Coordination: a key element of national and European drug policy

National responses to international calls

The drafting of a new treaty for the European Union provides an excellent opportunity to give greater priority to policy on drugs. Although cooperation between Member States has increased as a result of new powers conferred by the Maastricht and Amsterdam Treaties, there is scope for greater alignment of national drugs strategies and for improved coordination between States in combating drugs.

Furthermore, enlargement poses new challenges to the European drugs strategy because of the risk of increased trafficking through the candidate countries and the growing problem of addiction and drug-related health consequences such as the spread of infectious diseases in future Member States.

Both these concerns underline the need for a robust accord (acquis) on drugs to provide a basis for a common approach to drugs between both present and future Member States.

There is international consensus on the need for local, national and international coordination of efforts to combat drugs. However, there is a lack of clarity about precisely what coordination should entail, and what the roles of national coordinating bodies and national coordinators should be. This lack of clarity is a barrier to further progress in international cooperation on combating drugs.

Although all EU States have in place some form of coordination mechanism, there is considerable variation between countries on the scope and implementation of coordination. Some, but not all, States have appointed national drug coordinators and established dedicated coordination units. Some States lack coordination mechanisms which embrace all aspects of drugs policy, including law enforcement and health and social issues.

Key policy issues at a glance

1. It is widely acknowledged that coordination is a cornerstone of effective drugs policy.

2. The meeting of the European Convention provides an opportunity to give greater priority to drugs at EU level.

3. EU enlargement constitutes a major challenge in the field of drugs and requires the EU to provide future Member States with a robust accord on drugs policy.

4. All EU countries report that they have mechanisms in place for coordinating their national drugs policy.

5. Almost all EU countries have stated that coordination mechanisms cover all aspects of drugs policy.

Coordination of drugs policy — Overview

1. The need for coordination of drugs policy is widely acknowledged

Over the past 15 years, an international consensus has developed around the need for coordinated and multidisciplinary action to tackle drug abuse and the supply of illegal drugs. The importance of coordinated action was first acknowledged, in an international agreement in 1987, by the United Nations comprehensive multidisciplinary outline of future activities in drug abuse control. Subsequent international agreements by the United Nations and European Union have identified coordination as a cornerstone of a balanced and comprehensive drugs policy, most recently in the 1998 United Nations declaration on the guiding principles of drug demand reduction (UNGASS).

Within the European Union, the need for both national and international coordination is widely accepted. Member States have taken steps to coordinate domestic drug policies, by adopting national drugs policies and strategies, establishing central coordination units and appointing national drugs coordinators.

The European Union drug strategy 2000–04 reaffirms the importance of coordination and provides a mandate for improvement. Despite this international consensus, there is a lack of clarity about precisely what coordination should entail. Coordination is an ill-defined concept and difficult to measure. It is perhaps most evident when it is lacking. An EMCDDA report published in 2001 defined coordination within the field of drugs 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.’ European Member States have made their own interpretations, and there are significant differences between countries in how the principle of coordination of drugs policy is being implemented. Research shows that in the field of drugs control and treatment, coordination may be confused with the exchange of information or with simple cooperation. To achieve progress in tackling the supply and abuse of illegal drugs, a new consensus is needed to establish a common working definition of coordination in the field of drugs.

2. An excellent opportunity to strengthen the coordination of drugs policies

The European Convention, meeting to draft a new treaty and overarching constitution for the EU, offers an excellent opportunity to strengthen coordination on drugs at European level. The principle that action on drugs should be comprehensive, balanced and coordinated is already recognised at EU level and implemented in many countries, but it lacks a legal basis.

Cooperation between Member States has increased as a result of powers conferred by the Maastricht and Amsterdam Treaties. But there remains considerable scope for further approximation of national drugs policies and strategies and for greater coordination within and between countries. Weak or ill-defined coordination systems would be a missed opportunity for effective action in the field of drugs in an enlarged Europe.

The drafting of a new foundation treaty for Europe provides an opportunity to enshrine within the Union’s legal constitution the importance of coordination and to promote a more common approach to tackling drugs.

3. A common approach to combating drugs is imperative in the context of European enlargement

The prospect of European enlargement, embracing up to 10 new countries and 75 million more inhabitants presents new challenges to efforts to combat drugs. There are concerns about the risk that enlargement poses in relation to drug trafficking, especially from and through central and east European countries. Major drugs seizures along the Balkan route and in central Europe confirm the region’s continuing role in the transportation and storage of heroin and other illegal substances. As a result, tackling drug trafficking is a key issue in preparing candidate countries for accession.
At the same time, recreational drug use and experimentation are becoming an increasing part of youth culture in most of the candidate countries. Drug abuse, including opiate injection, in these countries is now approaching similar levels to those seen in EU Member States. Whilst recreational drug use gives rise to some concerns, the increase in opiate injection is a much more serious problem, because of the associated spread of infectious disease and social deprivation.

Candidate countries will be required to adopt a Community accord or acquit communautaire on drugs. The close cooperation embarked on by the Commission and the EMCDDA with these countries is vital, but insufficient in itself. Enlargement underlines the need for well-defined and robust coordination mechanisms at both national and EU level. In many cases, existing mechanisms are not up to the challenge and need to be developed further.

4. National strategies to tackle drugs in EU countries are based on common principles, but there is wide variation in their implementation

All EU countries have endorsed the principle that coordination is an essential element of national drug policy. In every State, there is a cross-departmental ministerial committee that acts as the forum for coordinating top-level policy. At the next tier down many countries have established central coordinating units to implement policy and provide technical advice to ministers. Despite these signs of increased government commitment to the principle of coordination, the concept is interpreted in different ways in different countries. A recent review by the EMCDDA of the characteristics of the 16 (1) coordinating systems found a wide range of approaches being adopted. In seven countries, dedicated drug coordination agencies have been established, whilst in the other nine the coordination role is the responsibility of existing offices or units within a ministry or government department.

Similarly, there is variation between countries as to where ministerial responsibility for coordination of drugs policy is located. In 14 countries (2), the responsibility is held by a (cabinet) minister whilst in two countries (Italy and France) it is held by the prime minister. Ten countries have now appointed an official responsible for coordinating government drug action who can be identified as the national drug coordinator. Member States have the freedom to decide on the coordinator’s precise status and role in the light of their own organisational culture, policies and priorities. Hence, the responsibilities of national coordinators vary considerably between countries. In six countries, there is no report of a clearly defined role of drug coordinator.

The European Union drugs action plan (2000–04) restates Mitterand’s 1989 call for the appointment of a national drugs coordinator and recommends that national coordinators or those responsible for the coordination of drugs policy meet twice a year, within the framework of the Horizontal Working Party on Drugs, to exchange information and review opportunities for increased cooperation.

5. Do present coordination mechanisms encompass all aspects of drugs policy?

The second European programme to combat drugs, adopted in 1992, contains a number of recommendations relating to drug coordination mechanisms. It explicitly refers to the need for coordination mechanisms between the authorities responsible for combating drug trafficking and those in charge of treatment programmes. It recommends that these coordination mechanisms should encompass all aspects of drugs policy, including treatment and social interventions, law enforcement and international collaboration, and facilitate the exchange of information across sectors of government (and internationally).

6. The effectiveness of mechanisms for coordinating drugs policy

Whilst there is a broad consensus about the need for coordination mechanisms in the field of drugs at both national and international level, little is known about which approaches are most effective. Some form of coordinating mechanism is in place at local and national level in all EU countries. However, these mechanisms are not always interdisciplinary, embracing health and social interventions and law enforcement. There is also considerable variation between States as to how much power national coordinators and central coordinating units wield.

In 1992, the European programme to combat drugs raised the idea of Member States comparing their respective experience of the effectiveness of their coordination mechanisms. More than 10 years later, the EU drugs action plan (2000–04) again calls for an evaluation of present coordination arrangements and for Member States to strengthen national coordination mechanisms for drugs policy. The 2002 mid-term review of the action plan goes further and identifies the need for better coordination of law enforcement within Member States as well as improved coordination at EU level across all aspects of drugs policy.

In the light of these requests, further research into the effectiveness of existing coordinating mechanisms is desirable and should help to ensure that renewed efforts to strengthen coordination yield genuine improvement.

(1) 15 EU members plus Norway.

(2) 13 EU members plus Norway.

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Conclusions

Coordination of national and international efforts to combat drugs —
Policy considerations

1. Further work is needed to define what coordination of drugs policy should entail.

2. The redrafting of the European Union’s constitution provides an opportunity to strengthen the common approach to combating drugs.

3. Enhanced coordination must be promoted and secured at European Union level among all Member States in the context of forthcoming enlargement.

4. Mechanisms for coordinating drugs policy vary considerably between countries and not all countries have appointed a national coordinator.

5. Coordination needs to encompass all aspects of national drugs policy, including healthcare, social issues, law enforcement and international collaboration.

6. Research into the effectiveness of present mechanisms for drugs coordination at both national and international level is a prerequisite for improvement.

Key sources

(7) Interviews with national coordinators, 2002.
(10) The European Committee to Combat Drugs (CELAD), European programme against drugs, 1990.
(11) The European Committee to Combat Drugs (CELAD), Second European programme to combat drugs, 1992.

Web information

(1), (2) and (3) can be found at http://www.emcdda.org/policy_law/eu/eu_actionplan.shtml
(4) can be found at http://www.emcdda.org/infopoint/publications/focus.shtml
(5) can be found at http://www.emcdda.org/policy_law/national/strategies/strategies.shtml
(9) can be found at http://www.un.org/ga/20special/demand.htm