

Models of coordination in Member States

National coordination systems are presented below compared against three main parameters:

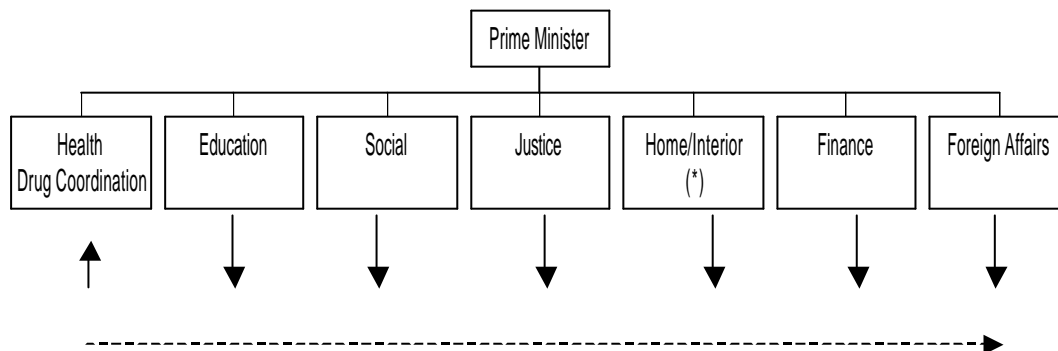
- The 'type of coordination' and more in particular the existence of agencies created ad-hoc to be responsible of the coordination of drug policy and units in charge of coordination within the portfolio of a specific department in the government;

- The 'responsibility of coordination' divided between functions at Prime Minister or governmental (minister) level;

- The 'scope of coordination', divided between 'global' covering all domains and administrations involved in drug policy or 'specific' covering just some domains and administrations involved in drug policy.

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)

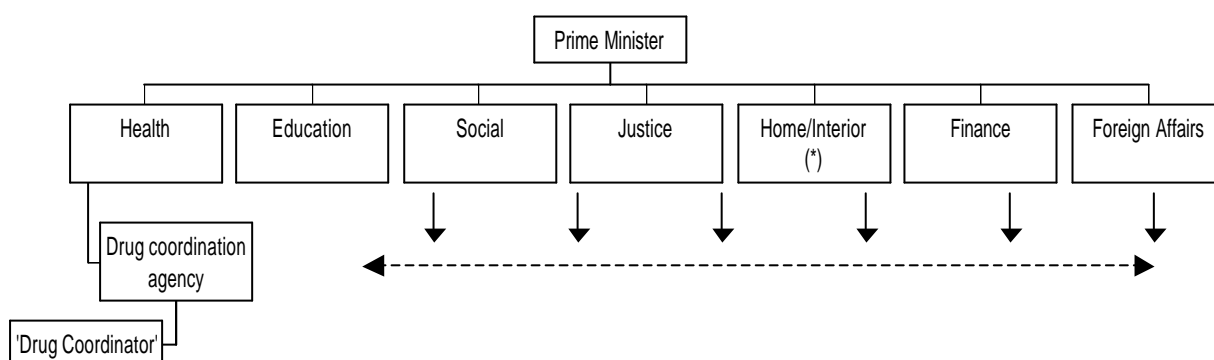
Fig.1. Coordination unit – Governmental Ministry - Global



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.

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).

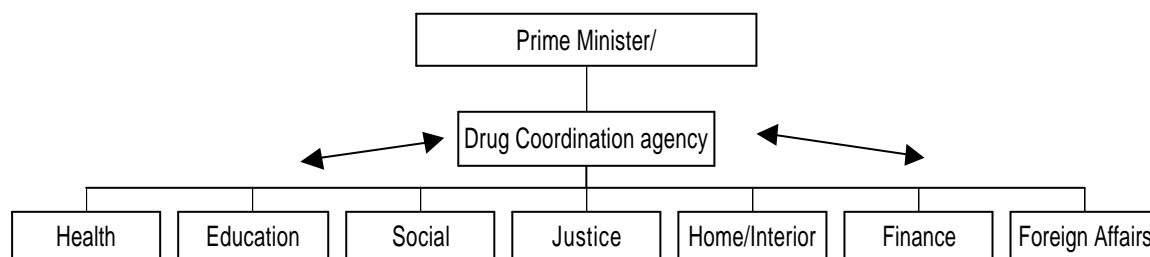
Fig.2. Ad-hoc agency – Governmental Ministry - Global



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.

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

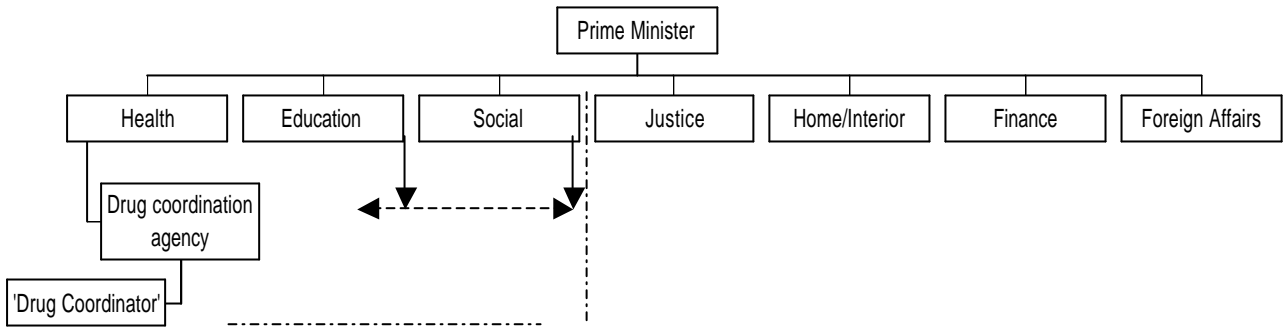
Fig 3. Ad-hoc agency – Prime Minister - Global



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.

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

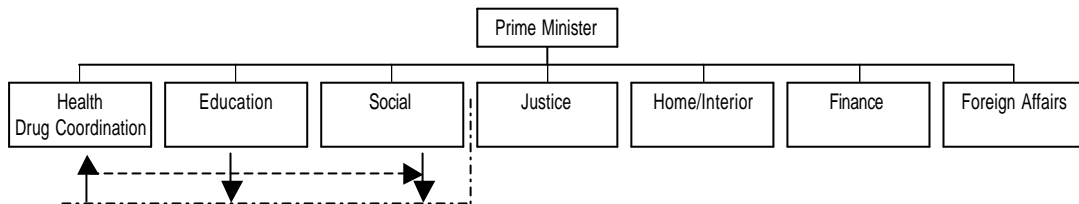
Fig 4. Ad-hoc agency– governmental Minister - Specific



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 to as 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.

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.

Scope of coordination

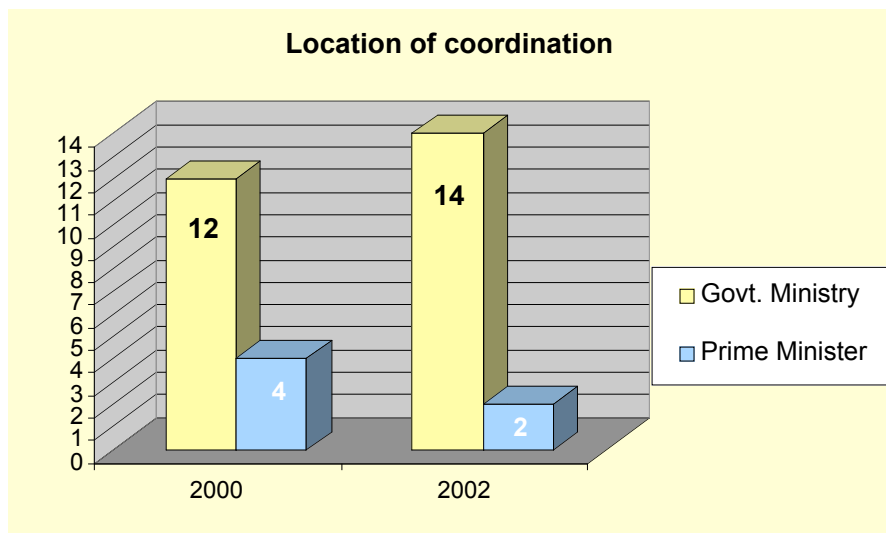
Belgium - Health Coordination Unit (cellule drogue santé);	Specific (A 'General Coordination Unit' is also envisaged for global functions)	Luxembourg - Department of Health	Specific
Denmark – Unit at the ministry of Interior and Health	Global	Netherlands – Unit at Ministry of Health, Welfare and Sport	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 Affairs	Global

Specific is intended having competences only on aspects of the drug policy es. only demand reduction

Global is intended having competences on all aspects of the drug policy

Location of coordination

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)	



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	President 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.

* Foreseen in the national strategy 2001