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**European Monitoring Centre
for Drugs and Drug Addiction**

EMCDDA REPORT

Drug Coordination Arrangements in the EU Member States

March 2001

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European Union Member States

EMCDDA

Programme (P4) 'Strategies and Impact'

Preliminary Report

This report was prepared for the Commission of the European Communities by the EMCDDA

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Drug Coordination Arrangements in the EU Member States

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Introduction

This report is a preliminary overview of the co-ordination arrangements in the field of drugs in the EU member states.

It has been produced by the EMCDDA to answer primarily the request outlined by the EU Action Plan on Drugs (2000–2004): “*The Commission with the assistance of the EMCDDA to organize a study to be completed by March 2001 to test whether the coordination arrangements that are in place could be improved and if so in what way*”¹.

In this regard, the EU Action Plan, “*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 mechanisms and or to appoint a national drugs co-ordinator*”², in order to tackle drugs with a “*global, multidisciplinary integrated and balanced strategy*”.

Nevertheless, reliable information on how the existing mechanisms and arrangements are organised, is a necessary prerequisite and the first step to accurately respond to the EU Action Plan.

The EMCDDA has been asked by the European Commission to focus its present contribution on the coordination arrangements in Member States. The present report will therefore focus on the arrangements, mechanisms or bodies which are officially in charge of implementing coordination functions between the different national and local actors involved in tackling drugs and drug addiction. The EMCDDA’s research has been based on the information already available, mainly national reports compiled by the REITOX network of National Focal Points³, governmental documents, and reports from relevant meetings, over a period of three months (December 2000–February 2001). National Focal Points have contributed in fine-tuning the chapter Country Profiles.

The current research did not address the functioning or possible dysfunctioning of national coordination systems, nor did it examine the need to improve coordination arrangements in Member States. These aspects were considered to lie outside the scope of this preliminary study. However, the EMCDDA, in accordance with its current three-year work programme (2001-2003), and as a contribution to the mid-term evaluation of the EU Action Plan on drugs, will continue to survey this issue in close partnership with the Commission. An intermediate report is scheduled for release by the end of 2001. At this second stage, the EMCDDA will provide a more in-depth review of co-ordination arrangements.

Before moving to the content of the present research study, it must be said that the exercise of mapping and categorising national drug coordination arrangements and structures is a complex and intricate task due to the variety of coordination systems operating at vertical and horizontal level, at formal and informal level, and at national, regional and local levels. Different degrees of competence and power among the main actors complicate the matter. This being the case, it will only be possible to develop and complete the present report by analysing accurately, using primary sources, the diverse factors that shape the role of coordination mechanisms in Member States, such as:

- Political Accountability;
- Composition and functioning;
- Decision-making powers.

¹ Art. 1.1.7 of the EU Action Plan on drugs 2000 – 2004, Cordroque 32 9283/00

² Art. 1.2.2 of the EU Action Plan on drugs 2000 – 2004, Cordroque 32 9283/00

³ http://www.emcdda.org/about/work_with_nfp.shtml

Terminology and concepts

Prior to describing national systems, it would be useful to examine the definition of 'drug coordination arrangements'.

Direction, orientation, information, co-operation and implementation are terms that are often used together with or instead of coordination. It can be seen that these terms are sometimes interchanged, adding further difficulties to an area that is already quite intricate. This report aims to develop a concept of drug coordination arrangements to facilitate understanding and to establish a basis for further work.

Regarding the semantics, the term coordination comes from the Latin word 'co-ordinatio' derived from 'de ordinatio', which means 'to put in order'.

A review of authoritative dictionaries in English, French and Italian helps in defining the significance of the term coordination. In English 'coordination' means 'to organise or integrate diverse elements in a harmonious operation, or to work together harmoniously'⁴; in French 'to organise the parts of a whole according to a logical plan, for a determined aim'⁵; and in Italian 'to put in order the various elements constituting a whole with the aim to reach the objective', but also 'to link two or more elements which are in an autonomous relationship'⁶.

Central elements in the meaning of the term 'coordination' are therefore:

- the proactive organisation of all the elements of the work;
- links between the autonomous elements;
- a plan which defines the work;
- determined objective/s.

By analogy, we can assume that drug coordination arrangements could be interpreted as: 'the task to organise or integrate the diverse elements composing the national response to drugs with the objective to harmonise the work', and implicitly to increase the effectiveness.

It seems evident that the definition of drug coordination requires that all the actors involved in the implementation of drug policy, both public and private, respond to a common objective posed by a plan or by a 'common vision'. It seems also clear that, to do this, the coordination must have appropriate powers to link or organise the 'diverse elements' towards the objective/s, thus also involving technical and budgetary responsibilities.

Coordination models

Background

The necessity of establishing national coordination mechanisms to coordinate balanced national drug strategies was officially affirmed already in 1987 at the *United Nations International Conference on Drug Abuse and Illicit Drug Trafficking*, held in Vienna⁷.

⁴ Collins, p.352, 1994

⁵ 'Agencement des parties d'un tout selon un plan logique, pour une fin déterminée. *Le Petit Robert* p.469, 1996

⁶ 'Ordinare insieme vari elementi in modo da costituire un tutto organico conforme al fine che si intende raggiungere'. Zingarelli 1994 p.450.

⁷ Declaration of the International Conference on Drug Abuse and Illicit Trafficking and Comprehensive Multidisciplinary outline of future activities in drug abuse control, United nations, New York 1998 ISBN 92-1-148075-2, p. 8.

(Closing the Conference on the 26 of June 1987 the chairman, Prime Minister of Malaysia Mr. Mahathir, addressed a speech to the delegations: "endorsing the Comprehensive Multidisciplinary outline you have taken a moral commitment in front of the humanity to apply the principles affirmed in this document to reduce the abuse of drugs and to combat drug traffic". From that day the 26 of June has been declared International Drugs Day.)

On this occasion the 139 States present at the Conference adopted a *Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control*. This was divided in four chapters (Prevention and reduction of the illicit demand; Control of supply; Suppression of illicit trafficking; Treatment and Rehabilitation) and affirmed in its general principles the need for anti-drugs coordination mechanisms. Here follows an extract (the most relevant passages underlined):

“If the contributions of these multifactorious entities to a combined national effort are to be marshalled in support of the achievement of the objectives of the Outline, it then follows that machinery has to be established, where it does not yet exist, for coordinating the activities of these bodies, services, agencies and institutions. Indeed, the Outline like the 1961 and 1971 Conventions refers in numerous passages to national coordinating machinery. Accordingly, governments which are determined to take effective action against drug abuse and illicit trafficking may find it advisable, and even indispensable, to set up a coordinating mechanism, in so far as they have not already done so, or to strengthen the existing machinery by establishing a nation-wide strategy. The national agency or authority designated to carry out this strategy could in turn be guided by certain general principles, which might include the following:

- *A clear set of achievable objectives should be defined;*
- *Target groups should be clearly identified, priority being given to initiatives aimed at reducing drug abuse among young people;*
- *A balanced approach should be adopted for dealing with illicit demand, illicit supply and illicit trafficking;*
- *Programmes should be comprehensive and long-term;*
- *The development of the programmes and their implementation should be supported by research into the extent of drug abuse and its aetiology and consequences;*
- *The achievements of the programmes should be evaluated periodically;*
- *The work of all the agencies concerned at the national, regional (cantonal, provincial) and local levels should be part of a coordinated plan;*
- *The formulation of the national strategy should take into account in the first place the existing resources and, in the implementation of the strategy, a cost-effective approach should be adopted, with external support if necessary;*
- *The potential of community actions should be recognised and developed;*
- *The national strategy could make the fullest possible use of the experience and attainments of other countries in fighting drug abuse and illicit trafficking and the coordinating agency might offer to share its experiences with corresponding foreign authorities.”*

The international commitment from the UN Conference has been taken into account by most of the participating countries. Certainly all EU Member States recognise the need to coordinate their activities in the field of drugs, having identified structures or organs to ensure this task. Moreover, we have noticed that in the last years some countries have strengthened the role of coordination, setting up new structures, or empowered and extended existing ones.

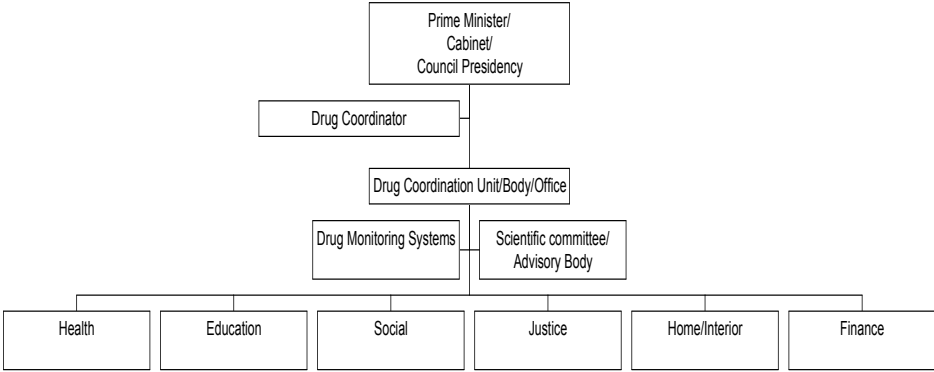
To help in understanding the organisation and role of these structures and before presenting them country by country, we describe here two different models representing the varying application of the concepts of coordination by Member States. These models can guide us through the analysis of the coordination structures or arrangements reviewed in this report. However, some national systems might not easily fit with the models described below.

Horizontal holistic coordination

This model reproduces the concept of a central coordination system based on a holistic approach and a highly hierarchical decision-making power. Here the coordination office might be in charge of linking the national and local administrations horizontally and vertically.

Competences may include programming, monitoring of the implementation, and evaluation. It is the typical case of interministerial bodies with decision-making powers. Budget and legislative orientation might also be located here. An action plan, a strategy or an explicit drug policy will usually define the way to go. All actions, while implemented under the responsibility of the different governmental departments, agencies, voluntary and private organisations, must be part of the strategy and will be coordinated by the authority in charge. The roles of drug monitoring systems, processing and providing reliable data and information, and political and technical advisers, to support the decision-making process, are important to the functioning of the coordination mechanism.

Graph 1. Illustration of Horizontal Holistic Coordination



For example, this model seems to illustrate the system adopted in the UK in 1998 when the prime minister appointed a national coordinator in charge of organising a comprehensive national strategy on drugs, making sure that government departments, agencies and others working in the field would be included in the achievement of common objectives. The ‘United Kingdom Anti-Drugs Coordination Unit’ (UKADCU) was therefore created as the central body responsible for the coordination and implementation of the UK drug strategy. In France we found another example of this type with the ‘Interministerial Mission on the Fight against Drugs and Drug Addiction’ (MILDT). Again, the efforts of national and local, governmental and private actors have been centrally coordinated, with the aim of creating and implementing a cohesive drug policy at central and local level. In addition the structure benefits from a systematic provision of information and scientific support. MILDT and UKADCU link all these activities and report to their respective Prime Ministers.

Even with some exceptions, Portugal offers another example of this kind. Political and technical coordination competences are divided between the ‘Coordination Board of the National Strategy’ created in May 2000 and the ‘Portuguese Institute for Drugs and Drug Addiction’ (IPDT). The ‘Board’ presided over by the Prime Minister (or his Secretary of State which acts as National Drug Coordinator) has the overall political decision. It coordinates the governmental policy in the four areas determined by the National Drug Strategy: prevention; fight against traffic and related criminality; treatment; and rehabilitation. In addition the IPDT operates at technical level in the prevention and treatment area and is responsible for the coordination of the implementation of the national strategy.

In Spain, one of the main objectives of the new National Strategy approved on 17 December 1999 is to articulate, in an efficient manner, the optimum development of coordination activities. The Inter-Ministerial Group, chaired by the Government Delegate for the National Plan on Drugs, is responsible for the adoption and proposal to the Government of all drug-related measures and activities under the state competence.

Even with differences on the level of coordination, competence and implementation at national and local level, these systems show similarities on some key principles:

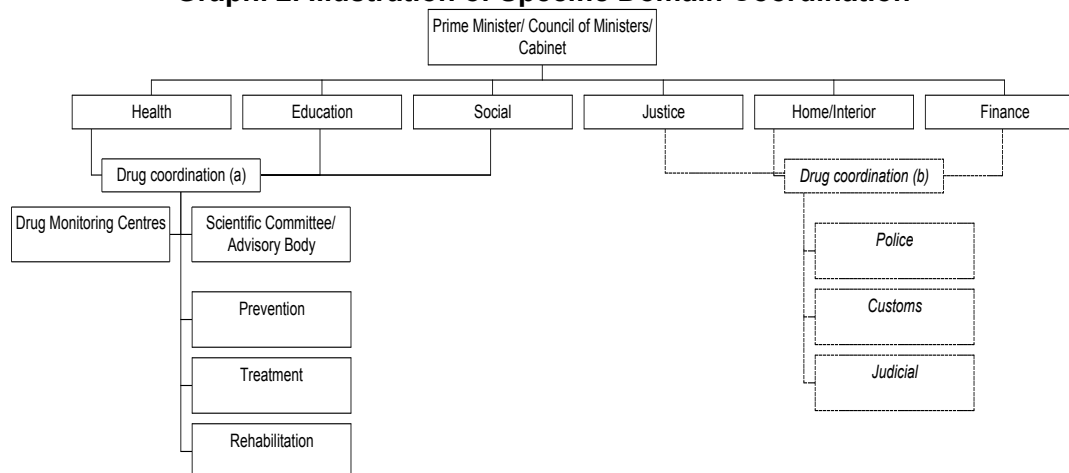
- The holistic approach whereby the drug coordination unit/body/office is in charge of coordination of all national activities in the field of drugs;
- the appointment of a drug coordinator at national and/or local level, responsible for coordination, progress and achievements, of the national drug strategy;
- the high hierarchical position of the drug coordinator or the coordination group/committee at the governmental level; he/it reports to, or even represents – as in Portugal – the Prime Minister or the Council of Ministers, thereby placing the ‘drug dossier’ and the role of coordination very high on the political agenda;
- the existence of a ‘white paper’, ‘political note’, ‘drug strategy document’, ‘action plan’ in which are clearly stated the objectives and directions of the national drug policy;
- the participation and or involvement of all actors, public and private, concerned with the drugs problem in all fields, thus the high significance of ‘working together towards a common objective’;
- the role of evidence-based information providers as a necessary factor in the decision-making process.

Specific domain coordination

In this model, in contrast to the holistic model above, the coordination body is situated under the responsibility of a minister, which is in charge of coordinating and implementing the activities relevant to its own competencies. This role can be vertical, within the ministry’s field, or horizontal, involving other ministries’ activities. It can also involve different degrees of decision-making powers.

A classic example is the Health Ministry which, being responsible for coordination and actions in the field of prevention, treatment and rehabilitation, coordinates the overall activities in these fields of other administrations such as the Ministries of Social Affairs, Education, Youth, etc (see Graph 2. Drug coordination (a)). Activities coming under other domains such as Justice, Home/Interior, Customs, Finance are, at first analysis, normally not within the scope of this model. However, some coordination systems, even if located within the Ministry of Health, are entitled to coordinate some activities falling under the general scope of Justice or Interior Ministries. Countries may also have separate coordination arrangements for linking only law-enforcement activities (Graph. 2. Drug coordination (b)).

Graph. 2. Illustration of Specific Domain Coordination



In Finland, for instance, the primary responsibility for coordinating national drug policy lies with the Ministry of Social Affairs and Health. The ‘Coordination Group’, appointed in March

1999 with representation from Ministries and state agencies, aims to harmonise drug policy and to intensify collaboration between the authorities in their efforts to implement the national drug strategy.

In Germany a new Drug Commissioner, nominated in January 2001, is responsible for health and social aspects ensuring the coordination and promotion of anti-addiction and harm reduction policies. She deal also with international relations. Public order and judicial issues on drugs remain within the Ministries of the Interior, Justice, the Land Ministries and customs authorities which operate across borders. In almost all Länder interministerial work-groups coordinate the activities of the different administrations (health, social, youth, culture, interior and justice).

In Greece the 'Organisation Against Drugs' (OKANA), under the umbrella of the Ministry of Health, is the central coordinating body and is also responsible for policy-making in the prevention domain. It is the task of the 'Central Anti-Drug Coordinating Unit' to coordinate law enforcement activities applied by four public bodies: the Police (Ministry of Public Order), the Customs (Ministry of Finance), the Financial and Economic Crimes Office (Ministry of Finance) and the Coast Guard (Ministry of Merchant Marine).

One interesting element that emerges from this model is the interactions between different ministries when the 'overall' coordination is situated in one of them. This ministry might have coordination and decision-making powers in its own ministry's field, but it could act as a forum of discussion (without decision-making powers) for matters which fall under the responsibility of other ministries. Nevertheless, the degree of interaction and the extent of tasks and roles in such situations have not been the object of this study. These would need to be addressed in a follow-up research.

Country Profiles

Produced on the basis of information provided by the Reitox national reports and available official documents. The variety of the information given will in some cases reflect the range of data available on the different countries.

Belgium^a

Belgium's federal system has contributed to shape interventions and coordination bodies in the field of drugs.

First examples of coordination activities go back to the end of the 70s or later depending on the Regions. Globally the call for coordinated demand reduction strategies was heard in the 80s in a general approach of addiction prevention.

In the French Community, the 'Committee on Alcohol and other Drugs' (CCAD) coordinated the collection of epidemiological data since 1978; from September 2000, its work was taken over by EUROTOX. In the Flemish Community, the 'Association for Alcohol and other Drugs problems' (VAD) has been the coordinating agency for prevention and treatment institutions since 1981. The Flemish government has organised its policy through an 'agreement' which is signed between the Flemish Ministry of Health and VAD.

Regarding the global drug policy, the "Interministerial Conference" is in charge of coordinating the different initiatives in the field of drugs. It was set up in 1992 and is composed of about 15 different cabinets and the regional governments and communities. In 2000, an inter-ministerial working group was set up in order to re-design the drug policy in Belgium. The group, coordinated by the federal Ministry of Health, involved the federal Ministries of Justice and Internal Affairs. This group, working in close collaboration with Communities and Region Ministries, proposed a Political Note which was adopted by the federal government in January 2001. In this Note a new coordination body is foreseen. It will be named "Cellule Drogue" and should integrate in its work all the actors that contribute to tackle the drug problems at federal and regional level. Moreover, reaffirming the central role of information, the Belgian National Focal Point will be transformed into the Belgian Monitoring Centre with functions of collection, analysis and dissemination of drugs-related information.

Denmark^b

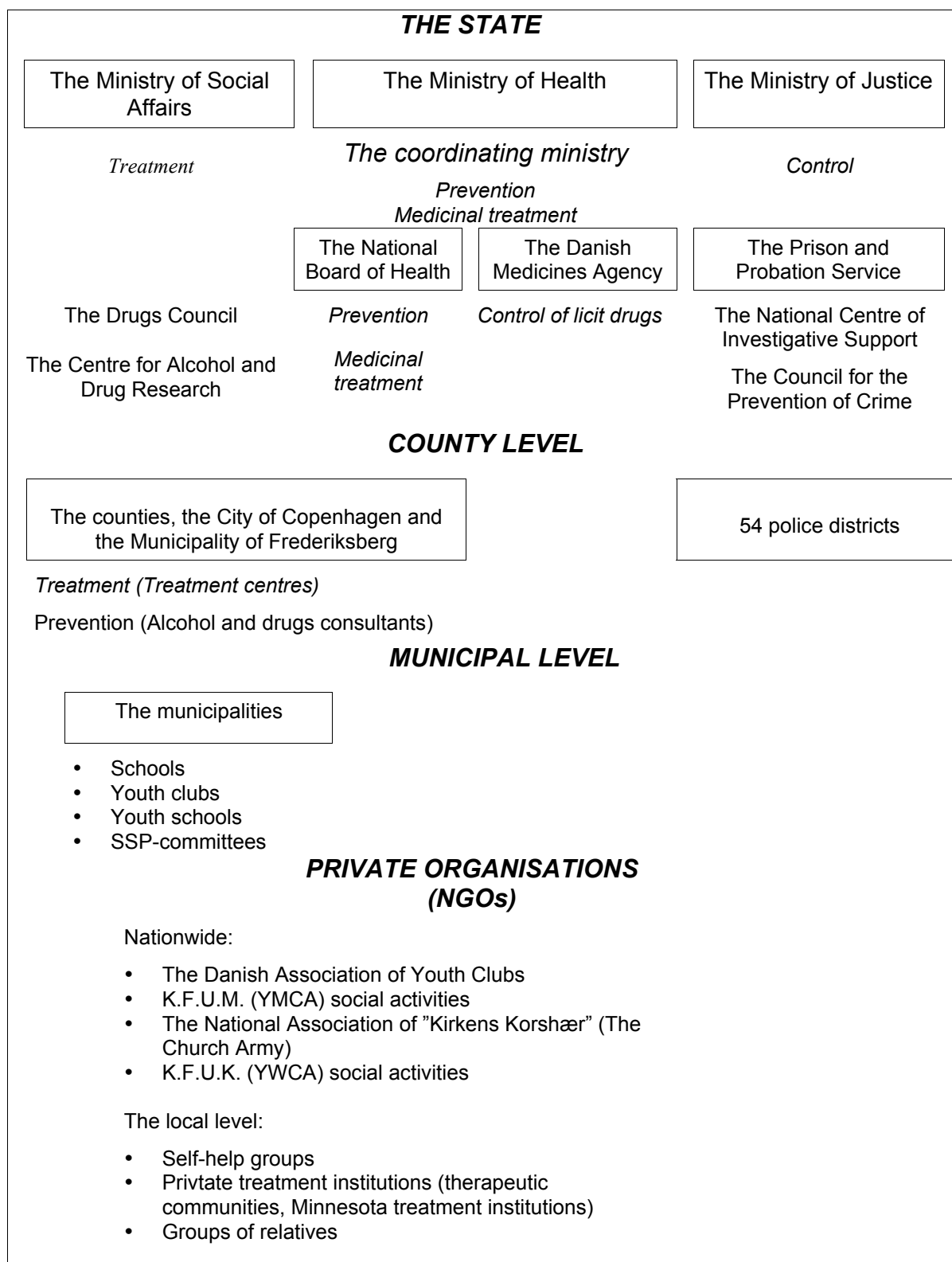
The Ministry of Health is responsible for coordinating drugs policy at the national level. Matters concerning drug supply are dealt with in co-operation with the Ministry of Justice; matters concerning treatment of drug abuse are dealt with in co-operation with the Ministry of Social Affairs.

As part of the intensified efforts to combat drug addiction, an inter-disciplinary, advisory and professional specialist committee has been appointed by the Minister for Social Affairs: the 'Drugs Council'. The 'Council' must monitor developments within prevention, treatment and control as well as contribute to quality control and improved coordination of the overall work performed in the drug addiction area.

The Council is an advisory body to the Parliament and the ministries involved, and does not have any implementation powers. However it may, among other things, submit proposals for goals and strategies to be applied in the overall drugs work.

At local level the 'Association of County Councils' is in charge of co-operation between the counties and coordination of policies between the national and local level. It provides agreements with the Government and the Parliament on behalf of the 14 counties regarding their economy, including preventive action against drugs and treatment of drug addiction.

**Organisational chart of authorities and private organisations in the field of
drugs in Denmark**



Source Reitox Danish Annual Report 1999

Germany^c

Given the federal structure of Germany, coordination mechanisms have a great role at Land as well as at Federal level. Regarding coordination at Federal level there are two main bodies to be mentioned; the 'Drug Commissioner' and the 'Drugs and Addiction Commission'.

The new Drug Commissioner, nominated in January 2001, is responsible for health and social aspects ensuring the coordination and promotion of anti-addiction and harm reduction policies. She represents the federal government in drug related international fora. Public order and judicial issues on drugs are within the Ministries of the Interior, Justice, the Land Ministries and customs authorities which operate across borders.

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. One representative of each profession concerned with drugs as well as a journalist are among the members. 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.

At local level, in nearly all Länder, task forces or working groups on prevention composed of experts and representatives of the Land authorities provide an institutional framework for common decision-making and planning. In addition, within the Länder, there are inter-ministerial work-groups to better coordinate local measures. Usually such groups include the Ministry for Social Affairs, the Ministry of the Interior including the Land Criminal Office, the Ministries for Culture and Sports and the Ministry for Justice. Responsibilities for Health matters lie at the Land level while the Federal level is responsible for the legal framework and external affairs.

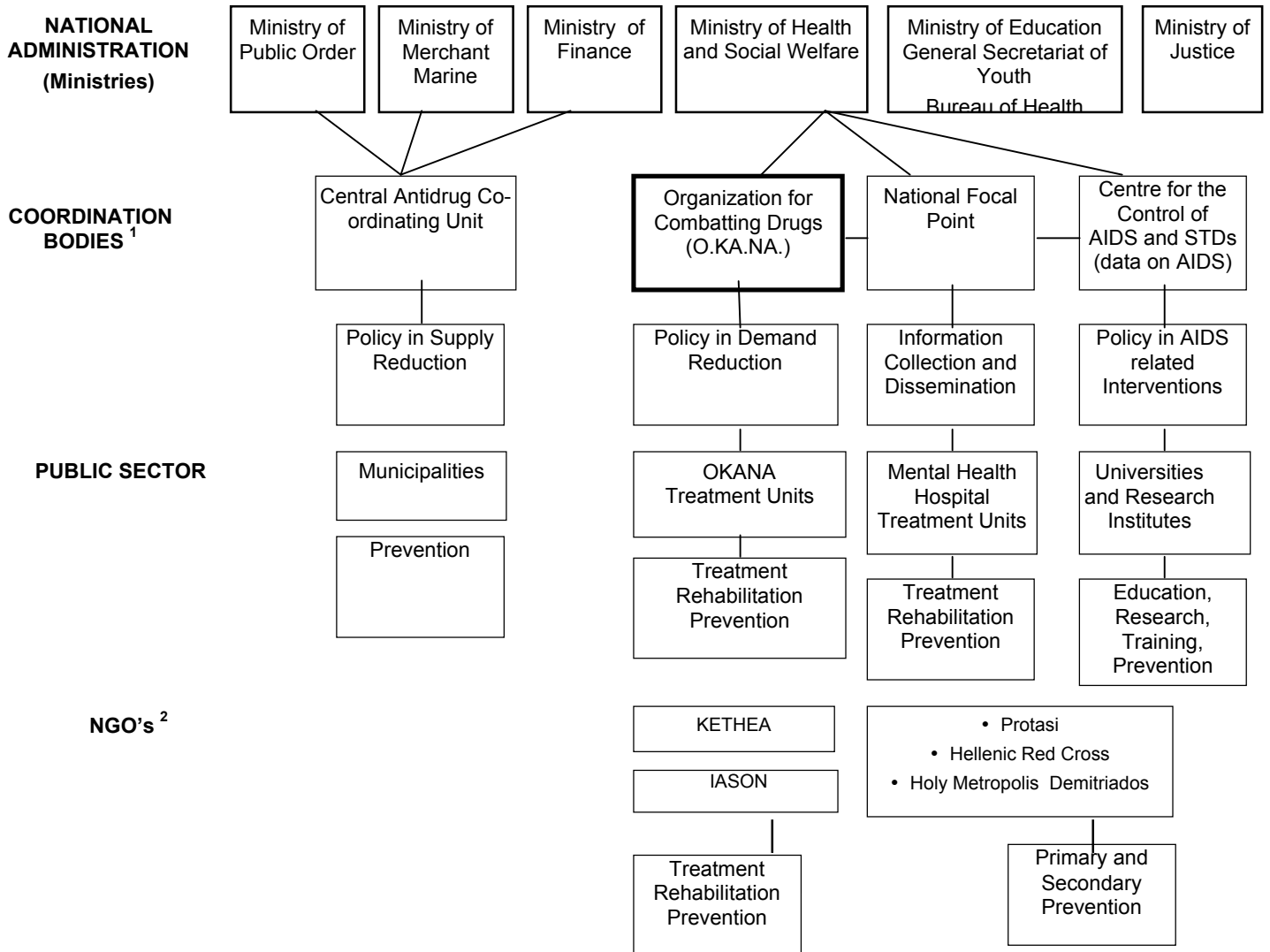
Greece^d

The inter-ministerial coordination regarding drug policy as well as supervision of preventive and therapeutic initiatives has been assigned by law in 1993 to the 'Greek Organization Against Drugs' (OKANA).

OKANA was established as a self-regulated legal entity under the Ministry of Health, and started functioning in 1995. Its main aims are planning and promotion of inter-ministry coordination and implementation of national policy concerning the prevention of drug abuse, therapy, and the rehabilitation of drug addicts. Moreover, OKANA aims to study the drug problem on a national level, provide information for the public and promoting awareness-raising actions. It creates its own therapeutic units and subsidises treatment and prevention programmes implemented by local authorities and by governmental and non-governmental organisations. OKANA constitutes the central coordinating body responsible for policy making at all levels of prevention, and ministries, local authorities, treatment and prevention services, are represented in the steering committee. The 'Central Anti-drug Coordinating Unit', on the other hand, has assumed coordinating and administrative responsibilities for law enforcement measures, coordinating activities of Police (Ministry of Public Order), the Port Police Corps (Ministry of Merchant Marine), and the Financial and Economic Crimes Office and the Customs (both under the Ministry of Finance).

However, the combination of the different philosophies of the authorities involved at all the levels of intervention should further facilitate a holistic approach to the drugs phenomenon. An All-Party Parliamentary Committee was established in January 1998 in order to consider measures for the best possible action at national level on drugs. It proposed in March 2000 the re-examination of the legal basis and the scope of OKANA in order to enhance its flexibility and autonomy to act as an intermediary agent more effectively.

Organisational Chart of Structures and Responsibilities Related to Drugs in Greece



¹ Among the Coordination bodies, OKANA and the Centre for the Control of AIDS and STD's are funded directly by the Government (Ministry of Health) and their governing bodies are for the most part directly appointed by the government. The National Focal Point functions under the University Mental Health Research Institute and the body ultimately responsible for it is thus the University of Athens. However, the National Focal Point receives 80% of its funds from the Ministry of Health.

² At the level of NGO's are listed prevention and treatment services that vary in size and funding sources. KETHEA is the biggest NGO implementing treatment and prevention programmes in Greece. KETHEA receives 80% of its budget from the government (Ministry of Health). The Mental Health Centre, parent organization of the "Iason" therapeutic centre, is also an NGO subsidised by the Ministry of Health. The prevention programmes implemented by Protasi, the Hellenic Red Cross and the Holy Metropolis of Dimitriada are small programmes, the first two of which receive a small contribution from governmental sources.

Source: Reitox national report 1988

Spain^e

The National Plan on Drugs (NPD) is a government initiative designed to coordinate and strengthen the policies which are carried out by the different Public Administrations and social entities in Spain with regard to drugs. Therefore cooperation and coordination structures are a very relevant factor.

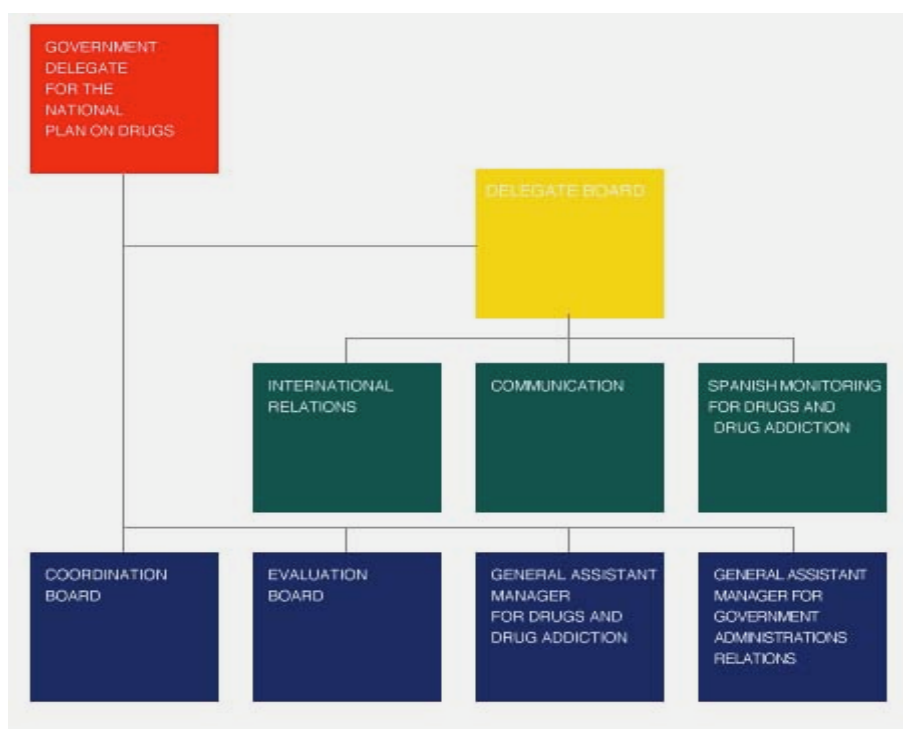
The “Inter-ministerial Group” is presided over by the Ministry of the Interior and composed of representatives of the Ministries of Justice, of Education and Culture, of Health and Consumption, of Labour and Social Matters as well as the Secretary of State of the Treasury, the Secretary of State of Economy 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 measures and activities under the State competence. It meets once a year. The Secretariat of this Group is under the responsibility of the Government Delegate for the NPD who chairs the Group.

The relationship between the Central Administration and the Autonomous Governments takes place via two organisations: the ‘Sectorial Conference’ and the ‘Inter-autonomic Commission’.

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

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 four times a year, once every three months.

Organisational chart of the Spanish National Plan on Drugs



source: http://www.mir.es/pnd/doc/pre_ing/organigr.htm

France^f

The 'Interministerial Committee' is the authority designated to prepare the decisions of the Government in all domains related to the drug problem and it approves the national 'Plan against drugs and for the prevention of dependences'. 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, Defense, Foreign Affairs, European Matters, Cooperation, Budget, Economy, Industry, Agriculture, Transports, Overseas, Culture and Urban policy. The President of the MILDT (Interministerial Mission on the Fight against Drugs and Drug Addiction) is general 'rapporteur' of the Interministerial Committee.

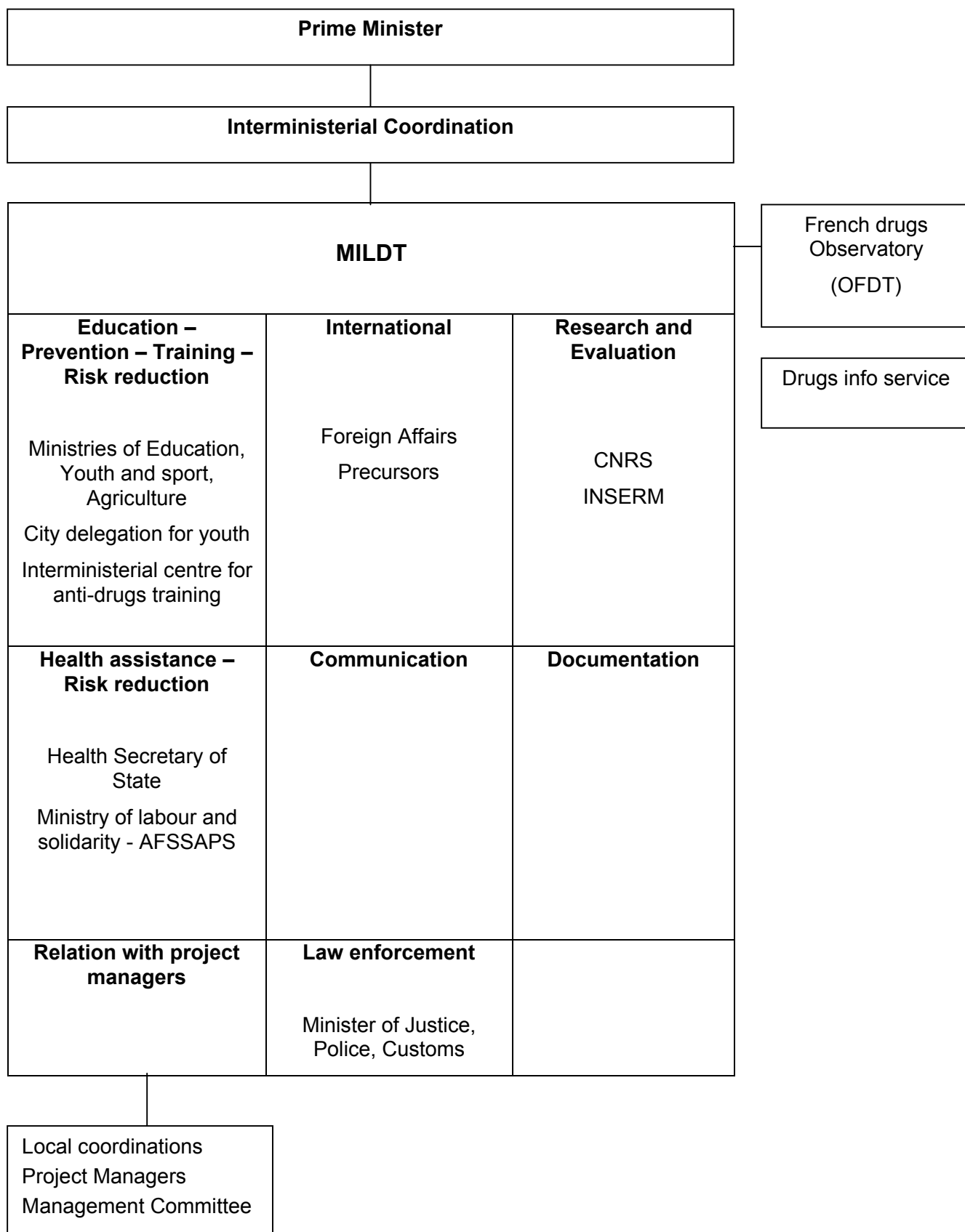
At national level, the MILDT is in charge of preparing the decisions of the Interministerial Committee for the action against drugs, drug abuse and prevention of drug dependence, and of ensuring their follow-up. For this purpose, the MILDT is in charge of promoting and coordinating the actions of the different ministerial services⁸. It is placed under the authority of the Prime Minister who nominates its President. The MILDT, in its structure, reflects and also integrates both the horizontal and the vertical dimensions of a national coordination system; each of its 8 operational units has an organized partnership with the relevant Ministries and other national agencies or bodies working in the field of drugs. The presence of seconded officials in each specialized unit ensure a direct link with these different administrations. In addition, a central role has been given to information and scientific knowledge: in the elaboration of the interministerial work, at all levels; in building the MILDT as a centre of experimentation and evaluation of competence and know-how; and in fine-tuning the dissemination of this 'core knowledge' to all partners and to the general public.

At local level the MILDT have an important role of definition and promotion of the tasks and programmes of the local coordination systems. After a decree law in September 1999, local authorities are 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 is composed of representatives of all concerned State services working in the field of drugs (Prefect, project manager, authorities) 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.

⁸ There is still an ambiguity in the position given to the MILDT as a permanent co-ordinator at interministerial level, since this entity was placed at the disposal ('mis à disposition') of the Minister of Employment and Social Affairs and of the State Secretary of Health, who is under the authority of the former.

Organisational chart of the Anti-drugs coordination system in France

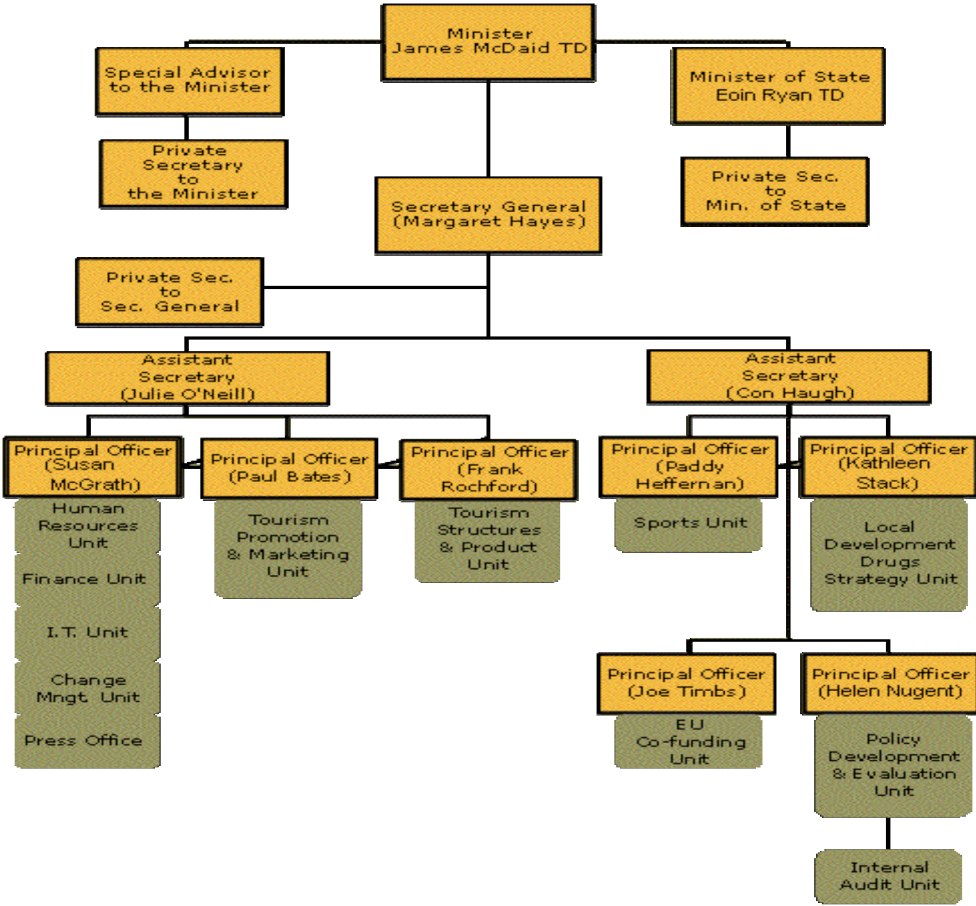


Ireland⁹

In view of the cross-cutting nature of the drugs issue a has been given special responsibility for the coordination of the National Drugs Strategy. He reports to the “Cabinet on Social Inclusion”. The two institutional mechanisms involved in ensuring the implementation of the National Drug Strategy are the “Inter-Departmental Group on the National Drugs Strategy” and the “National Drugs Strategy Team”. The “Inter-Departmental Group on the National Drugs Strategy” is composed of representatives from relevant government departments working in the drug field at senior official level. It meets in conjunction with the “National Drugs Strategy Team”, which oversees the implementation of the National Drugs Strategy, ensuring a coordinated approach to its implementation, and reports to the Minister of State. In addition, two representatives, one each from the community and voluntary sectors, are represented on the “National Drugs Strategy Team”. The “National Advisory Committee on Drugs” established by the “Cabinet Committee on Social Inclusion” has functions of coordination/implementation of the national drug strategy. It is an advisory body coordinating and advising on research projects in the light of the prioritised programme in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland.

At local level the “Local Drugs Task Forces” provide a strategic locally-based response by the statutory, community and voluntary sectors in the areas worst affected by the drug problem, and report to the National Drugs Strategy Team.

Ministry of State at the Department of Tourism, Sport and Recreation
 (Minister of State Mr. Eoin Ryan with special responsibility for the National Drug Strategy)



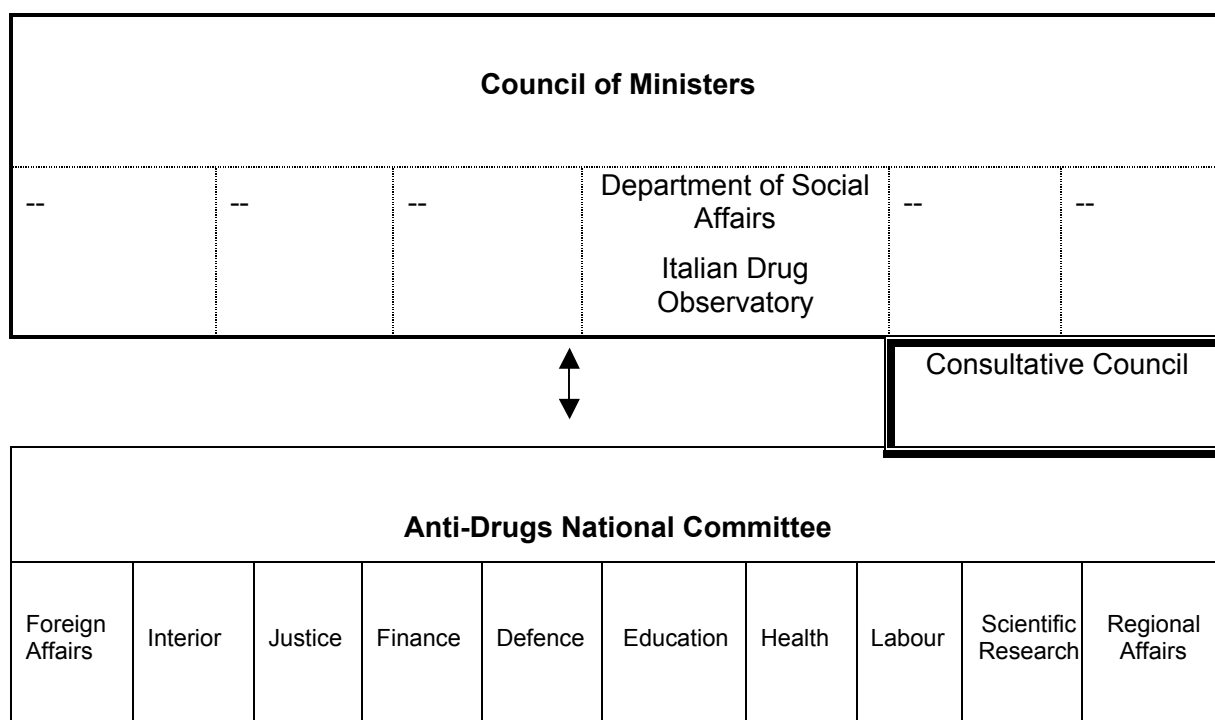
Italy^h

As a result of a Law in 1999, the 'Department of Social Affairs'⁹ of the Council of Ministers has assumed the central role for drug policy development and coordination. Previously, roles were separated between the Department of Social Affairs and the Ministry of the Interior.

The 'Anti-Drugs National Committee' chaired by the Prime Minister (who delegates his power to the Minister of Social Affairs) is composed of the Ministers of Foreign Affairs, Interior, Justice, Finance, Defence, Education, Health, Labour, Scientific Research, and Regional Affairs. Its tasks include the planning and promotion of drug policy in the field of prevention and the fight against drugs; proposals to the government in the area of planning and coordination within the regions; and advice on initiatives taken in the field of drug abuse prevention and treatment of addictions. The Committee is supported by the 'Italian Drugs Observatory' which is responsible for collection, analysis and dissemination of data and information on drugs, and by the 'Consultative Council' of 70 experts and operators working in the field of drugs and acting as an advisory board for all matters related to the competences of the National Committee.

The 20 Regions of Italy have considerable autonomy within their jurisdiction for determining arrangements for responding to drug problems. They are requested to establish mechanisms for data collection based on national guidelines, and submit reports and statistical information on drug misuse. Additionally, liaison between the Government and the Regions is effected through the Committee of the Regions.

Organisational chart for the Italian anti-drugs coordination system



⁹ The 'Department of Social Affairs' of the Council of Ministers is headed by a minister without portfolio within the Council of Ministers.

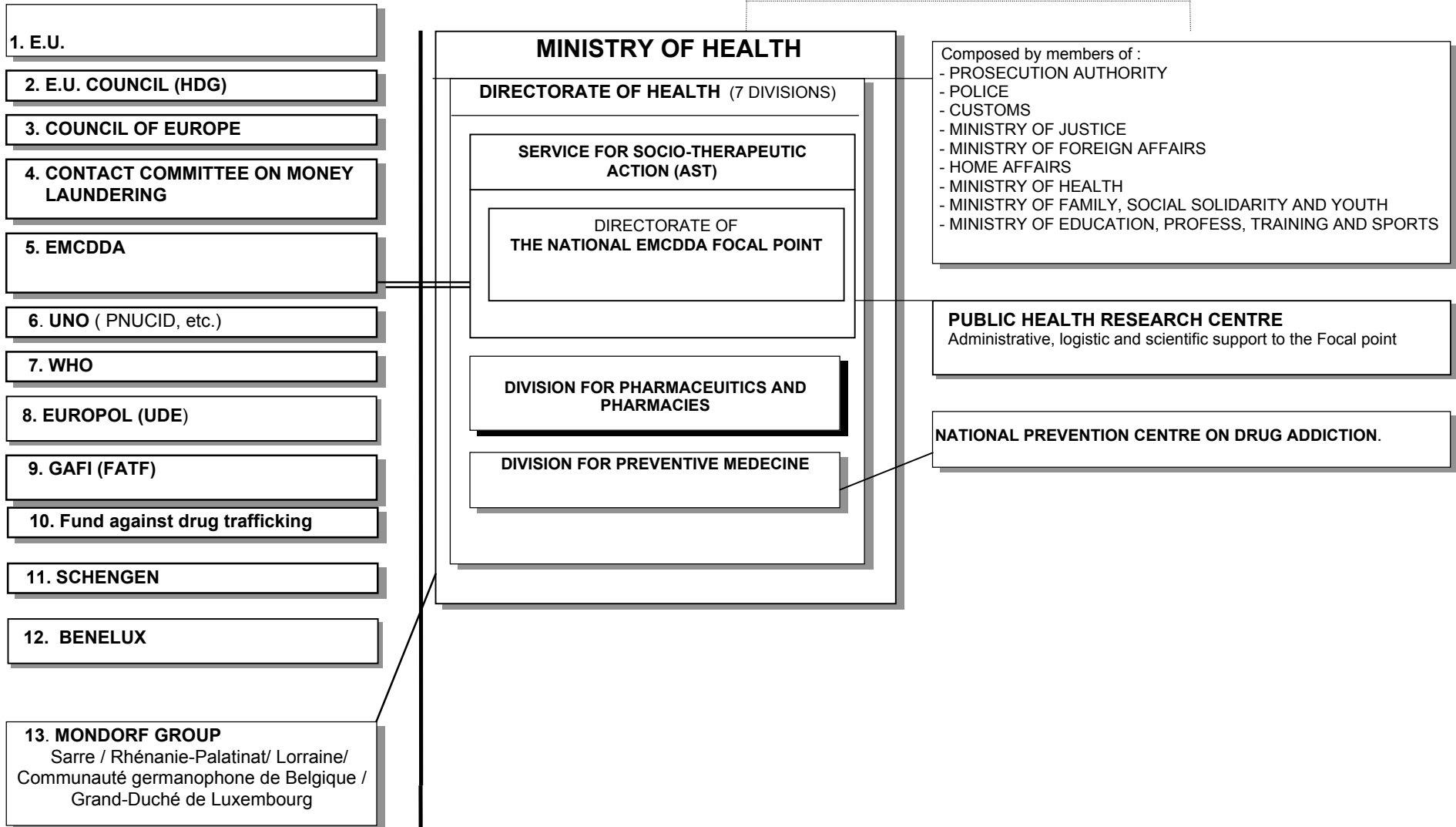
Luxembourgⁱ

The “Interministerial Drugs Group” is chaired by a member of the Directorate of health and composed of 10 delegates from the following: Prosecution authority, Police, Custom, Ministry of Justice, Ministry of Foreign Affairs, Home Affairs, Ministry of Health, Ministry of Family, Social solidarity and Youth, Ministry of National Education, Professional training and Sports. It has the role of coordinating all drug-related activities, including information exchange between involved governmental departments, follow-up of the implementation of the national drugs action plan, and monitoring of emerging trends. The “Interministerial Drugs Group” constitutes the top coordination and orientation level with respect to national drug policies. In

Following the latest parliamentary election in 1999, the coordination drug demand and risk reduction has been entirely transferred to the Ministry of Health. In November 2000 the Ministry of Health appointed a National Drug Coordinator, whose responsibilities focus on demand and risk reduction activities. Responsibility of supply reduction and drug law enforcement remain competences of the Ministry of Justice. The National Drug Coordinator acts as a reference person on the international and national level. At the national level, he is member of the “Interministerial Drugs Group”, responsible for the implementation of the triennial drugs plan of the Ministry of Health, 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).

Organisational Framework of anti-drugs administrations in Luxembourg

INTERMINISTERIEL DRUGS GROUP



Netherlands^j

Because of the importance of an integrated approach, the responsibility for drug policy is shared between several ministries. The Ministry of Health, Welfare and Sport (VWS) is responsible for coordinating 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. This collaboration is currently taking place within a number of formalized structures that concentrate on coordination between departments (the Official Working Group on Drug Policy Implementation), assessment of new drugs, (coordination Center for Assessment and Monitoring of new drugs (CAM)), and monitoring (the management of the National Drug Monitor (NDM)). For the latter, the creation of the NDM in 1999 confirms the importance of an effective monitoring of drugs and drug-related problems. Among its tasks is producing an authoritative annual report on a broad range of drug problems.

Currently, the national government is planning to set up an 'Interagency Working Group Drug Policy', replacing some of the existing structures for collaboration and consultation. Members of this Group will be chosen from different ministries, municipalities, Public Prosecution Office, police, customs, addiction centres and research institutes.

An integrated approach to drug policy is also employed at local level. This approach takes the form of 'tripartite consultations' between the mayor, the police commissioner and the public prosecutor. These three parties jointly shape local drug policy on the basis of their individual responsibilities and powers.

Austria^k

In Austria the drug problem is seen as a cross-cutting issue, for which efficient coordination is established at all levels. The federal system marks the decentralisation of competencies and coordination activities in the field of drugs between Federal and Provincial levels.

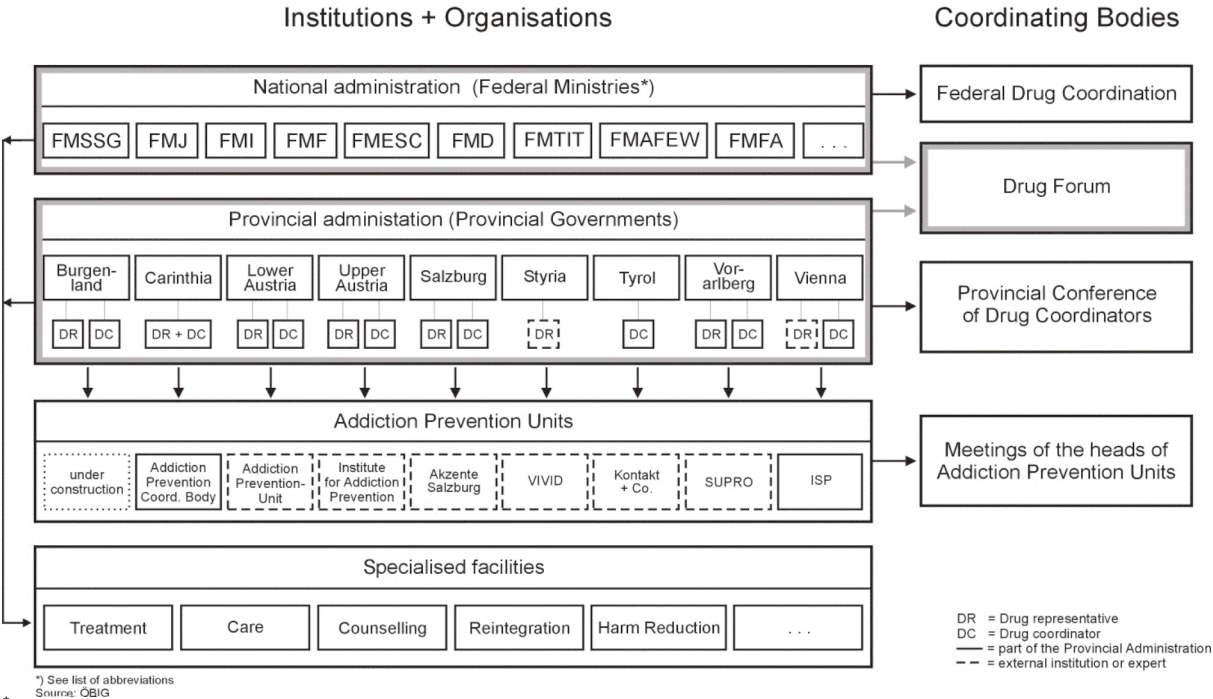
In July 1997 the 'Federal Drug Coordination' (FDC) was established in order to constitute a forum and focal point of coordination at the federal level. The Federal Drug Coordination has three members representing respectively the Federal Ministry for Social Security and Generations (FMSSG), the Federal Ministry of the Interior (FMI) and the Federal Ministry of Justice (FMJ). The main responsibility rests with the Health Department of the FMSSG. To guarantee practical cooperation and coordination, representatives of other ministries involved in this matter are also included when appropriate. Moreover the FDC also assists in coordinating the representation of Austria at the international level. Representatives of Federal Ministries participating in international agencies and specifically in the EU, have to coordinate their activities with, and report to, the FDC. The FDC is also responsible for coordinating provincial and federal drug policies so as to ensure a coherent international representation.

At the provincial level drug policy functions are taken over by the 'Drug Coordinators', where they exist, and Drug Representatives nominated for this purpose. 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. Almost all provinces in Austria have adopted regional Drug Plans, so implementing the drug plan of the province is one focus of activities to be performed by the Drug Coordinators. In all provinces there are regional addiction or 'drug advisory boards' comprising representatives of the most important local institutions in the field of drugs. In addition to drug help facilities, 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.

The coordination tasks mentioned are carried out by the ‘Drug Forum’ (DF), among other bodies. The DF is a cooperation forum consisting of the Drug Coordinators or Drug Representatives of the Provinces, representatives of the Federal Ministries, the Local Government Federation and the Austrian Health Institute, ÖBIG (REITOX Focal Point Austria) as well as selected scientists. It meets approximately every three months for a general exchange of information and for discussing specific questions. The DF is an advisory committee of the FDC 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 DF 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.

Figure A1: Organisational structure of the drug sector in Austria (overview)



Portugal¹

In Portugal the National Strategy, approved by the Council of Ministers in 1999, boosted the political commitment in the drug field and opened the door for major legal and organisational developments. A new approach to the organisational framework of the drug policy was created. The political philosophy of a central national coordination and decentralisation of sectorial interventions through the concerned Ministries has been applied since the setting up of ‘Projecto VIDA’, an organisation created in 1987 with the task of providing the

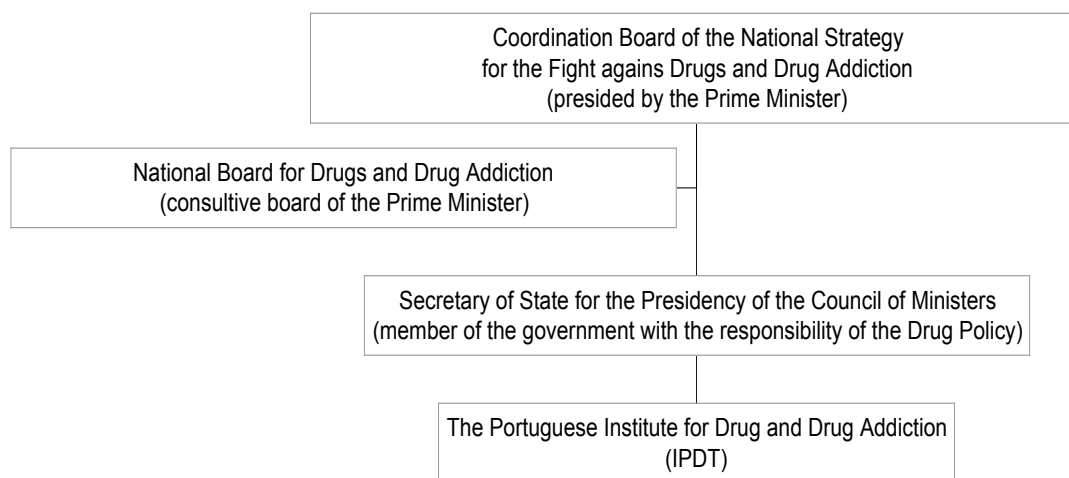
* FMSSG (Federal Ministry for Social Security and Generations); FMJ (Federal Ministry of Justice); FMI (Federal Ministry of the Interior); FMF (Federal Ministry of Finance); FMESC (Federal Ministry of Education, Science and Culture); FMD (Federal Ministry of Defence); FMTIT (Federal Ministry for Transport, Innovation and Technology); FMAFEW (Federal Ministry of Agriculture, Forestry, Environment and Water Management); FMFA (Federal Ministry for Foreign Affairs);

necessary interdepartmental coordination in the area of drug abuse prevention. This approach still applies today with more competences given to the 'Portuguese Institute for Drugs and Drug Addiction' (IPDT), concerning prevention and monitoring of the situation, but also concerning the centralisation of matters related to the Committees which will oversee the administrative measures and sanctions for drug users-offenders.¹⁰

In May 2000, the 'Coordination Board of the National Strategy' and the 'National Board for Drugs and Drug Addiction' were set up by a Decree-Law. The 'Coordination Board' coordinates national policy in the drugs area, whereas the 'National Board' is a consultation body for the Prime Minister. Both are presided over by the Prime Minister, but for the latter he may delegate the State Secretary for the Council of Ministers. 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.

At a more operational level, the emphasis in 2000 was to reorient the national agencies' work plans towards the political commitments of the National Strategy and to uphold international commitments. The IPDT is now responsible for the coordination of the implementation of the National Strategy. At local level it has district delegations, which allow more proximity to the problems and the populations. The coordination of prevention initiatives is a responsibility of the IPDT which works in co-operation with the ministerial services, such as 'Drug Prevention and Treatment Service' (SPTT) Centres and the prevention programmes in schools set up by the Ministry of Education.

Organisational chart of the Institutional Framework in Portugal



Sweden ^m

The Ministry for Health and Social Affairs is currently responsible for the coordination of drug policy. The issues do however to a high degree also concern the Ministry of Justice, responsible for the legislation and for the authorities working within the judicial system, and also the Ministry of Finance and head of the Customs. Regarding international commitments, the Ministry for Foreign Affairs might also be involved. Government is in charge of taking the initiative to ensure synergy among those responsible for addressing drug problems.

¹⁰ Drug users which have committed an offence of possession of drugs for personal use will be directed to Committee which will analyse the dossier and apply measures aimed at the treatment and rehabilitation of the individual. These Committees might apply administrative sanctions to the users.

The Working Group 'SAMNARK' supports the Government in ensuring coordination between the Ministries involved in the drug field and continuously suggests measures and improvements in order to make the drug policy more efficient.

Recently a document released by the Swedish government announced the new paths of the Swedish drug strategy. It was in 1998 that the government assigned a group of experts, the 'Swedish Commission on Narcotic Drugs' (the Drug Commission), to evaluate the drug policy of Sweden and propose future reinforcement to strengthen the efficiency. The product of this work is concluded in the 'Final Report on the future Swedish drug strategy' released in January 2001. The document traces a series of suggestions and recommendations ranging from prevention and treatment to law enforcement, research and epidemiology. Also in the area of coordination of anti-drugs activities the Drug Commission suggested new measures. The government may take some initiatives in the new Action Plan that is expected to be released in the near future.

Finlandⁿ

The primary responsibility for coordinating national drug policy lies with the Ministry of Social Affairs and Health.

In 1996 the Council of State submitted a National Health Report to Parliament. The report concluded that the goal of drug policy is to prevent and curb drug use without inflicting unreasonable disadvantages, such as stigma or social exclusion, on substance abusers. Close collaboration between authorities and organisations is highlighted in the report in order to prevent drug use and to refer users to timely care.

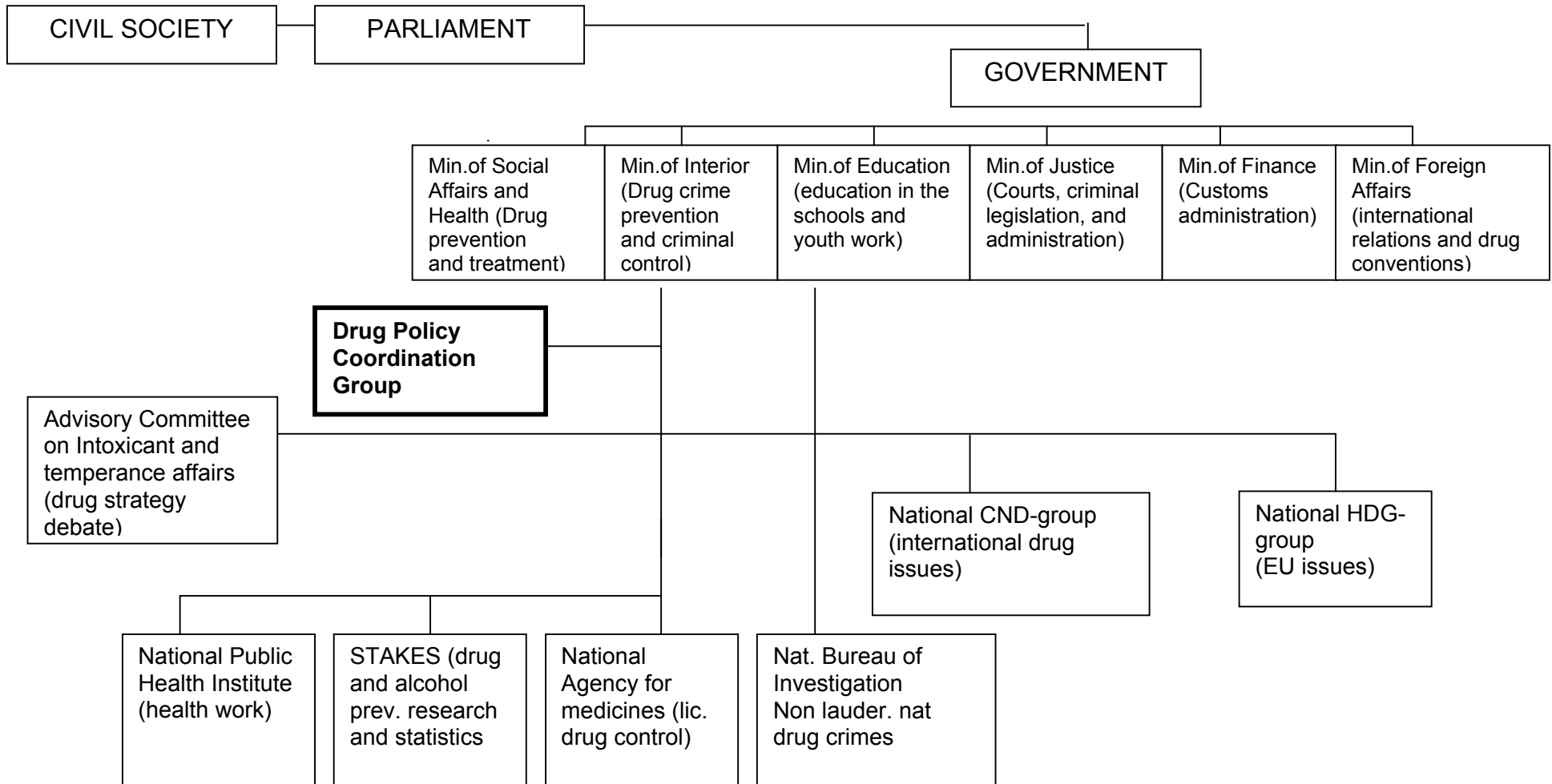
The Government has set up a 'drug policy coordination group' in order to coordinate national drug policy and to intensify collaboration between the authorities in their efforts to implement and monitor the Government Decision-in-Principle. The group has representation from the relevant Ministries and agencies. By the beginning of 2001 the 'drug policy coordination group' was assigned to prepare an updated resolution regarding intensified drug policy and related actions.

In addition to the 'drugs policy coordination group', the Ministry of Social Affairs and Health has appointed the 'Working Group on International Drug Issues'. The task of this group is to coordinate the work of key Ministries (Foreign Affairs, Social Affairs and Health, Justice and the Interior) in the international fora.

On a regional level, supervision and administrative coordination of social welfare and health care activities, school and youth work as well as police work takes place between the five state provincial offices and the provincial government of Åland.

ORGANISATIONAL FRAMEWORK ON DRUG ADMINISTRATION IN FINLAND

Source Reitox National Report 1999, Finland



United Kingdom ^o

The UK Anti-Drugs Coordination Unit (UKADCU) based in the Cabinet Office, is responsible for the coordination and implementation of the UK drug strategy. Attached to this unit are the UK Anti-Drugs Co-ordinator and his deputy. These are high profile appointments created to give personal leadership to the UK Drug Strategy, and to drive forward its implementation to the satisfaction of Ministers.

When the Government's 10-year strategy for tackling drug abuse was presented in 1998, the key of the new approach was the development of the concept of partnership such as "Working effectively together towards a common objective". The Strategy stresses this concept in order to avoid that partnership could be an "*excuse for blurring responsibility and inactivity*"¹¹. Joint actions and accountability, objectives for real achievements and coordination of activities are conceived as crucial success factors of the UK strategy, guaranteed by the designation of a UK Anti-Drugs Coordinator.

The new Cabinet Sub-Committee on Drug Misuse is known as the Ministerial Steering Group on Drugs (MSGD). The UK Anti-Drugs Coordinator and his Deputy are members of, as well as reporting to the (MSGD) . Their role on behalf of Ministers is to provide the day-to-day leadership and focus on implementing and developing the Government's strategy. The Coordinator will, in particular, scrutinise rigorously the performance of departments and agencies - individually and collectively - against the actions, objectives and performance indicators set out in this report, and produce a report describing progress in implementation in each successive year.

Departments continue to be responsible for their own policies and resources, and accountable to their Ministers accordingly. But the Coordinator's responsibility to the Government for the production of his Annual Report means that progress across the board is coordinated and open to scrutiny.

'There is a network of Committees that report to the Ministerial Group. At the top of this structure sits the Strategic Planning Board, whose membership consists of senior officials from all the government departments with an interest in the drug strategy. This committee 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.

¹¹ Tackling Drugs to Build a Better Britain" April 1998, P. 11 at <http://www.cabinet-office.gov.uk/anti-drugs/>

A feature of the UK structure is the strong links between the agreed national policy and programmes, and the local delivery at the level of municipalities. The regional and local structures are described below. In general, the central government department passes resources down to each of the 150 Drug Action Teams 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 Co-ordinator on the progress achieved.'

At regional level, a new '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 Drug Action Teams (DATs) in England.

The Drug Action Teams are local structures¹² that were created by the previous drug strategy "Tackling Drugs Together, 1995", and are located all over England, Scotland, Wales, and Northern Ireland. They are composed of all actors involved with drugs at local level and vary according to the local reality (Probation services, Health services, Police, Treatment Centres, Communities, NGO's). Supported by a permanent coordinator and varying support staff, the DATs answer directly to the UK Anti-Drugs Co-ordinator. They will meet regularly to help the Coordinator assess overall progress in implementing the strategy, including its resources; consider relevant developments in the rest of the UK and internationally; and plan to account for progress and the way forward via the Coordinator's Annual Report and Plan. In this concept the 'Drug Action Teams' (DATs) are the critical link in the chain for delivering the drugs strategy on the ground.

¹² These comprise DATs in England and Scotland, Drug and Alcohol Action Teams (DAATs) in Wales, and Drug Coordination Teams (DCTs) in Northern Ireland. There are about 112 but will be increased up to 150, according to the Second National Plan, p. 14 at <http://www.cabinet-office.gov.uk/anti-drugs/>

UK (ENGLAND)

INDIVIDUALS/BODIES

POLICY MAKING

LEVEL

UK ANTI-DRUGS
CO-ORDINATOR AND DEPUTY

UK ANTI-DRUGS
CO-ORDINATION UNIT

DRUG PREVENTION
ADVISORY SERVICE

DRUG ACTION TEAMS

PRIME MINISTER

MINISTER FOR THE
CABINET OFFICE

MINISTERIAL STEERING GROUP ON DRUGS
(HOME OFFICE/HEALTH/EDUCATION/FOREIGN OFFICE/TREASURY)

PREVENTION

COMMUNITIES

TREATMENT

AVAILABILITY

STRATEGIC
PLANNING BOARD

RESEARCH AND
INFORMATION

INTERNATIONAL

COMMUNICATION

LOCAL DELIVERY

DIVERSITY

NATIONAL

REGIONAL
(9 REGIONS)

LOCAL
(150 MUNICIPALITIES)

Conclusions

As the objective of the study is a preliminary description of the drug coordination arrangements in Member States, our conclusion is limited to the development of the concept of drug coordination arrangements, its similarity to existing mechanisms and coordination arrangements, and the recommendation for the follow-up of the present study.

The concept of drug coordination arrangements at national/local level is, at least from a theoretical point of view, well defined. It was in fact already the Members of the United Nations Conference on drug abuse and illicit trafficking in 1987 that formed the basis for its definition. As recalled in successive treaties and fora¹³, the coherence of a coordination system is determined by the presence of certain prerequisites such as national leadership at political and operational level in all the domains affected by the drug phenomenon. The activities (to be coordinated) must also follow a plan in which objectives and targets are defined in quality, quantity and time frame. All the actors involved in the delivery of the results at national, but especially at regional and local level are interlinked, know the plan and work for its implementation. Advisory groups such as scientific committees, and information bodies such as drug monitoring systems, are necessary factors in order to provide evidence based information to central coordination mechanisms. Several national structures analysed in this study confirm this theoretical model.

This concept fits with the definition of coordination arrangements suggested in the introduction of this report. *Coordination means linking the diverse elements composing the national response to drugs with the objective to harmonise the work*, implicitly to increase the effectiveness¹⁴.

From this report we have observed how drug coordination arrangements are present in all EU Member States. They are located at different levels, with different degrees of decision-making powers, scope and competencies. However, accurate analysis is not feasible at this stage as the information must be more detailed including aspects of practical implementation.

To do so, having defined the objective of the research, a more in-depth study must review all the elements that contribute to characterise and shape anti-drug coordination systems. It would need to be based on a systematic approach, close cooperation with primary sources (national/local officials and experts), and availability of comprehensive information.

The EMCDDA, in collaboration with the European Commission and in application of its current tasks and its programme (P4) Strategies and Impact, will continue to survey and describe national data on drug coordination arrangements in the EU Member States. To this end an intermediate report is scheduled for release by the end of 2001.

¹³ Minutes of the Seminar of the Drug Policy Responsible of the EU Member State, MILDT Paris, 29 September 2000.

¹⁴ Definition of drug coordination arrangements p. 6 of the this report.

Annex I: Draft overview of main elements of national drug coordination

(This matrix has been published in the report as a draft methodological tool for the follow-up of the study).

Member State	Drug coordination arrangements in the EU¹⁵						
	Political Responsibility Primary and delegate	Composition and functioning of Interministerial Committee	Status of drug coordination system	Horizontal coordination structures	Vertical coordination structures	Systematic data collection and monitoring	Advisory group and technical expertise
Belgium							
Denmark							
Germany							
Greece							
Spain							
France							
Ireland							
Italy							
Luxembourg							
Netherlands, the							
Austria							
Portugal							
Finland							
Sweden							
U.K.							
EU							

¹⁵ Bodies, authorities or offices composed of or with the participation of representative of national administration/s in charge of coordination of anti-drugs activities with decision-making-powers.

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Rev 6.29.03.01

This report has been prepared by Mr. D. Ballotta assisted by Mr. B. Hughes

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