Commission is responsible for the implementation of the 2000-2004 Action Plan, supervises field activities and is bound to guarantee an effective consultation process between the Ministry of Health and other involved ministries (e.g. Justice, Foreign Affairs). This Committee meets regularly, about 10 times per year to exchange information. Three points are always on the agenda: the early-warning system for synthetic drugs, the implementation of the Action Plan and legal changes.

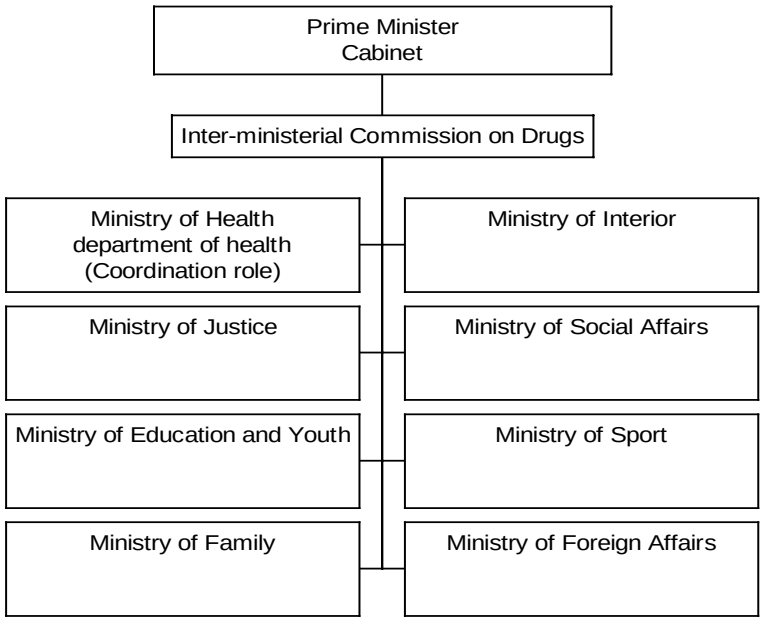
The 'Inter-ministerial Commission on Drugs' chaired since 1999 by a representative of the Ministry of Health (before 1999 the Ministry of Justice chaired the Inter-ministerial Commission)

and composed of senior delegates from the main governmental departments, constitutes the top decision level regarding coordination and orientation of actions. NGOs which are regularly financed by the Ministry of Health were consulted for the drafting of the Action Plan.

The coordination between the Ministry of Health, the Ministry of Justice and the Ministry of National Education respectively occurs through the 'Health – Justice' and the 'Health – Education' ministerial groups.

A 'Multidisciplinary Committee' has been set up by law within the Ministry of Health and commissioned to co-ordinate and follow-up alternative treatment measures *(injonction thérapeutique*) and report to the Prosecution authority.

Ministries involved in drugs-related issues and coordination



Regional Level

n.a.

Drug Monitoring Centre

The drug co-ordinator is also the Director of the Reitox National Focal Point (NFP). Thus, a high level of collaboration is guaranteed between the policy level and the NFP.

Advisory bodies

The drug coordinator meets every two months with NGOs involved in the field, At governmental level, a Special Parliamentary Commission on Drugs exists, that functions as an advisory body to the government. At the level of the Ministry of Health, the national drug coordinators as well as

the head of the Division of Social Medicine and Drug Addiction are the main advisors of the Minister in the referred field.

Conclusion

The Action Plan on Drugs and Addiction is structured to clearly identify actors for implementation. The Ministry of Health ensures monitoring for its implementation. However, the elements of supply reduction are not included in this coordination system since they exceed the competencies of the Ministry of Health. The Inter-ministerial Committee on drugs as well as bilateral consultation between the National Drug Coordinator and the Ministry of Justice ensure the overall Health-Justice coordination.

Luxembourg strategy in brief

National Strategy	Specific Action Plan	Yes covering only demand (risk) reduction and drug research fields
	Performance indicators	The plan determine action, actors budget and timetable
	Global approach	No
	Legal/illegal substances	The Plan consider illegal drugs
	Implementation	Budgetary means envisaged. Timetable clearly defined
	Permanent system linking objectives to performances	Periodic outcome evaluation
Coordination	Authority responsible of coordination	Ministry of Health
	Central coordination unit	Department of Social Medicine and drug Addiction of the Ministry of Health
	National coordinator	Mr. Origer of the Ministry of Health
	Global	No
	Drug Monitoring Centre	Yes, implemented with the division of Social Medicine and Drug Addiction
	Advisory Body	Yes

Netherlands

Documents of reference: 'Drugs Policy in the Netherlands – continuity and change, 1995'; 'Drugs - Guide to Dutch Policy 2000'

National strategy

Background

The basic principles of the Dutch drug policy are included in the white paper *Drugs Policy in the Netherlands – continuity and change,* of 1995*.* Although it does not have the structure of a drugs action plan organised in targets, timetables, scoreboards, etc., the document can be considered as the policy paper reflecting the position of the Dutch government on drugs.

Specific plans can nevertheless be adopted to face particular problems such as the *Plan of approach to intensify the Dutch policy on synthetic drugs* presented to Parliament in May 2001. This action plan contains about 40 items worked out in a scoreboard.

The main goal

Dutch drug policy is based on the principle that drugs are an unwanted but unavoidable phenomenon of our society. Therefore, the main objective of Dutch drug policy is to avoid or limit the risks of drug use to the individual, his or her immediate environment and society.

General principles

- Separation between hard and soft drugs markets
- Education and information
- Help to drug users and social reintegration
- Prioritise law enforcement

Some key principles shape drug policy. A clear separation of the markets for soft and hard drugs. Thus to prevent users of soft drugs from becoming marginalised and from being exposed to more harmful drugs. In this line, soft drugs are (de facto) decriminalised, meaning that no enforcement will be applied for possession of cannabis for personal use. Furthermore, small-scale selling of cannabis in so-called coffee shops is being tolerated under certain conditions, the AHOJ-G: no advertising (A), no hard drugs (H), no nuisance (O), no admission for minors (J), no sales of more than 5 grams (G).

Targeted education and information both for the general public and for special groups is the essential element to prevent (problematic) drug use. On the other hand, help to drug users and programmes to social reintegration of (former) drug users must be ensured by highly diversified and extensive professional network of health care and social institutions.

In the field of criminal justice system the main principle is the reconciliation of the interests of crime control with those of public order, public health and welfare. The aim is to tackle trafficking of hard drugs and larger quantities of soft drugs by using the full weight of the criminal law. No competences for legal drugs are reported.

Main objectives

- Prevention, treatment and rehabilitation
- Harm reduction
- Public nuisance
- Combat traffic and illegal production

As said although the Dutch policy is not presented in a strategic document addressing objectives and targets, however from the extensive literature available (governmental reports, fact sheets, guides to policy options), and from the Reitox national reports it is rather clear which are the objectives pursued by the Dutch drug policy:

- prevention of drug use and treatment and rehabilitation of drug users;
- harm reduction for users;
- reduction of public nuisance by drug users (the disturbance of public order and safety in the neighbourhood);
- and combat to the illegal production and trafficking of drugs.

Prevention, treatment and harm reduction programmes are tailored to the type of drug and type of user. The government feels that different drugs require different policy responses and that the national policy should be sensitive to changes in drug use. Prevention and harm reduction are fostered through, for example, educational interventions, methadone programs, needle exchange, by enforcing public health rules for recreational events and by having pills monitored for content.

Reducing public nuisance caused by drug users and especially by drug tourism from neighbour countries has become a priority from the second half of the 1990s onwards, while in the field of law enforcement high priorities are the suppression of the sale of hard drugs and the traffic in large quantities of drugs, both hard and soft and the combat of production and sale of synthetic drugs.

Specific Tasks

The implementation of the white paper *Drugs Policy in the Netherlands – continuity and change* of 1995 has been completed. There was an implementation plan how to implement the white paper. The implementation of the white paper was under co-ordination of the Working Group on Drug Policy Implementation (AWUD). Every year the Parliament was informed on the implementation by progress reports on drugs.

The strategic coalition paper of the new government lays down the following aims regarding drugs for the coming years.

- a stricter policy in combating production and trafficking of drugs;
- continuation of the policy concerning the discouragement of the use of soft drugs.

Evaluation

Financing research into the effectiveness and efficiency of addiction care services and of prevention programmes is one of the goals of the government in evaluating the impact of its action. Indeed, Netherlands has started to work on quality assurance in drug prevention and addiction care (both demand reduction and harm reduction) for several years now. Consciousness about the need for quality assurance is enhanced among professionals, but obstacles for implementation are reported to be numerous.

While monitoring effectiveness is reported to be rather weak and process management is not commonly applied, the majority of organisations operating in the field of mental and addiction care, apply some sort of quality-control system. A budget is allocated for a special quality manager or a steering group and for using models based on guidelines from the Netherlands Institute for Quality Prices or derived from the American Total Quality Management.

Financing ([68])

The total cost of the Dutch drug policy is unknown, nevertheless, some estimations for selected areas are available. The estimated costs of the addiction care and treatment system (addiction clinics, psychiatric hospitals, outpatient addiction care, methadone maintenance, probation/rehabilitation, penal placement of addicts and the synthetic drugs unit) is of about € 214 Million. The total costs of law enforcement are even more uncertain, however, according to an outdated estimate (1995), the costs were € 300 million.

Coordination

National level

Because of the importance of an integrated approach, the responsibility for drug policy is shared between several different ministries. The Minister of Health, Welfare and Sport is responsible for coordinating

Structures involved in the delivery of the national drug strategy
▪ (Mainly) Ministers Health, Justice and Interior + Foreign Affairs + Finance
▪ Working Group on Drug Policy Implementation

[68] Reitox National Report on the Drug Situation in The Netherlands 2001, Trimbos Institute

drug policy, and also has substantive responsibility for prevention and aid policy. The Ministry of Justice is charged with enforcement of the law, while matters relating to local government and the police fall under the jurisdiction of the Ministry of the Interior and Kingdom Relations.

There are not special coordination units or so called 'national drug coordinators' Coordination appears to be based on a strong consensus between the concerned national actors: mainly Health, Justice and Interior, but also other administrations that might be involved. Although each of them is responsible for operations and budget in their own area, daily informal contacts are undertaken between administrations easing exchange of information and coordinated activities.

The Director for Mental Health and Addiction Policy of the Ministry of Health, Welfare and Sport, Mr. Sander Bersee, represents drug policy nationally and internationally and he is the chairman of the Working Group on Drug Policy Implementation.

Regional level

The national government formulates the national policy on drugs. Policy implementation, however, is to a large extent in the hands of local and regional authorities and organisations. This decentralisation applies to law enforcement as well as to health and welfare and to administrative measures. In the major municipalities and in other administrative regions a so-called triangular consultation exists in which the mayor, the police commissioner and the principal public prosecutor confer about local or regional law enforcement.

Another key body acting at local level is the Association of Netherlands Municipalities (VNG). The VNG works in the interest of municipalities and informs them, police forces and public prosecution departments of possibilities of developing effective local or regional drug policies.

Inter-ministerial

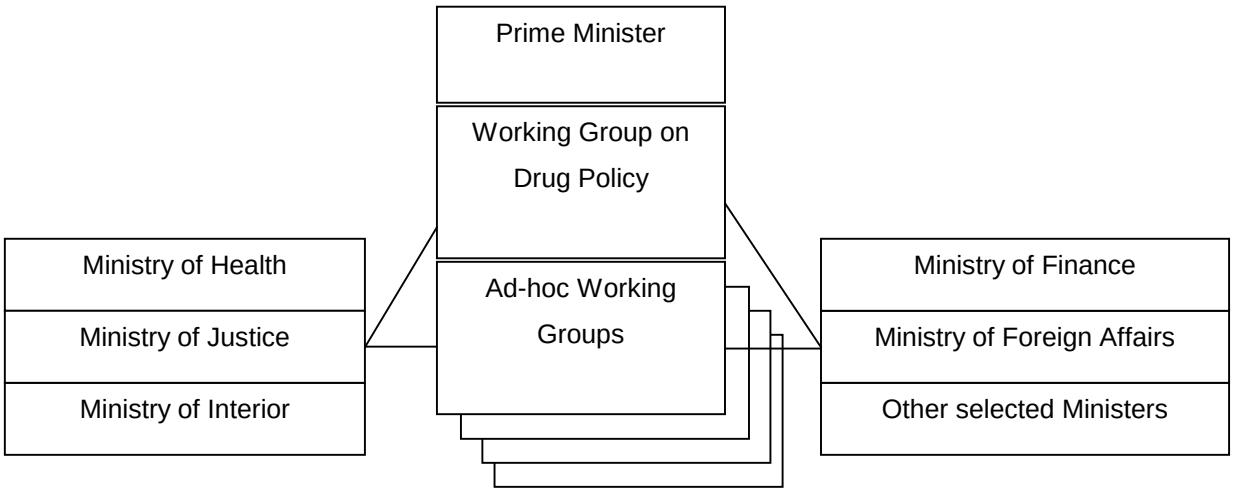
The Working Group on Drug Policy Implementation is the forum in which all sorts of policy questions and issues related to drugs are discussed. Approximately every five weeks a meeting is arranged in which participate representatives of the ministries of Health, Welfare and Sport, Justice, Interior and Kingdom Relations, Foreign Affairs and Finance. During the '90s the group met at the level of the director, but now the level of representation of the various ministries is more technical. This group still meets regularly, usually once every two months, but also on an *ad hoc* basis. All other ministries representatives can participate whenever is required their involvement. The meeting is key to the consolidation of partnership and communication, being any decision adopted with the consensus of all participants. The consensus is in fact reported as one of the most important elements in the coordination of the Dutch drug policy.

Ad-hoc meetings or working groups on specific issues may also take place, such as the *National Co-ordination Committee Precursors* discussing all policy issues involving precursors, or the *Steering Group International Information* which taking place once a month co-ordinate the

information on Dutch drug policy to policy makers, politicians, media, and citizens in foreign countries.

The Ministry of Justice co-ordinates the implementation of the Plan of approach to intensify the Dutch policy on synthetic drugs. A so-called 'Regiegroep' (direction group) under chairmanship of the ministry of Justice was set up to supervise the implementation and execution of this plan and guide the process with the concerned ministries (Justice, Finance, Defence, Health, Interior and the Public Prosecution department). High level meetings take place (level of director). The implementation of the plan also takes place in consultation with the operational bodies.

Ministries involved in drugs-related issues and coordination



Drug Monitoring Centre

The National Drug Monitor, established in 1999, is the result of a cooperation of various monitoring institutes. It serves two functions: a) acts as an umbrella organisation for surveys and data registration concerning addiction and substance use (drugs, alcohol, tobacco) in the Netherlands, and coordinating any such projects currently in progress, and b) reports (annually) to national government authorities and international and national agencies.

Also working in the field of information at the national level is the Information Systems on Addiction Care, which is responsible for collecting and providing anonymous information on people attending outpatient addiction care institutions. Deliverance of data by the institutions is mandatory according to the Registration Guideline Addiction Care (Registratieregeling Verslavingsbeleid), issued by the national government in 1999.

Advisory bodies

n.a

Conclusion

There seems to be a general agreement among members of government and among the public opinion on the national policy on drugs and more generally on its underlining principles. The emphasis put on health care, harm reduction and treatment, with sharp distinctions between soft and hard drugs seems to be based on a broad consensus. In this climate, there seems to be no major conflicts in the way drug policy is carried out. Coordination at central or local level is based on consensus and partnership, and it is build more on frequent and informal contacts that on fixed structures.

Dutch strategy in brief

National Strategy	Specific Action Plan	Yes
	Performance indicators	No
	Global approach	Yes
	Legal/illegal substances	Yes
	Implementation	Central departments and municipalities
	Permanent system linking objectives to performances	No
Coordination	Authority Responsible of coordination	Ministry of Health, Welfare and Sport
	Central coordination unit	No
	National co-ordinator	Director of the department of Ministry of Health, Welfare and Sport
	Global	Yes
	Drugs Monitoring Centre	National Drugs Monitor
	Advisory Body	n.a.

Austria

Document of reference: 'Drugs Policy Plans in the Provincial Länders'

National strategy

In Austria, due to the country's federalist structure, powers are divided between the central government and the nine Provinces. The Federal Government is responsible for providing a legal framework for implementation of measures at provincial level. It is responsible for courts and police while in the field of health care and social affairs the Provinces play a major role in planning and implementing drug policy measures.

Austria has no national (federal) drug strategy or action plan. There are regional (local) strategies such as the Vienna Drug Policy Programme of 1999, or the drug strategies of Salzburg, Lower Austria, Styria, Burgerland, Carinthia and Voralberg, which gives the framework for actions in the field of demand reduction. Currently six Provinces have drawn up and adopted explicit drugs plans. In Tyrol the drug strategy dates of 1993 and in Upper Austria a drug strategy is about to be adopted.

Background

Even without a federal framework, the central principles and objectives of the national drug policy are visible as they are put in practice in the relevant legislations and reflected in the statements and activities both by political representatives working in this field and by authorities responsible for implementation.

The main goal

The main objective of the Austrian drug policy is a society as free from addiction as possible. Together with approaches aimed at complete abstinence, in the last few years the importance of measures of accepting assistance (Akzeptierender Ansatz) ([69]) has been emphasised more strongly, with the objective of limiting drug-related risks and harm.

[69] This approach mean that drug users/addicts are supported and assisted also when they do not show signs of loosing their habit of using drugs

General principles

The national drug policy of Austria follows a 'comprehensive and global approach' based on a few central principles that have been further developed continually since the early 1970s.

- comprehensive and global approach
- drug dependence as disease
- therapy instead of punishment
- drug control
- prevention of illegal drug trafficking

The distinction between drug dependence and drug trafficking has led to the definition of addiction as a disease in a psychosocial context. This led to the principle that help for addicted patients by means of social and health policy measures shall have priority over repressive methods. This principle is also observed in the legal provisions regulating alternatives to punishment and the model 'therapy instead of punishment' for addicted offenders. The health and social policy interventions are complemented by police and penal measures aimed at drug control, especially the prevention of illegal drug trafficking. This development is continued in the Narcotic Substance Act (NSA) which entered into force in 1 January 1998 to replace the NDA of 1951 and further extended the principle of 'help instead of punishment'.

A comparative analysis ([70]) of the provincial drugs plans available so far shows that the basic principles, aims and type of measures are very similar. In some cases different aspects are visible or the wording may not be identical, but the basic positions are similar.

Global approach. The provincial drugs plans underline that an effective drug policy requires the balanced use of health policy measures aimed at reducing the demand for drug, on the one hand, and penal measures aimed at reducing the supply of drugs on the other.

Decriminalisation of drug users (addicted). The provincial drugs plans agree on the importance of decriminalising drug users and addicted patients. A key goal in this context is to avoid adverse social/health consequences resulting from the legal implications of 'illicit drugs'.

Addiction is a disease. Another central principle of the provincial drugs plans is that addiction is defined as a disease, and thus addicts are primarily regarded as patients and not as offenders. Correspondingly, it is emphasised that health policy interventions for drug users and addicts based on the principle of 'help instead of punishment' should be given clear priority to repressive actions. The provincial Drugs Plans also point out that an integrative drug policy is necessary to counteract the marginalisation, discrimination and stigmatisation of drug addicts.

Comprehensive view of addiction (legal/illegal). Three 'Addiction Plans' of Lower, Upper Austria and Burgerland cover both legal and illegal substances. The other Drugs/Addiction Plans mention

[70] Extract from Reitox Report on the Drug Situation in Austria 2000, Österreichisches Bundesinstitut für Gesundheitswesen (OBIG)

that addiction to legal drugs is a relevant health policy issue, but, with the exception of the field of prevention, they focus on illegal substances.

Principles of drug help. The general drug policy principles described above are complemented by specific principles for practical drug help activities. The provincial drugs plans stress an orientation towards concrete needs as a central requirement for drug help activities.

Prioritise goals. The provincial drugs plans include a hierarchy of goals: the most important goal is to reduce injury to health as well as social harm resulting from drug use. The corresponding interventions range from preventing persons from beginning to take drugs ([71]) to preserving the life of clients and improving their health and psychosocial situation to abstinence and eventually regaining individual abilities and competences as well as social reintegration of drug patients.

Politics and drug policy. Another aim is to de-emotionalise the public and political drug discourse. To this end, intensive, objective public relations work is seen as necessary, also to contribute to decreasing criminalisation and stigmatisation of drug users and addicts.

The provincial drugs plans focus more on health care and social policy than on law enforcement. This is due to the allocation of competences between the Federal and Provincial Governments where measures of police and courts are part of the federal competencies while promotion of health and social aspects are executed with at the provincial level.

Main objectives

In the official programme of the current Austrian government issued on 9 February 2000, drug-specific measures were included primarily in the field of health and interior safety. Main objectives were:

- *Intensification of primary prevention;*
- *Continuation of therapy instead of punishment;*
- *No legalisation of 'soft drugs', 'reduction of the limit quantities';*
- *Information campaigns for young people in order to prevent drug consumption and drug-related crimes;*
- *Fight against drug trafficking, using all legal means and employing the resources needed for such operations as well as providing the necessary infrastructure for the police.*

Specific tasks

All provincial drugs plans refer to the various areas of intervention: *prevention; health-related measures; social measures; and public safety*. Some of the provincial plans, as a result of the

[71] However, the aim of a drug-free society is considered unrealistic in the Drugs Plans. Even regarding the goal of a society as free of addiction as possible it is admitted that this cannot be achieved in all cases.

competence structure, do not include safety or law enforcement. Only health and social policy interventions are taken into account.

The Drugs Plans are aimed towards implementation and therefore they include a number of concrete measures in specific areas depending on the province in question. As example in the city of Vienna 'Competence Centres' have been established while in Carinthia and Styria, therapeutic facilities have been created. In Lower Austria 'outreach work' in youth scenes has been established following the adoption of the plan.

Evaluation

Although the regional Drugs Plans emphasise that evaluation is very important for quality assurance, none of the plans explicitly includes an evaluation of the implementation of the drug strategies or of the drug policy approach. Still, an evaluation of the drug plan of the Tyrol, drawn up in 1993, has been scheduled for the next months. The result of the evaluation will serve as the basis for revising the drug plan and bringing it up to date.

There are no scientific studies dealing with an evaluation of the Austrian drug policy, but few special areas or aspects were surveyed. Eisenbach-Stangl (2000), analysing the relation between 'prosecution and treatment', and on the implementation of the principle 'therapy instead of punishment' (Beishammer 1999).

Financing

A study on the comparison and analysis of the economic aspects of the problem of illegal drugs in Austria (Bruckner and Zederbauer 2000) based on available data for the year 1997, gives a total estimate of more than 145 million € of expenses in the various drug related fields.

Of this amount about 2/3 are estimated to be spent in the field of law enforcement (police, legal measures) while 1/3 goes into drug help (50 million €) and into prevention (3 million €). These figures, although indicate the order of magnitude of expenses in this field, can only be regarded as very rough estimates.

Coordination

Federal Level

Structures involved in the coordination of the national drug policy

- Federal Drugs Coordination
- The Drug Forum
- Drug Coordinators and Drug Representatives at provincial level

In 1997 the government decided to create a Federal Drugs Coordination structure under the Ministry of Social Security and Generations (Health) and with the participation of the Ministries of Interior and Justice. In this context, it was stressed that the drug problem was a cross-cutting issue, for which efficient coordination both at the national and international levels

played a central role. Therefore, due to the federalist structure of Austria, the need for strong co-operation between the federal level and the regional provincial level was emphasised.

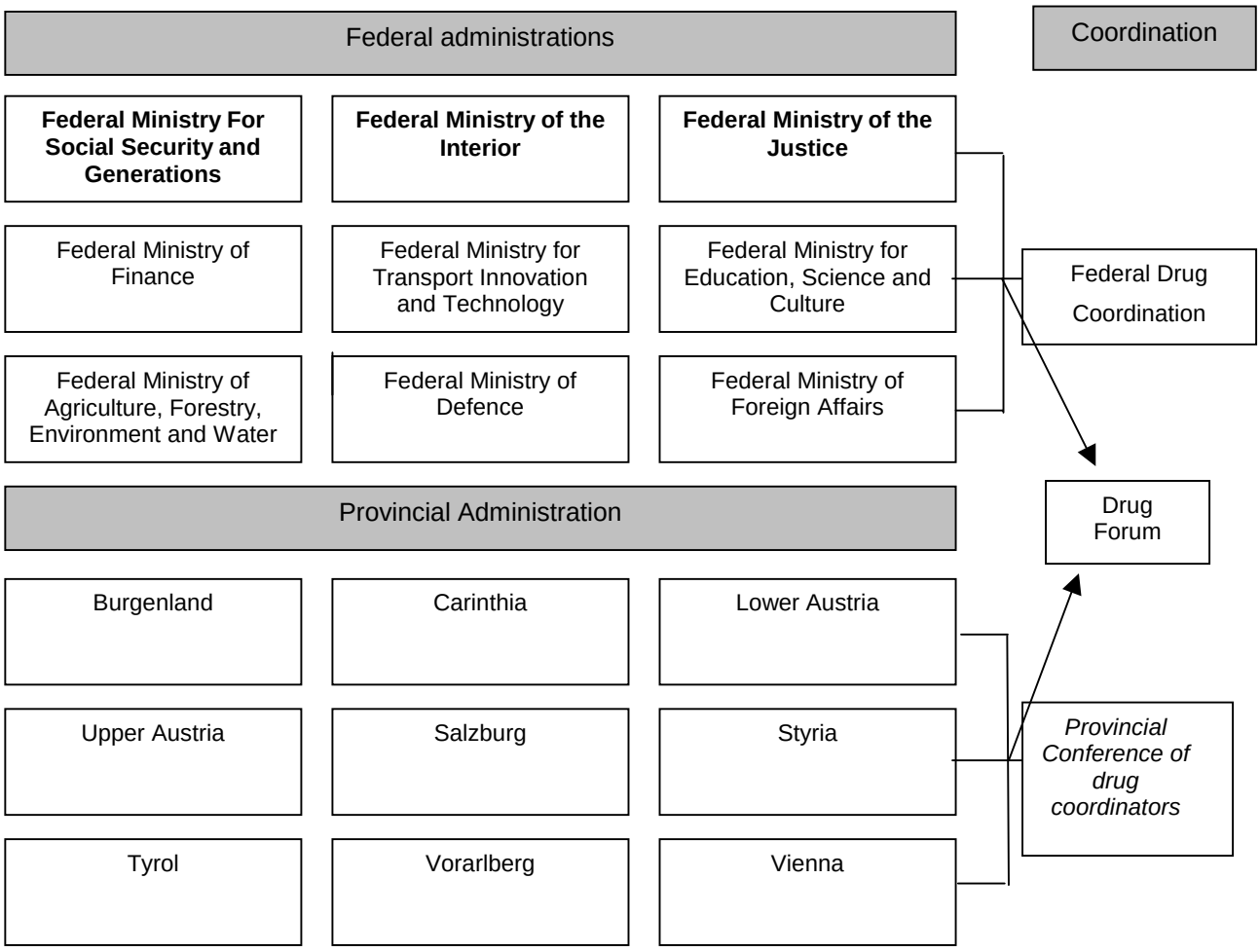
Inter-ministerial

The Federal Drug Coordination (FDC)

The *Federal Drug Coordination* has three permanent member: According to the existing allocation of competences they represent: the Federal Ministry for Social Security and Generations; the Federal Ministry of the Interior; and the Federal Ministry of Justice. They work on coordination aspects seconded by the respective administrations. Representatives from other ministers are invited on an *ad hoc* basis.

The Federal Drug Coordination is responsible for the operational coordination of federal drug policies, it prepares ministerial decisions in the field and ensures the representation of Austria at European and international level. The main responsibility for drug coordination lies however within the health section of the Federal Ministry for Social Security and Generations.

Administrations involved in drugs-related coordination functions



Regional level (Provinces)

At provincial level coordination in the field of drugs is ensured by the Drug Coordinators and Drug Representatives. Nominated in each province, their actual competences markedly differ according to province, especially with regard to available resources and tasks. In most cases the Drug Coordinators are responsible for the planning and practical implementation of drug policy measures, while the Drug Representatives primarily perform advisory functions. So implementing the drug plan of the province is one focus of activities to be performed by the Drug Coordinators. This function is becoming more and more important, which is also reflected by the fact that all Provinces by now have appointed Drug Coordinators and provided clearly defined resources to enable them to perform their work. In four Provinces the coordinators are named Addiction Coordinators instead of Drug Coordinators. This is to emphasise the focus on addiction substances regardless of their legal status.

In all provinces there are regional addiction or drug advisory boards comprising representatives of the most important local institutions in the field of drugs and performing advisory functions. The boards often also include representatives of other relevant sectors (e.g. health and social care, schools, young people, the labour market, the police force) and political parties so as to ensure harmonisation on a broad basis as well as a comprehensive and integrative approach.

Inter-regional coordination of the provincial drug policies is performed by the Provincial Conference of Drug Coordinators established in 1995. Its members regularly meet to discuss current drug policy issues and draw up joint positions and statements.

Drug Monitoring Centre

In Austria there is no official Drug Monitoring Centre however ÖBIG (the institute part of the REITOX network) responds to requirements typical of a Monitoring Centre. It develops methodologies, best practices and guidelines, collects and disseminates information, and formulate answers when consulted on new programmes or initiatives in the field of drugs.

Advisory bodies

The Drug Forum

The coordination tasks mentioned are performed by the *Drug Forum*, among other bodies. The *Drug Forum* is a cooperation forum consisting of the Federal Drug Coordination, Drug Coordinators or Drug Representatives of the Provinces, representatives of the Federal Ministries, the Local Government Federation and the Austrian REITOX Focal Point as well as a few selected scientists. It meets approximately every three months for the purpose of a general exchange of information and for discussing specific questions. The *Drug Forum* is an advisory committee of the *Federal Drug Coordination* dealing with fundamental questions of drug policy. Therefore the

meetings serve the purpose of drawing up basic positions concerning drug issues as well as pertinent recommendations. For discussing specific subjects the *Drug Forum* may also establish working groups that include external experts. The results provided by the working groups are then integrated in the work of the *Drug Forum*.

Conclusion

Austria does not have a single federal drug strategy although a *Federal Drug Coordination* and Provincial Plans define both a 'light' coordination structure and the priorities to be tackled within the drug policy of the provinces.

Nevertheless, a main thread is visible when looking at the federal legislation and comparing the provincial plans. In general terms the Austrian policy is based on a 'global approach' aimed as much as possible to an addiction-free society. This aim however is not strictly implemented in the drugs plans, which are constructed more around the principle of 'therapy instead of punishment' with a specific recur to the reduction of negative consequences of drug use.

On the coordination side it is reported how the lack of a uniform, harmonised federal strategy might affects the resources put at the disposal of the coordination. Nevertheless, there are no reported major conflicts in the implementation of the drug policy probably due to the fact that the current approach to drugs is largely agreed by the majorities of actors involved. Nevertheless some differences of views are reported between the federal level and the *Länder* on topics regarding repression of drug-related offences and attitude towards users.

Austrian strategy in brief

National Strategy	Specific Federal Action Plan	No
	Performance indicators	No
	Global approach	No
	Legal/illegal substances	Three Provinces focus on addiction substances not just on 'illegal drugs
	Implementation	Provinces Plans
	Permanent system linking objectives to performances	--
Coordination	Authority responsible of coordination	Federal Drug Coordination chaired by the Federal Ministry for Social Security and Generations
	Central coordination unit	--
	National co-ordinator	The are three Federal Drugs coordinators (Health, Interior, Justice)
	Global	Yes
	Drug Monitoring Centre	ÖBIG performs the usual functions of the Monitoring Centre
	Advisory Body	The Drug Forum

Portugal

Documents of reference: 'The National Strategy for the Fight Against Drugs 1999'; 'The Action Plan – Horizonte 2004 - 30 Objectives in the Fight Against Drugs'

National strategy

Background

In February 1998 the Portuguese Government asked an Expert Committee to analyse the national policy on drugs with the aim of proposing a new, more efficient approach in the field of drugs. In October of the same year, the Expert Committee delivered a report, containing a series of new drug policy options. The document was opened to a wide public debate in order to allow for the fullest participation of all those interested. Hearings, conferences and public fora (the government opened a newsgroup site on the internet) were undertaken, at universities, at the Supreme Court of Justice, in NGO's, in the communities and all over the country. A wide range of institutions and entities, public and private, was able to give their contribution. As result the document was shaped according to a consensus in the Resolution of the Council of Ministers that in April 1999 adopted the Portuguese National Strategy for the Fight Against Drugs.

Conceived as a policy guide for the future, the national strategy aims at 'building upon knowledge and not upon prejudice, a new more scientifically based approach to the drug phenomenon in Portugal'.

The document, global and comprehensive, defines the general principles to follow and the main objectives and strategic tasks to reach in the field of international cooperation, law, prevention, treatment, harm reduction, prisons, social reintegration, traffic and money laundering, research and training, civil society and coordination of anti-drugs activities.

In order to identify more closely quantitative targets to be reached within a specific timeframe, the government approved in March 2001 the 'Action Plan – Horizonte 2004 - 30 Objectives in the Fight Against Drugs' (see specific tasks).

The main goal

Even if there is no specific goal as such in the national strategy, we can identify as a major objective the effort to change a traditional reactive policy into a new global approach based more on science and evidence than on prejudice and dogma (Introduction of the National Strategy for the Fight Against Drugs 1999).

General Principles

The national strategy is built upon eight principles:

- International cooperation
- Prevention
- Humanism
- Pragmatism
- Security
- Coordination and rationalisation of means
- Subsidiary
- Participation

- The principle of international co-operation – Portugal considers itself an active partner in the definition and implementation of international and European strategies and initiatives.
- The principle of prevention – the primacy of prevention intervention, aimed at reducing drug use through the identification of risk and protective factors, and through training and information.
- The principle of humanism – based upon the inalienable human dignity of the 'actors' of the drug phenomenon. This principle implies a set of guarantees (access to treatment, standards for quality of service, etc) and of measures (risk reduction policy, legal framework based on humanist principles).
- The principle of pragmatism – defines the connection between data from scientific knowledge, social experimentation implemented in other countries and the adoption of solutions in the context of the national reality.
- The principle of security – this principle concerns the defence of the society against the drug phenomena, namely through supply reduction, the promotion of harm reduction policies and the reduction of drug related criminality;
- The principle of coordination and rationalisation of means – It implies the coordination between departments, the optimisation of human and material resources and the coordination of financial support;
- The principle of subsidiary – this principle connects three concepts: decentralisation, de-concentration and centralisation (when the achievement of the objectives is better served through the direct responsibility of the Central Administration).
- The principle of participation – this principle is implemented through the active participation of the community in the definition of policies and the mobilisation of its resources towards the different levels of intervention.

Main objectives

The strategy aims at the following objectives: a) 'to contribute to an adequate and effective international and European strategy' b) 'to inform the Portuguese society on the drugs and drug

abuse phenomena in a prevention perspective'; c) 'to reduce drug use'; d) 'to guarantee the treatment and social rehabilitation of drug addicts'; e) 'to defend public health'; f) 'to repress drug traffic'.

Specific tasks

The strategy is based on 13 fundamental tasks going from general principles such as cooperation at European Level to more concrete actions such as the decriminalisation of drug use.

The 'Action Plan – Horizonte 2004 -, adopted in 2001, introduces 30 detailed, specific objectives with an investment (announced by the previous government) of 160 million € in 4 years.

The objectives are as follow:

- In the field of primary prevention the Plan aims to increase by 150% the budget available,
- Reduce the number of new consumers (under the age of 18),
- Implement plans for primary prevention in all districts of the country,
- Double civil society's capacity for intervention, promote monthly prevention campaigns, introduce prevention of legal and illegal substance consumption in all schools by 2004,
- Produce and disseminate support materials for diagnosing risk situations in all schools and qualify and empower law enforcement personnel to develop prevention programmes in the area of drug addiction.
- In the field of Prevention and harm reduction, problematic drug consumption, public health and health of consumer the Plan aims to:
- To create a national network for harm reduction,
- A metropolitan networks of shelters,
- Set up reception centres and day centres and to make available harm reduction programmes for all drug addicted prisoners.

The Plan also refers to the objective of reversing the trends of drug related infection diseases in Portugal as well as the reduction of drugs related deaths envisaged by 50%. It aims to reduce the practice of sharing syringes among drug users (by at least 50%), to create a national network of combined therapeutic centres for drug addicts and those suffering from tuberculosis and HIV and envisages a national network of early, anonymous and voluntary HIV detection centres with free monitoring accessible to the drug addicted population. Finally consumption of heroin is targeted to be reduced by 1/3.

In the field of treatment the plan aims to the completion the national treatment centres for drug addicts network by the end of 2002, and to increase by 50% the number of drug addicts under treatment. The plan also aims to substantially increase the number of drug addicts whose

treatment is successful. The existing capacity of the detoxing services will also be increased to meet the demands while the public capacity for substitution treatment should be fulfilled by 100%.

In the field of social reintegration the plan aims to provide labour training for drug addicts and addicted prisoners with the reinforcement of the 'Life-Work Programme' and to expand the network of reintegration apartments destined for drug addicts in rehabilitation, increasing the current capacity by 100%.

regarding the illegal trafficking of drugs and money laundering the Plan aims to: increase by approximately 50% the quantity of illegal substances seized, to reduce criminality associated to drugs by 25% and to reinforce the fight against money laundering from drug trafficking by making access to bank information more flexible and through closer co-operation with international agencies and foreign police.

In the field of Research, and statistical and epidemiological information, the Plan aims to increase the budgets for scientific research and dissemination of scientific information by 200% and to create a National Information System by 2002.

In policy and programme assessment the plan aims to implement internal and external assessment mechanisms for the totality of the programmes with a view to correcting the initiatives undertaken and, consequenctly, the national policy.

In the field of international cooperation, a joint programme with Spain is foreseen to control the cross-border flow of traffickers and consumers.

Evaluation

The national strategy also deals with the issue of evaluation. A global revision is foreseen at least within five years from 1999. In 2004, both global and sectorial evaluation will be carried out by an external independent authority, on the basis of continued observation and analysis of the interventions developed.

Moreover the 'Action Plan – Horizonte 2004: 30 Objectives in the Fight Against Drugs'considers (objective n. 29) the establishment of internal and external mechanisms of evaluation for the overall actions undertaken in application of the national policy.

Financing

The national drug strategy envisaged that public investment would double between 1999 and 2004, to reach 160 € representing a growth rate of 10% per year.

Coordination

National level

Structures involved in the delivery of the national drug strategy

- National Board for Drugs and Drug Addiction
- Interministerial Council for the Fight against Drug and Drug Addiction
- National Co-ordinator
- Institute for Drugs and Drug Addiction (IDT)

Since the adoption of the strategy two levels of coordination have been established: a) the political level with the appointment of a member of government with special responsibilities on drug policy and b) the technical level with a governmental agency under the responsibility of the referred member of government, the Portuguese Institute for Drugs and Drug Addiction (IPDT) until October 2002.

After the political elections in 2002, the new government placed the coordination of drugs policies and the IPDT under the responsibility of the Ministry of Health. The IPDT was merged with the Service for Drug Abuse Prevention and Treatment (SPTT) creating a new agency – the Institute for Drugs and Drug Addiction (IDT). This new agency will most probably ensure the role of coordination for the implementation of the National Strategy. The President of the Management Board of the IDT will also cover the role of the so-called National Coordinator, to ensure effective coordination amongst all governmental agencies with responsibilities at this level.

Even if this change could be interpreted as a radical change in the Portuguese policy, the programme of the new government expressly confirms that the effectiveness of the fight against drugs depends on the stability of the current policy and that the drugs problem is too important to be faced with 'back and forth' policies. Therefore it declares that one of its objectives will be the evaluation of the national strategy and the action plan 'Horizonte 2004' to rigorously verify the degree of their accomplishments.

In the national strategy coordination is identified as a precondition to success. It is ensured by the Prime Minister himself, who can delegate his powers to another member of the government or another figure on the same level. An Inter-ministerial Council was set up to ensure full participation of all concerned Ministries in Strategy and Action Plan implementation issues.

All political decisions of this area are thus centralised at the highest level, to help ensure full cooperation from the government bodies that have responsibilities in the implementation of the national strategy.

Regional level

Coordination of treatment and rehabilitation interventions at local level is ensured by the regional delegations of the IDT.

Drug Monitoring Centre

The setting up of the Institute for Drugs and Drug Addiction (IDT) came from the political will to rationalise resources and coordinate efforts. Its main objectives and interventions areas include the national information system on drugs and drug abuse. The IDT will continue to be the main promoter and collector of data for the national information system on drugs and drug addiction and is also the main link between scientific data and research in the field and political decision-making.

Advisory bodies

The National Board for Drugs and Drug Addiction set up by a Decree-Law in May 2000 is a consultation body for the Prime Minister, and is responsible for advice and recommendations in all aspects covered by the national drugs strategy. It is presided by the Prime Minister or by his delegate and composed of the National Co-ordinator, representatives of the treatment and prevention agencies, local authorities, Judicial authorities, public and religious associations, universities, NGO's and the Media. It has consultative powers on the national strategy and on its eventual modifications, on the action plan and when requested on actions, initiatives or concrete projects implementing the strategy.

Conclusion

The year 1999 marked a milestone in the Portuguese drug policy as an ambitions national strategy was created. The new strategy corresponds to a new more modern approach based on pragmatic principles more than slogans and ideology. As direct a consequence, a series of innovative measures were implemented: in application of the principle of humanism, drug use and possession for use have been decriminalised in 2001 (90/2001) while in application of the principle of pragmatism, a decree law (183/2001), introduced the legal basis for programmes and measures aimed at reducing the risks and minimising the damage caused by drug consumption.

In 2001, a detailed Action Plan stating 30 objectives was adopted. The impact of these measures have not yet been evaluated (foreseen in 2004), but some results can be already mentioned: 'Commissions for the Dissuasion of Drug Abuse' were set up in all districts to implement the decriminalisation of personal drug use; a law, and respective regulations, were issued to create a framework for harm-reduction programmes and one is also expected on prevention; two national networks are being set up (prevention and harm reduction) to cover the whole country.

Coordination had also a central role within the new strategy. Coordination is currently under the responsibility of the Minister of Health, who is also the Minister responsible for the IDT. The Institute will go on implementing the National Strategy as foreseen in the new Government's programme.

The commitment announced by the new government to give continuity to the drug policy in Portugal bringing to an end the engagements subscribed in the Portuguese drug strategy by the previous Executive is rather positive.

The events of 1999 in the field of drugs in Portugal have certainly increased the priority given to drugs policy at national level and on the public perception of the drug problems among the population. Financial commitments confirm this priority. The budget for actions against drugs and drug abuse, both for demand and supply reduction, has been growing of more then 20% just between 1999 and 2001, going from 82 to 105 million *€.* However, the economic situation registered in the first half of 2002 in Portugal could have an impact on the realisation of the objectives of the Strategy and of the Action Plan.

Portuguese strategy in brief

National Strategy	Specific Action Plan	Yes, the action plan 'Horizonte 2004'
	Performance indicators	Yes within the Action Plan
	Global approach	Yes
	Legal/illegal substances	Prevention on the risks of illicit drugs and alcohol
	Implementation	Ensured through the implementation of the Action Plan and followed up by regular reporting and assessment.
	Permanent system linking objectives to performances	no
Coordination	Authority Responsible of coordination	Minister of Health
	Central coordination unit	IDT
	National co-ordinator	The President of the Management Board of the IDT
	Global	Yes
	Drugs Monitoring Centre	The IDT
	Advisory Body (ies)	The National Board on Drug and Drug Addiction

Finland

Documents of reference: 'Government Decision in Principle 1997 – 2001 and the 'Action Plan for More Efficient Drugs Policies 2001-2003'.

National strategy

Background

Due to the deteriorating drug situation during the 1990s, the Council of State decided to create an expert group in 1996 with the mandate to study the situation of drugs in Finland and to propose new, more efficient measures.

In 1997 the National Drug Policy Committee delivered a report which served as a basis for the government strategy on drugs, the 'Government Decision in Principle' adopted by the Finnish executive in 1998. In it, 18 specific interventions were envisaged for the years 1997–2001 ranging form demand to supply reduction.

In October 2000, 'to continue the efforts against drug abuse' the Council of State asked the National Drug Policy Committee to prepare an Action Plan in order to increase efficiency in drug policy. On 5 October 2000 the government adopted the new Action Plan for More Efficient Drugs Policies (2001-2003) ([72])

The main goal

The main goal of the Finnish drug policy is to prevent drug use and the proliferation of drugs so as to reduce the detrimental effects on individuals and the costs incurred by tackling drug abuse.

The new plan, endorsing the main goal of the Finnish policy, is specifically intended to stop the growth of drug use and related crime.

General principles

Finland's drug policy is based on few key principles.

- The total prohibition of drug abuse and related preparatory acts. The drugs law is strictly enforced to act as deterrent for young people and to convey negative attitudes towards drugs.
- Prevention and information as tools to impede any experiment with drugs especially among young people and to promote a drug-free life,

72 Valtioneuvoston huumausaineohjelman koordinaatioryhmä

- Care and treatment must be linked to individual needs and applied to all drug abusers.

Main objectives

In the new plan, the government sets the basis for actions mainly to increase effectiveness against drug abuse and related crime.

- Prevention and early detection
- Treatment and support for drug abusers
- Research for effectiveness
- Law enforcement against drugs
- Drug services in prisons
- International cooperation

- A general anti-drugs atmosphere will be promoted through preventive messages at all levels: family, school, free-time activities and work**.** The proliferation and use of drugs must be prevented primarily by influencing the population's living conditions on the basis of equality and fundamental rights, by implementing Nordic welfare policy. Education and information have the aim to influencing attitudes and encouraging especially young people to lead a drug-free. An early and efficient intervention in young persons' drug problems and in symptoms preceding drug use must be set up. The educational system and social and health services can intervene at an early stage, by urging young people to seek help and treatment if needed.

- Care and treatment of drug addicts finishing in full rehabilitation and supported by social reintegration measures, will be improved**.** Drug abuse, and its consequences, increases insecurity in the community and causes harm to other citizens. The effective care and treatment of drug abusers are therefore in the interests of the person and of society. Positive outcomes of care and treatment are seen favourably as having an impact on drug-abuse patterns and related crime situations.

- Training of professional and additional funding. The ability of teachers and various professionals to recognise drug abuse and to take appropriate social and health-care steps is key to the development of specific training. Networking of professionals at all levels and from different professions will be promoted as will the capability of teaching staff for preventive drug abuse work. Training will be also arranged for emergency care personnel to prevent death from overdose.

- Research and quality for effectiveness**.** Monitoring of care will be improved and quality criteria introduced for improving the effectiveness of drug care.

- More effective law enforcement against drugs. Drug offenders' risk of getting caught will be increased. Trained plain-clothes police will operate in streets and other public places to detect and investigate drug-related crimes especially retail sales and distribution. Cooperation will be established between local police forces and voluntary organisations to combat effectively the drugs trade. Prosecution of drug-related crime will be easier

with new arrangements that will increase the opportunity of prosecutors to study the cases during preliminary investigation while a specific magistrate, the 'key prosecutor' ([73]), will be instituted to make apprehension, prosecution and conviction more effective. To secure effective implementation of sentences drug testing in prison will be enhanced, while drug-addicted prisoners will receive rehabilitation programmes during their last period of detention to encourage the return to a normal life.

- International cooperation. Control measures especially at the Finnish boarders will be increased with new investigative methods and technologies and with trained personnel.

Specific Tasks

Four Finnish Ministries have adopted specific action plans in 1999 to better deal with drugs issues. The Ministry of Social Affairs and Health adopted the 'Target and Action Strategy 2000 – 2003'; the Ministry of the Interior the 'Strategic Plan 2000-2004'; the Ministry of Education the 'Action and Financial Plan 2001–2004'; Ministry of Justice 'Action and Financial Plan 2001–2004'. The Police has also published its new drug strategy for the years 2003-2006.

The latest action strategy of the Ministry of Social Affairs and Health states for example that one of the central aims in the near future is to promote well-being among children and young people, in order to prevent social exclusion and drug problems. In drug prevention an important target is to improve the co-operation with municipalities, other authorities, non-governmental organisations as well as with the business sector.

Evaluation

The national drug coordination committee reports and informs the government yearly about the implementation of the plan.

Financing

In 2002 the estimated expenditure of implementing the Action Plan in the domain of the Ministry of Social Affairs and Health is of about 26 million €.

Coordination

National level

In 1999 the government set up the National Drug Policy Committee which, composed of representatives from all involved Ministries, has the task of coordinating national drug policy and

[73] 'Key prosecutor' – is a prosecutor specialised in drug crimes. These prosecutors have the largest and the most difficult cases involving drug crime and they also give advice to other prosecutors on these matters. At the moment there are 14 such posts in Finland and they are concentrated in the big cities.

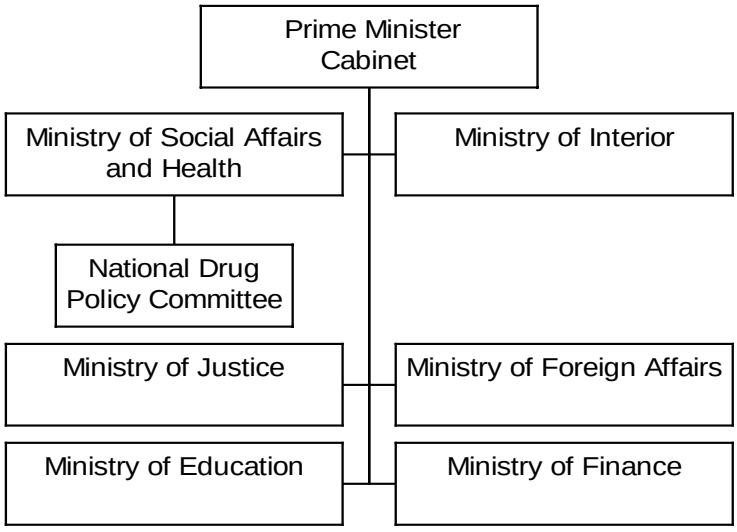
intensifying collaboration between authorities in their effort to implement and monitor the Action Plan (2001-2003).

Senior officials from the Ministry of Social Affairs and Health, Interior, Justice, Education and Finance sit at the Committee each two weeks to exchange information or just to discuss general matters related to their activities.

There is not a national coordinator, *felt as unnecessary*, as coordination is reported to *function well*, the Ministry of Social Affairs and Health is the main responsible for drug policy coordination at central level while every Ministry has its own competence marked in their specific action plans.

Coordination and collaboration is reported to be based more on informal contacts between civil servants that, as in other northern countries, do not change every new government ensuring continuity.

Ministries involved in drugs-related issues and coordination



Regional level

In Finland, local administration organisations and voluntary associations have a long tradition in complementing the public sector. Local actors in fact took part in discussions that preceded the adoption of the 1998 'Decision in Principle' making suggestions to the 'National Drug Policy Committee'.

Many regional and national NGOs are engaged in anti-drugs activities. These organisations are primarily responsible in the delivery of services such as drug treatment. The 448 municipalities are responsible for the practical implementation of statutory services (such as health care and social services) which are mainly financed by municipal tax.

The work conducted by the local authorities has been reinforced since 2001 by building a network of persons with regional responsibilities for drug prevention. The network has been built up and co-ordinated by the National Research and Development Centre for Welfare and Health (STAKES). This network coordinates the work conducted by the authorities and organisation at local level.

Drug Monitoring Centre

STAKES is overseen by the Ministry of Social Affairs and Health, is the main producer of information and scientific know-how in the field of welfare and health directly linked to decision-making.

Advisory bodies

The National Drug Coordination Committee is an advisory body of the government. The Advisory Committee on Intoxicant and Temperance Affairs is a committee consisting also of politicians and members of NGOs. It has an advisory role but more than that it functions as a forum of discussion on drug policy.

Conclusion

Finnish drug policy is based on a total strict ban from drugs. The law is strongly enforced and drug use is not tolerated. Obligatory drug testing in prison detects any illegal use of drugs while early interventions are promoted for children and students to find out any possible use of drugs. Drug use is in fact considered as harmful to society as a whole and this is the reason why society has the right to interfere with harmful behaviour.

This line is supported by the population and agreed among professionals and the civil servants working in the public administration. Small controversies are reported on certain issues. There have been some controversies regarding the extent of implementing the so-called harm-reduction policy. However nowadays, these controversies concern only some special questions such as whether needle exchange programmes could be introduced in prisons or not.

The National Drug Policy Committee is the forum for all kinds of inter-ministerial issues related to drugs. It meets regularly every 15 days at civil servant level and this system seems to ensure circulation of information as well as consensus on decisions. An important success factor in Finland seems to be the ‘administrative culture’. As in other Nordic countries, civil servants are in charge of implementing policy options but they do not change function at the changing of the government ensuring a strong continuity of action.

Finnish strategy in brief

National Strategy	Specific Action Plan	Yes, the Action Plan for More Efficient Drugs Policies 2001-2003
	Performance indicators	There are not specified numeric indicators
	Global approach	Yes the plan is oriented both to supply and demand reduction
	Legal/illegal substances	The plan concerns only illegal substances
	Implementation	The Ministries are responsible for implementation in their own area. Specific Action Plans are adopted
	Permanent system linking objectives to performances	No
Coordination	Authority Responsible of coordination	Ministry of Social Affairs and Health as the responsibility while the National Drug Policy Committee is the body implementing the work of coordination.
	Central coordination unit	No
	National co-ordinator	No
	Global	Yes. coordination involves both supply and demand reduction.
	Drugs Monitoring Centre	The institute STAKE performs the functions typical of a national drugs Monitoring centre
	Advisory Body (ies)	The national drug coordination committee

Sweden

Documents of reference: 'Regeringens proposition 2001/02:91 Nationell narkotikahandlingsplan and the fact sheet of the Ministry of health and Social Affairs n.2 February 2002 '

National strategy

Background

During the second half of the 1980s and through the mid 1990s the Swedish government faced public and professional concern about the impact of the national drug policy against the rising of prevalence of problem drug users and the increasing incidence (new recruitment) of drug use among young people.

This concern, also expressed with some criticism by the media, lead to the establishment at the end of 1998, of a special Expert Commission responsible for revising the Swedish drug policy. The Commission had the mandate to revise, discuss and propose all possible options to improve governmental action towards the goal of a society free of drugs.

The work of the six experts comprising the Commission was concluded in January 2001 with the submission to the government of a final report: 'The Crossroads – the drug policy challenge'.

The government's response to the expert's report was the adoption of the Swedish Drug Action Plan (2002-2005), presented in January 2002.

The main goal

The main goal of the Swedish drug policy is a drug-free society. The goal conveys the message that drugs will never be permitted to become an integral part of society, and that drug abuse must remain an unacceptable behaviour and a marginal phenomenon. This overriding aim, then, maps out the direction of the Swedish drug policy.

General principles

The Experts Commission called to evaluate the Swedish drug policy in its report confirmed, 'that Sweden's restrictive policy on drugs must be sustained and reinforced. No arguments or facts suggest that a policy of lowering society's guard

- Drug-free society
- Reduces the number of new recruitment
- Help more abusers give up their habit
- Combat the availability of drugs

against drug abuse and drug trafficking would do anything to improve matters for individual abusers or for society as a whole'. In the new action plan the visionary aim of a society free from drugs ([74]) remains therefore unchanged.

In Sweden, drug addiction is seen as a problem for individuals, their families and society as a whole. It is therefore the responsibility of society to prevent, interfere and combat the use of drugs at all levels. This approach is supported by a strong consensus among politicians, professionals and public opinion ([75]).

The action plan points out some areas where the implementation of the national policy must be improved, particularly concerning prevention, treatment and research.

Main objectives

The main objective of the Swedish drug policy is to maintain and reinforce the visionary aim of a society without drugs where any kind of drug abuse is not tolerated, drug-free treatment is the privileged measure in case of addiction and prosecution and criminal sanctions are the usual outcome for drug-related crime. The new plan (2002-2005) put a specific focus on the achievement of three specific objectives: 1) To reduce the number of new recruitment to drug abuse; 2) to encourage and help more abusers to stop taking drugs; and 3) to reduce the availability of drugs.

Specific tasks

The action plan points out some important areas that need improvement, such as:

- Stronger political priority to the drug problem;
- Improved management and coordination;
- Improved monitoring and evaluation;
- Comprehensive local strategies;
- Improved preventive activities at local level;
- More and better treatment;
- Improved research, particularly on treatment;
- Improved education and training for professionals.

In the criminal justice system new initiatives are foreseen: a) motivation and treatment for drug addicts in prisons; b) investigating the obstacles to treatment outside correctional institutions, making easier for drug addicts to volunteer to a treatment programme in the ordinary voluntary

[74] This approach can be found in various official documents: 'A Report on Drug Policy', sent from the Government to the Swedish Parliament in 1998 (Regeringens skrivelse 1997/98:172); 'A Preventive Strategy –Swedish Drug Policy in the 1990s' (1998), prepared by the National Institute of Public Health before the UNGASS-meeting in June 1998. A forerunner for this pamphlet was a policy report entitled 'Drug policy - the Swedish experience' (Folkhälsoinstitutet 1995); the Final Report of the Drug Commission 2001; the National Action Plan on Narcotic Drugs Fact sheet at www.social.regeringer.se

system instead of being in prison; c) producing special programmes for contract care, i.e. care in accordance with contract between the person convicted and the community; and d) developing methods for preventing drugs being brought into institutions and detention centres.

Evaluation

The Anti-Drug Coordinator (see coordination) will have the responsibility of monitoring the implementation of the action plan. At least once a year he will report to the Government on the developments in the drug situation in Sweden and on whether new adjustments to the national policy are needed.

Financing

The new action plan is provided with a budget of SEK 325 million (about 36 million €) for the three-year period of the plan. SEK 225 million will be distributed for prevention and treatment, while SEK 100 Million will be allocated to the criminal justice system. This 'extra budget' is added to the expenditure for prevention, treatment and law enforcement which are still on the ordinary budget. The Anti-Drug Coordinator is expected to produce a plan to define in details the allocation of these funds.

Coordination

National level

The Report of the Experts Commission pointed out the need for 'stronger prioritisation, clearer control and better follow-up of drug policy and of concrete initiatives at all levels, from the local work done by municipalities and county councils to governmental activity'.

The Experts Commission also recommended the adoption of a 'stronger leadership on drug policy, with the Government playing a more active role, both nationally and internationally'. It further proposes a model for stronger local initiatives and improved local coordination, together with a more active role for central authorities in the development of methods and competence.

These proposals have been implemented with the appointment in January 2002 of a special national drug policy coordinator: Mr. Fries. Under the authority of the government, even if technically his post is under the ministry of Social Affairs, (traditionally the Minister responsible for drug coordination), the coordinator is responsible for implementing the action plan but has not removed any responsibility from the government or any other central or local authority.

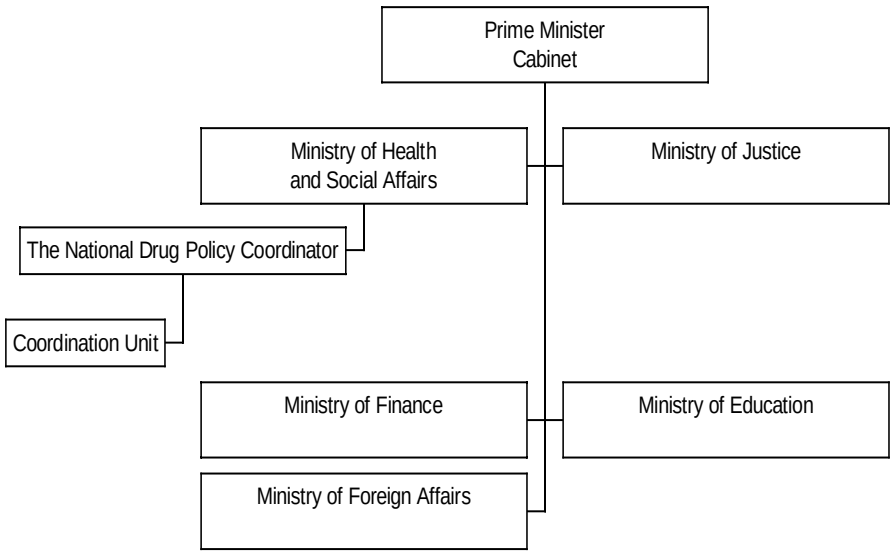
The Coordinator is a sort of independent supervisor with increased power of influence and control. His power lies in his capability to propose good solutions. He can also put proposals to the government if there is a need for regulation. He acts mainly to create synergies and collaboration

[75] Attitudes towards drugs among young people (16-24 years) are negative. 71 % see the drug problem as one of societies most prominent problems. However it is reported how the proportion that do not follow that view has risen during the last surveys from 10 % in 1996, 11 % in 1998 to 13 % in 2000 (CAN Rapport 2002)

between the main public and private actors involved in the implementation of the Action Plan, supporting the development of strategies at local level. He checks and assess the achievements both of the national and the local authorities, advising on improvements and reporting to the government. Finally, he can act as spokesperson of the government on drugs, nationally and internationally and he will be in charge of sending the right messages to the public. To support his work, a unit connected to the Ministry of Health and Social Affairs has been established.

The Working Group 'SAMNARK' (Governments Coordination Body in Drugs Related Issues) is a coordinating group in the government office, composed of civil servants, ensuring coordination between the ministries involved in the drugs field and continuously suggesting measures and improvements in order to make the drug policy more efficient.

Ministries involved in drugs-related issues and coordination



Regional level

Sweden is a rather decentralised country: the national level elaborates the overall policy and legislation, while the local level is quite independent in collecting taxes and providing the whole health care system. Local authorities are autonomous in implementing the drug policy, in conformity to the law.

The government promotes local drug strategies to be put in place by municipalities and county councils. The objective is to allow each municipality to decide according to local conditions, both long-term and short-term operational targets to be clearly indicated, implemented, funded and evaluated.

The coordinator will dedicate specific attention to the development of strategies at local level. The municipalities are responsible for prevention and treatment at local level. The action plan points out

the need for local drug strategies, which include all activities at local level (including school prevention, primary prevention, social welfare and treatment but also cooperation with other responsible organizations such as the health system and the police). The municipalities are still responsible but the coordinator will support the municipalities in their work.

Drug Monitoring Centre

The Action Plan pays great attention to the need for better monitoring of both the drug situation and the responses. The National Institute of Public Health, the Swedish REITOX focal point provides researches and data in the field.

Advisory bodies

There are no permanent bodies that support the government with political advice. The responsible ministry can of course put together different groups on ad hoc basis.

Conclusion

In Sweden, the drug problem is seen from a social point of view, and this perspective put social responsibility to the society, which has the duty to interfere with addiction problems.

The principle of a strict prohibition of any form of drug abuse ([76]) is coherently applied through policy measures and programmes. The main goal of the treatment system is to help the addicts to a drug-free life and so-called harm-reduction activities are only accepted if it not interferes with the overall policy and goal, and should always be seen as a complement to a comprehensive drugs policy.

The new action plan do not change the traditional approach of the Swedish policy on drugs, although, the Experts Commission which evaluated 15 years of drug policy in Sweden had pointed out that ‘mayor deficiencies have been identified in the implementation of the drug policy’.

The government answered these concerns with the adoption of the new four year-plan (2002-2005), which, according to the traditional Swedish policy, aims to maximise efforts and efficiency in combating drugs and in the cure of drug addiction, with the appointment of a new National Drug Policy Coordinator and with almost 36 millions € to be spent in treatment, prevention and law enforcement in the next three years.

[76] The wording ‘drugs use’ which induce a message of use without abuse is not considered appropriated in the Swedish policy

Swedish strategy in brief

National Strategy	Specific Action Plan	Action Plan 2002-2004
	Performance indicators	n.a.
	Global approach	The Plan envisages measures both in the field of demand and supply reduction.
	Legal/illegal substances	The Government and the Parliament adopted in 1999 a National Action Plan on Alcohol and a chancellery in the Social Ministry to co-ordinates related activities.
	Implementation	The National Drug Policy Coordinator is the main responsible for implementation
	Permanent system linking objectives to performances	n.a.
Coordination	Authority responsible of coordination	The Ministry for Health and Social Affairs
	Central coordination unit	Yes
	National coordinator	Yes, Mr. Fries
	Global	Coordination activities concern both demand and supply reduction measures
	Drugs Monitoring Centre	The NIPH
	Advisory Body	n.a.

United Kingdom (updated January 2003)

Documents of reference: 'Tackling Drugs to Build a Better Britain. (1998 –2008)'; 'First Annual Report & National Plan, UK Anti Drugs Coordination Unit'; 'Second National Plan for 2000/2001, UK Anti-Drugs Coordination Unit'; 'Annual Report 2000/2001, UK Anti-Drugs Coordination Unit'; 'The Updated Drugs Strategy 2002'.

National Strategy

Background

- Tackling Drugs Together - England- May 1995
- Tackling Drugs to Build a Better Britain. (1998 –2008)
- The Updated Drugs Strategy 2002

In 1993, in response to growing concerns at the increasing evidence of drug misuse and drug-related crime, particularly among young people, the UK Government decided to review its current drug strategy. In all four countries of the UK, it was recognised that there was a need to put a new emphasis on demand reduction and on national and local coordination in the drugs field.

In January 1994 the Central Drugs Coordination Unit (CDCU) was asked to undertake a review of current policies in England. This led to the publication of a consultation document in October 1994 which formed the basis of the first UK drugs strategy document *Tackling Drugs Together,* published in May 1995.

In 1997, the new Labour Government decided to carry forward the spirit of *Tackling Drugs Together* and appointed the first ever UK Anti-Drugs Coordinator. This role was to act as the governments' expert advisor on action against drug and to increase the profile of drugs policies, as well as to improve the coordination of local and national strategies. A deputy coordinator was also appointed and the CDCU was renamed the UK Anti-Drugs Coordination Unit (UKADCU) to support the work of the Coordinator and his Deputy.

The first main initiative was the review of the current strategy and the production of a new comprehensive, global 10-year strategy: *Tackling Drugs to Build a Better Britain* (1998–2008).

This strategy is an ambitious programme that calls upon the partnership of all actors, public and private, at central and at local level, to work in the same direction towards the achievements of defined objectives. It based upon six underlying principles: *Integration; Evidence; Joint action; Consistency of action; Effective communication; and Accountability*.

Its four key targets are:

- *Young people*;
- *Communities*;

- *Treatment,*
- *Availability*.

To achieve these aims, the government has been engaged in a number of initiatives, such as the introduction of key performance targets, specifically allocated funding, and guidance and policy documents.

The UK Anti-Drugs Coordinator committed himself to closely track and present each year progress made and challenges to be faced through a system of regular annual reports and national planning. The '*First Annual Report and National Plan*' ([77]) in 1999, presenting actions to be achieved during 1999 and 2000, established for the first time a series of performance targets to be reached by 2005 and 2008. The '*Second National Plan*' issued in 2000 ([78]) outlined the structural changes and initiatives already implemented, proposing the actions to be taken forward, while in July 2001 the '*Annual Report 2000/01'* presented the achievements since 2000 ([79]).

However, in 2001 a government reshuffle substantially modified the situation. The responsibility for the national strategy and the related work of coordination passed from the UK Anti-Drugs Coordination Unit (dissolved) to the Drug Strategy Directorate at the Home Office.

The drug strategy entered a revision process in October 2001 to look at: the feasibility of its targets; the gaps in the strategy, its general aims; and its financial means.

This change is seen by the Home Office officials as a physiological development of the UK drug strategy passing from a central structure, the UK Drug Coordination Unit, headed by a 'drug tzar', to a more operational and integrated public administration service within the administration: *'In 1998 it was important to pull together the different actors in a structured frame, now is important to focus on deliveries and concrete results'* ([80]).

Indeed, the Updated Drugs Strategy presented on December 2nd 2002, focussing on delivery and increased resources aims to strengthens education and treatment as key to success in tackling drugs problems.

Together with the updated national drug strategy in 2002 the UK government released a national plan on crack: 'Tackling crack - a national plan'. With this new initiative the government wants to produce more effective results in combating crack-use related criminality while offering new opportunities for treatment.

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[77] *First Annual Report & National Plan*, UK Anti Drugs Coordination Unit, Central Office of Information. Ref. J99-4196/9905/D40, 1999

[78] *Second National Plan* for 2000/2001, UK Anti-Drugs Coordination Unit, Central Office of Information. Ref. J00-6091/0007/D160

[79] *Annual Report 2000/2001*, UK Anti-Drugs Coordination Unit, Central Office of Information Ref: 01–8074/0108/D80

[80] Interview with senior officials at the Drug Strategy Directorate of the Home Office, March 2002

The main goal

The main goal of the 10-year drug strategy was to bring together actors from different domains and different levels in a partnership working towards common objectives. The aim of the Updated Drugs Strategy of 2002 is to concentrate efforts on delivery in particular in the field of education, prevention, enforcement and treatment to prevent problematic drugs use.

General principles

The revised strategy moves on the main elements of the 10-year strategy: *Tackling Drugs to Build a Better Britain* (1998–2008), prioritising certain areas and redefining certain targets.

The Updated Drugs Strategy proposes a renewed emphasis on delivery and revised targets which are challenging but achievable. It aims to reducing the use of the most dangerous drugs and patterns of drug use by young people, with a particular focus on the most vulnerable; tackling prevalence through new emphasis in combating supply, dealers and traffickers, intervening on assets, and working with the Afghan government to reduce opium supply; reducing drug related crime; and continuing to expand drug treatment but also improving its quality.

Main objectives

The Updated Drugs Strategy commits the government to the task of delivering in all areas of the drug strategy and in particular in four key domains: young people, reducing supply, communities, treatment and harm minimisation.

Educating young people about the dangers of drugs misuse, combating the dealers and treating addicts are the key elements of the strategy.

- Halving the number of young people using illegal drugs, especially heroin and cocaine;
- Halving the level of re-offending by drug misusing offenders to protect the communities from drug related crime anti-social and criminal behaviours;
- Doubling the numbers of drug misusers in treatment; and
- Halving the availability of drugs especially heroin and cocaine.

The new strategy aims to increase focus on Class A drugs (crack, cocaine, heroin and ecstasy), to prioritise on problematic drug users and to increase substantially expenditures for tackling drugs in the next years.

Help, counselling and education in particular for young people in need, will be highly supported as well as outreach and community treatment for vulnerable young people. Testing and referrals schemes within the youth justice system will be expanded into treatment.

In the field of supply reduction, the Strategy aims to tackle in particular the "middle markets" (between little dealers and the big traffickers) through new cross-regional teams. In this field the UK government will also provide assistance to the Afghan Government to achieve their aim of reducing opium production with a view to eliminating it by 2013.

Treatment will be increased and extended to ensure individual needs and to cut down waiting times. Heroin prescription will be improved for those drug addicts who have failed other treatment and who

would benefit from it. The role of the GP medical services is highlighted. By 2008, the strategy targets 200,000 problematic drug users to be treated by GP's.

In the area of the criminal justice system, the strategy foresees a major expansion of services to get a greater number of drug misusing offenders into treatment. In this domain the target is to double the number of Drug Treatment and Testing Orders by March 2005.

In the area of Communities, the strategy aims to strengthen the capacity to deliver in those areas where there are the greatest problems. New aftercare and through care services will be established to improve community access to treatment. This is with the main aim of tackling relapse into misuse of drugs and crime. To do so by April 2005, all Drug Action Teams are envisaged to have a co-ordinated system of aftercare in place.

Specific tasks

The effort to work towards the objectives set by the 10-year drug strategy promoted the realisation of relevant projects in each of the four aims: young people, communities, treatment, availability.

Young people

The government declares to be on target to ensure that 80 % of primary and 100 % of secondary schools will have drug education policies in place by 2003. A rising trend is reported. In 1997, 86 % of secondary and 61 % of primary schools had drug, alcohol and tobacco education policies; by 1999 that figure had risen to 93 % and 75 % respectively.

Communities

As a step towards reducing repeat offending, arrest referral services are now available in all police forces. More than 21,000 arrestees were interviewed by an arrest referral worker between October 2000 and March 2001, of these 56 % were referred into specialist drug treatment.

Treatment

The National Treatment Agency (NTA) was set up on 1 April 2001 and is expected to play a leading role in setting, monitoring and improving up standards as well as reducing waiting times and ensuring equal access to treatment. There is a steady continuing increase in the numbers accessing treatment. From 1998-99 to 2000-01 the number of people in treatment for drug addiction rose from 98,800 to 118,500 an annual rise of 8 %.

New clinical guidelines *Drug Misuse and Dependence – Guidelines on Clinical Management* were published in 1999 by the Department of Health (DH). Some 40,000 copies were distributed to doctors in England. All Drug Action Teams (DATs) had produced local treatment plans by February 2001, which are monitored at a regional level.

Availability

Seizure figures: in the first three-quarters of 2001-02 the Concerted Inter-Agency Drug Action Agencies prevented 3.3 tonnes of heroin and 9.2 tonnes of cocaine from reaching the UK. A new policy on voluntary drug testing was introduced which allows prisoners to make a commitment to remaining drug-free and to undergo regular drug testing. Over 17,000 prisoners are currently signed up to this scheme. Preliminary work was undertaken on an innovative project to create post-release hostels for former short-sentence prisoners with histories of drug-influenced offending. Up to five hostels are due to open by the summer of 2002. The Updated Drug Strategy presents also a specific Action Plan on Crack.

The targets of the Updated Drug Strategy are:

- Reduce the use of class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people.
- Reduce the availability of illegal drugs by increasing the proportion of heroin and cocaine targeted on the UK which is taken out; the disruption /dismantling of those criminal groups responsible for supplying substantial quantities of class A drugs to the UK market; and the recovery of drug-related criminal assets.
- Contribute to the reduction of opium production in Afghanistan, with poppy cultivation reduced by 70% within 5 years and elimination within 10 years.
- Reduce drug related crime, including as measured by the proportion of offenders testing positive at arrest.
- Increase the participation of problem drug users in drug treatment programmes by 55%by 2004 and by 100%by 2008,and increase year on year the proportion of users successfully sustaining or completing treatment programmes.

The national plan on crack envisages producing more effective results against crack use. Among the main objectives are: increasing the number of people arrested and convicted for crack supply, reducing crack-related gun crime, increasing the awareness of crack issues among young people and reducing the number of young people starting to use crack. The plan that will be implemented in 2003 and 2004 is available at www.drugs.gov.uk

Evaluation

Financing

The government's comprehensive spending review in July 2000 was split into the four key aims of the anti-drugs strategy: drug treatment, young people, communities and availability. Another spending review was undertaken by University of York for the Home office: 'the economic and social costs of Class A drug use in England and Wales, 2000'.

Within the Updated Drug Strategy expenditure for tackling drugs will rise with an increase of 44%: from £1.026 billion in this financial year to £1.244 billion in the next financial year, £1.344 billion in the year starting April 2004 to a total annual spend of nearly £1.5 billion in the year starting April 2005.

In January 2003, the Home Secretary announced an increase of £46.2 million for measures for the 30 areas most affected by drug-related crime, the distribution of a special £50 million fund for local police commanders and the allocation of £94 million to local groups to tackle drugs and crime.

Coordination

National level

Following the general political election of May 2001, responsibility for drugs within government was moved from the UKADCU in the Cabinet Office to the Drug Strategy Directorate of the Home Office, under the responsibility of the Secretary of State for Home Affairs ('Home Secretary').

Ministerial Committee on Drug Misuse

Coordination of activity against illegal drugs is delivered through a Ministerial Committee on Drug Misuse chaired by the Home Office Drugs Minister which co-ordinates the Government's national and international policies for tackling drug misuse.

Structures involved in the delivery of the national drug strategy

- Ministerial Committee on Drug Misuse
- Drug Strategy Directorate of the Home Office
- Strategic Planning Board
- Regional Level
- Drug Action Teams (DATs) (England and Scotland)
- Drug and Alcohol Action Teams (DAATs) (Wales)
- Drug Coordination Teams (DCTs) (Northern Ireland).
- Drugs Prevention Advisory Service

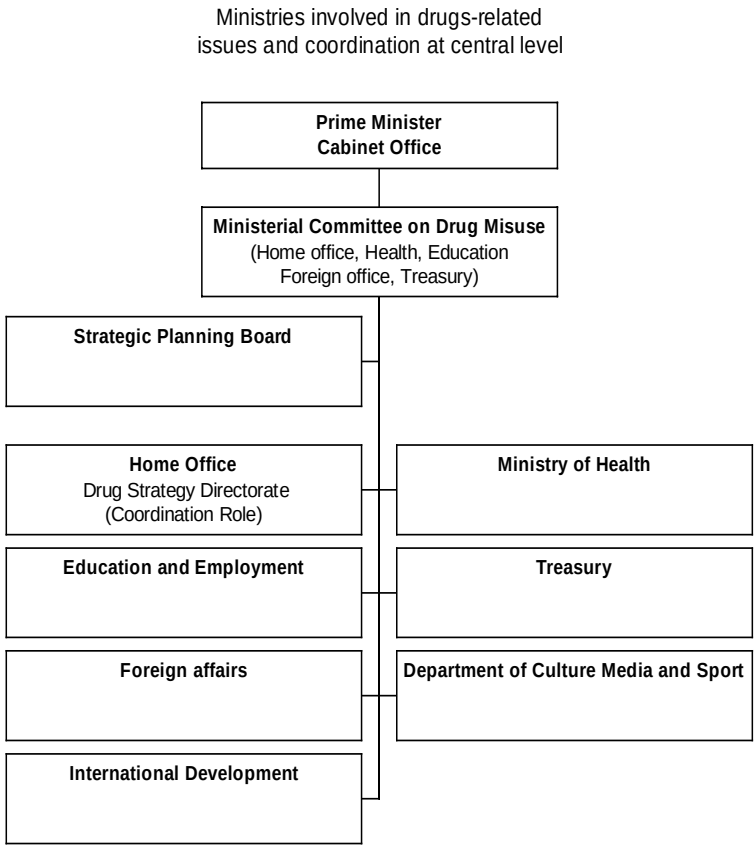
The Ministerial Committee analyses the performance of departments and agencies, individually and collectively, against the actions, objectives and performance indicators set out in the strategy and produce a report describing progress in implementation in each successive year. It is composed by the Home Secretary, the Secretary of State for Health, the Secretary of State for Education and Employment, the Paymaster General and the Foreign Secretary. The Secretary of State for International Development, the Secretary of State for the Environment, Transport and the Regions, the Secretary of State for Defence and the Secretary of State for Culture, Media and Sport also have an important role to play.

Strategic Planning Board

A network of Committees report to the Ministerial Group. The Strategic Planning Board ensures the link between these Committees, and the Ministerial Committee on Drug Misuse. The Strategic Planning Board consists of senior officials from all the government departments with competencies in the drug strategy. This Board co-ordinates all areas of activities, preparing papers for approval by the Ministerial Group.

A number of planning groups covering particular subjects feed in to the Strategic Planning Board: Young People (Prevention), Communities (Crime Prevention and Economic Regeneration), Treatment, Availability (Supply Reduction), Local Delivery, Research and Information, Communications, International, Diversity (Gender and Ethnic Minority Issues).

These planning groups assess the situation in their area of concern, and propose courses of future action.



Regional level

A feature of the UK strategy is the strong links between the agreed national policy and programmes, and the delivery throughout Britain, (England, Scotland, Wales and North Ireland) up to the level of municipalities. The Drug Action Teams (DATs) are the local structures that ensure these links.

Created by the previous drug strategy *Tackling Drugs Together, 1995*, and located all over England, Scotland, Wales, and Northern Ireland, the Drug Action Teams (DATs) ([81]) are permanent structures composed of all actors involved with drugs at local level varying according to the local reality *(Probation Services, Health Services, Police, Treatment Centres, Communities, NGOs).* They meet regularly to help the assessment of the overall progress in implementing the strategy, looking at resources, at relevant developments in the field, and at future plans. Supported by a

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

permanent coordinator and varying support staff, the DATs answer 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.

England

In general, the central government department passes resources down to each of the 150 DATs to deliver the drugs strategy in their area. Their responsibility is to agree a local strategy that applies the national policy to the particular conditions in their area, and report annually to the on the progress achieved.

To support the work at regional level, the 'Drugs Prevention Advisory Service (DPAS)', was created in 2000. It is based in the Home Office and has nine teams located in the Government Offices for the Regions, to provide support for all DATs in England in the area of prevention.

Scotland

In May 1999 the Scottish Executive adopted Scotland's drug strategy document *Tackling Drugs in Scotland: Action in Partnership*. The document sets out the same four key aims as indicated in the UK strategy and outlines Scotland's objectives and action priorities. It uses similar key objectives outlined in the UK Anti-Drugs Coordinator's First Annual Report and National Plan but reflects the differing circumstances of the drugs problem in Scotland. In the spirit of social inclusion, partnership, and evidence-based accountability, the whole strategy is underpinned by the following four key principles: *Inclusion* – to tackle the causes of social exclusion; *Partnership* – to ensure coordinated and collective work and partnerships across services; *Understanding* – to ensure that accurate research and information underpins the all work; *Accountability* – to set clear targets which can be properly evaluated.

DATs, which are required to set local targets where necessary, report progress in implementing the Scottish strategy through annual corporate planning arrangements, where they are required to report action and direct expenditure in support of the strategy's objectives and targets. The Drug Misuse Information Strategy (launched in 1998) is a vital part of the strategy in Scotland and establishes a coherent structure for the long term availability of appropriate information in support of evidence based decision-making.

Wales

The Welsh Strategy, '*Tackling Substance Misuse in Wales: A Partnership Approach'* (2000) has similar aims to those of the UK strategy with a key difference being that it also includes prescribed drugs, over-the counter medicines, volatile substances and alcohol. The strategy emphasises a global approach to tackling drug problems in Wales. Partnerships between key agencies including health, social services, education and criminal justice agencies are seen as being crucial to the success of the strategy. The Welsh Drug and Alcohol Unit, now assimilated into the National Assembly for Wales as the Substance Misuse Intervention Branch, supports Drug and Alcohol Action Teams (DAATs) in strategy implementation. The strategy does not contain performance

targets. However, these are currently being developed and will be published separately along with an information and research strategy which will outline arrangements for the monitoring of progress against the key targets.

Northern Ireland

The Northern Ireland Drugs Strategy (1999) is also based upon the four key aims of the UK drug strategy. In 2000 the Strategy for Reducing Alcohol Related Harm was also produced. In May 2001 the Northern Ireland Executive endorsed a Joint Implementation Model. Through this structure both strategies will be taken forward together. A Ministerial Group provides a strategic focus while, at official level the Drugs and Alcohol Implementation Steering Group review progress and ensure a co-ordinated approach. The Joint Implementation Model includes the establishment of six working groups to develop action in specific areas including Communities, Treatment, Education and Prevention, Information and Research, Social Legislation and Criminal Justice. These groups comprise relevant representatives from all sectors including the statutory and voluntary/community sectors. A Drug and Alcohol Information Research Unit has been established to develop baselines from which performance against the targets set in both strategies can be more accurately measured.

Drugs Monitoring Centre

n.a.

Advisory bodies

The Advisory Council for the Misuse of Drugs is the consultative council of the government in the field of drugs.

Conclusion

The UK drug strategy was among the first official governmental documents to have promoted a new more strategic approach in drug policy in Europe. This might have had a certain influence at European level. Three elements seem to confirm that. When in 1998 the strategy document *Tackling Drugs to Build a Better Britain 1998 – 2008* was adopted, only four countries of the EU (including the UK) had rather old or very general written drugs strategies. Four years later, in 2002, the number had risen considerably. Secondly, the UK strategy also opened up a reflection on a more scientific approach to drug policy with the adoption of quantified targets to be reached during a defined time and constantly monitored by a system of annual reporting and planning. Third, the coordination aspect. The creation of the Anti-Drug Coordination Unit and the appointment of a Anti-Drug Coordinator sent a strong message on the way drug policy could be coordinated. Although with differences according to local reality this system might have influenced several other European countries. At national level the merit of the strategy is to have brought together the disparate professions and fields of expertise working on different aspects of drug-related problems in an effective management structure. Through the strategy a new ‘culture of measurement’ has been

growing (and not only in the UK). A culture which aims at evidence-based practice in the field of drugs more than practice based on untested beliefs and that require implementation to be assessed against sounded scientific criteria.

The system of targets criticised by some to be unmeasurable or not grounded of evidence ([82]), have certainly stimulated the reflection on reaching sound objectives in drug policy narrowing the link between science and politics. Finally, the system on annual planning and national reporting helps to identify progress and gaps permitting the adjustment in course. In this process, coordination is seen as essential. The creation in 1998 of the UKADCU located at the Cabinet Office showed a model of coordination based on centrality and direct control of activities in the field. This system was designed to consolidate partnership among actors and linkage between the top decision level and the delivery of services in the field. As these partnership and linkage were improved, the new government decided to return coordination function into the administration (Home Office), showing the will to deal with drug coordination matters as an ongoing policy of the government without the necessity of additional structures. The Updated Drug Strategy presented at the end of 2002 stresses the importance of consolidating the work undertaken in 1998 by a more focused approach on delivery and with priority on young people, problematic drug users and most dangerous drugs.

The UK strategy in Brief

National Strategy	Specific Action Plan	Yes the 10-years drug strategy, (1998-2008) and the first Annual Report and National Plan, 1999; Action Plan on Crack, 2002.
	Performance indicators	Yes.
	Global approach	The strategy identifies actions to be taken both in the domain of demand as well as supply reduction.
	Legal/illegal substances	The 10-years drug strategy and updates focus only on illegal substances. However, the strategies of Northern Ireland, Scotland and Wales include alcohol.
	Implementation	Thought the DTAs network, reinforced in the new updated strategy.
	Permanent system linking objectives to performances	
Coordination	Authority responsible for coordination	Home Office Drugs Minister.
	Central coordination unit	Home Office.
	National co-ordinator	No.
	Global	Yes.
	Drugs Monitoring Centre	
	Advisory Body (ies)	The Advisory Council for the Misuse of Drugs.

[82] Home Office Committee Third Report - *The Government's Drugs Policy: Is It Working?* ; May 2002

Norway

Documents of reference: 'Action Plan for reducing the use of psychoactive substances (1998-2000)' and New Action Plan to Combat Psychoactive Substance use Problems 2003-2005

National strategy

Background

Ever since drug use became a social problem among young people in the late 1960s, Norway has pursued a restrictive drug policy, banning both use, possession and trafficking of drugs. Debates on the opportunity to consider a less restrictive drug control policy have been rejected by the Parliament [(83)] and by the new government.

In the Action Plan for Reducing the Use of Psychoactive Substances (1998-2000) ([84]), the Government declared that the ambitious goal of a drug-free society would be firmly upheld, as a necessary expression of its attitude towards drugs.

In March 2002, the Penal Code Commission (*Straffelovkommisjonen*) submitted its report on a comprehensive review of the Norwegian criminal legislation, NOU 2002:4. The commission majority proposes to decriminalise the purchase, use and possession of minor quantities of narcotic drugs. The Minister of Justice has, however, rejected the possibility of a debate on this issue in the follow-up of the report, with reference to the current Government's committment to work against any form of legalisation of drugs.

In light of the dramatic increase in the access to and use of drugs seen in the last decade, the Norwegian drug policy was reconsidered. The current Government (in charge from October 2001) appointed a Committee of Secretaries of State to draft an Action Plan on Psychoactive Substance Use Problems. The Action Plan, which will apply for the period 2003-2005, was submitted on 3 October 2002, and focuses particularly on improved preventive work among children and adolescents, and improved care and treatment for the most heavily addicted drug users. In the Action Plan the Government maintains a strict prohibitive stance on drugs, coordination plays an important role, and existing mechanisms for coordination are sought improved.

[83] As stated in Report No 16 to the Storting on Drug Policy (*St meld nr 16 (1996-97) Narkotikapolitikken*),
[84] *St prp nr 58 Handlingsplan for redusert bruk av rusmiddel* (1998-2000)

The main goal

The main vision forming the basis of the Norwegian drug control policy is a society free from alcohol and drug problems. Achieving a society free from illicit use of drugs is included in this main vision, as formulated in the new Action Plan

General principles

- Prevention, care, treatment
- Research and knowledge
- Licit and illicit drugs
- Supply reduction and International cooperation

In Norway alcohol and illicit drugs are both seen as addictive substances that, at least from the demand reduction point of view, need similar responses. Therefore, over the years, the government has developed a comprehensive 'substance abuse policy' with regard to prevention as well as to the treatment and care of alcohol and drug abusers.

Research and knowledge are gaining more importance in the development of the Norwegian drug policy. The Government supports actively the efforts engaged to obtain a better knowledge in the field of substance abuse to take more informed political decisions.

In the field of supply reduction at national level, the police works to prevent drug-related crime combating the supply of drugs and spreading information about the adverse consequences of drug abuse for youth groups, parent groups and schools. At international level, Norway is active in cooperation-at sub-regional, regional and world level.

Main objectives

In general, a major challenge and priority for the Norwegian drug policy is to maintain and reinforce negative attitudes towards drugs through preventive measures. In the new Action Plan, the government concentrates on preventive measures, a strengthening of treatment and rehabilitation measures, and harm reduction. Focus is particularly on reducing the use of illicit drugs like cannabis, ecstasy and other new synthetic drugs among the youngest and to reach out to the most heavily addicted drug users. A major objective of the Norwegian drug policy is therefore also to emphasise the importance of measures meeting the most pressing needs, and in the areas where the effect is documented. Supporting the ability of local communities to prevent and tackle drug abuse, and to strengthen the after care of drug addicts who have gone through specialised treatment programmes is also vital.

Specific Tasks

n.a.

Evaluation

A special evaluation instrument is being developed for the evaluation of the new Plan.

Financing

The total cost of drug policy is unknown, nevertheless some estimation for selected domain are available.

In a report published in February 2001, the Ministry of Health and Social Affairs presented an estimation of the costs for measures related to specialised treatment of drug and alcohol abusers during the 1990s. In 1999 costs had risen at about 203 million € [(85)] almost the double spent in 1990.

The figures however, do not include costs related to consultation and treatment by general medical practitioners or treatment in general hospitals.

In the field of prevention the former Norwegian Directorate for the Prevention of Alcohol and Drug Problems attempted to estimate the total annual costs related to prevention efforts at national and local level, and found that these roughly amounted to 20 million €. In the area of research, the Norwegian Institute for Alcohol and Drug Research (SIRUS) is allocated a total of 2.6 million € in operational expenditure for 2001.

Coordination

National level

Appointed in 1969, the inter-ministerial National Narcotics Advisory Board, chaired by the Ministry of Health and Social Affairs, was responsible for the coordination of drug abuse control policy at the state level until the early 1990s. In the period 1982–1990, a Committee of Cabinet Ministers (Minister of Health and Social Affairs, Minister of Justice, Minister of Child Welfare, Minister of Education) was in charge of the political coordination of the efforts to combat illicit drug trafficking and abuse. The National Narcotic Advisory Board was replaced by a more informal coordination group, chaired by the Ministry of Health and Social Affairs, and comprising also representatives of the Ministries of Justice, Child Welfare and Family Affairs, Education, Defence, and Foreign Affairs.

In 2002, a Committee of State Secretaries, appointed by the Cabinet and headed by the State Secretary of Social Affairs, has reviewed alcohol and drug abuse control strategies and policies, including coordination mechanisms at all levels of government. While the Ministry of Social Affairs continues to bear the main responsibility for co-ordinating the efforts against substance abuse problems, a coordinating function is also to be established between involved ministries and the subordinate bodies that administrate and coordinate the current work. Previously issued national guidelines on municipal substance abuse policy plans will be updated, with particular emphasis on local coordination models.

[85] figures are given in EUR at an exchange rate of 1 EUR to 8.045 NOK, Reitox National report 2001

Regional level

Norway has a decentralised system based on the principle that services must be delivered from the local communities where the problems exist. The central government provides ad-hoc grants and extra budgetary funds and guidelines to the regional and local authorities for prevention, treatment and health-care systems. The regional level currently has the responsibility for specialised treatment care for drug abusers, while the municipalities are responsible for prevention measures and the rehabilitation of drug abusers. As the state has now taken over ownership of the hospitals, including the regional measures for treatment of substance abusers anchored in the Act on Specialist Health Services, the government has recently proposed that also the regional responsibility for specialised treatment of substance abusers, anchored in the Social Services Act but with a systematic relation to specialist health services, be transferred to the state. National guidelines have been issued for inter alia co-ordination structures between the regional and municipality level. Seven regional centres of competence, assisting municipalities in developing comprehensive prevention programs, also act as an advisory group to the Government.

Drug Monitoring Centre

The Norwegian Institute for Alcohol and Drug Research (SIRUS) provides scientific research in epidemiology, evaluation of different policy interventions and – to some extent – cost-benefit analyses of treatment approaches. The institute is the national focal point to the EMCDDA.

Advisory bodies

The seven regional centres of competence comprising the collective ‘Norway Net’ have an advisory role in policy development. The centres are responsible for increasing competency and spreading knowledge within the drug field among health and social workers. Following the reorganisation of state intervention in the drug field, the centres have, as of 2001, also been awarded responsibility for contributing to raising competency levels within the drug prevention area in general. Moreover, they are to provide the Ministry of Social Affairs with advice concerning the expansion of the national drug policy, and via Norway Net to co-operate with SIRUS and the former Norwegian Directorate for the Prevention of Alcohol and Drug Problems, now part of the Norwegian Agency for Health and Social Welfare, in common areas of responsibility.

Two advisory expert committees for respectively prevention and treatment, hereunder harm reduction, are to be appointed. The committees shall provide the government with continuous advice on specific substance abuse challenges, evaluate efforts, suggest and stimulate the development of knowledge.

Conclusion

There still appears to be a general consensus among experts, politicians and an overall majority of the public that any proposals that could lead to liberalisation of drug policy should be rejected. The risks of harm, and the actual harm to society and the individual, are considered too great to accept

illicit use of drugs. Prevention and treatment targeted to full rehabilitation and integration in society are still the pillars of the national policy, as also stated in the new Action Plan against Alcohol and Drug Problems.

However, the recent deterioration of the drug situation, especially among drug addicts, increased the debate on measures to reduce the damages caused by drug abuse to the abusers themselves, to their families and to society as a whole. In general terms, measures aimed at reducing the negative impact of drug use are viewed as compatible with the Norwegian health care and drug policy even if some controversy has arisen in relation to establishing public injecting rooms and the expansion of methadone programmes.

Before resigning in October 2001, the former government concluded that *'since no means should be left untested in the struggle to reduce deaths caused by overdose, public injecting rooms could legally be established in a limited number of municipalities on a strictly controlled trial basis'*. The issue was made subject to a public hearing. The current government is not in favour, nor are the majority of hearing responses. The Parliament, on its part, decided (in June 2002) to request the government to prepare limited trials with injecting rooms in two municipalities. Important issues relating to the establishment of such limited trials still need to be discussed and clarified.

Coordination of drug policy at all levels of government is a matter of considerable political concern in Norway. A Committee of State Secretaries, appointed by the Cabinet, has reviewed alcohol and drug abuse control strategies and policies, including coordination mechanisms.

Norwegian strategy in brief

National Strategy	Specific Action Plan	Yes, 2003-2005
	Performance indicators	--
	Global approach	Yes
	Legal/illegal substances	Yes
	Implementation	--
	Permanent system linking objectives to performances	--
Coordination	Authority responsible of coordination	Ministry of Social affairs
	Central coordination unit	No
	National co-ordinator	No
	Global	Coordination role involves both aspects of demand and supply reduction
	Drugs Monitoring Centre	Yes
	Advisory Body (ies)	Yes

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