



NEWS RELEASE from the EU drugs agency in Lisbon

COORDINATION – A CORNERSTONE OF EFFECTIVE DRUG POLICY

Mechanisms exist, but whether they work or not needs further research

(5.6.2003) Coordination in the field of drugs is a 'cornerstone of a balanced and comprehensive drug policy', says the Lisbon-based **EU drugs agency**, the **EMCDDA**, in its latest policy briefing **Drugs in focus** out today.

Entitled 'Coordination: a key element of national and European drug policy', the briefing describes the strong international consensus that has grown in the last 15 years on the need for 'coordinated action to tackle drug abuse and the supply of illegal drugs'.

But despite this consensus, and despite increased cooperation between EU Member States thanks to new powers conferred by the Maastricht and Amsterdam Treaties, there is still scope for 'improved coordination within and between States', says the agency, and for 'greater alignment of national drug strategies'.

Georges Estievenart, EMCDDA Executive Director affirms: 'We know that robust coordination systems at local, national and at international level are an essential tool in bringing together the disparate elements of drugs policy — treatment and social interventions and law enforcement. We need to examine our present mechanisms closely, and ask ourselves whether there is room for improvement'.

One of the problems outlined in the briefing is countries' current 'lack of clarity' as to what coordination should entail – and this acts as a 'barrier' to further progress in international cooperation on drugs. A comprehensive 2002 **EMCDDA** study on the topic ⁽¹⁾ defines coordination as 'organising or integrating the diverse elements of national responses to drugs' with the aim of 'harmonising work' and 'increasing effectiveness'.

The briefing states that to achieve progress in tackling the supply and abuse of illegal drugs, a new 'common working definition of coordination in the field of drugs' is needed.

Coordination practice within the EU

Within the EU, the need for national and international coordination in the field of drugs is widely acknowledged. Today's study shows that all Member States have taken steps to coordinate domestic drug policies by: adopting national drug policies and strategies; establishing central coordination units; and appointing national drug coordinators. But although mechanisms are largely in place, the way in which coordination is implemented varies considerably between countries.

Ten Member States (D, EL, E, F, IRL, I, L, A, P, S) report to have appointed a national drug coordinator, although the status and role of these officials varies between nations. (Belgium passed a law on 16 May 2003 foreseeing the nomination of a drug coordinator). Seven countries (B, D, EL, E, F, I, P) have set up *ad hoc* drug coordination agencies (i.e. units set up specifically to manage the overall coordination of drug policy within the government). Meanwhile, in nine countries (DK, IRL, L, NL, A, FIN, S, UK and Norway), coordination is the responsibility of existing offices or units within a ministerial or government department. Exactly where political responsibility for drug coordination lies also varies. In 11 EU countries plus Norway, it is held by a Cabinet Minister for Health and Social Affairs, in two (E, UK) by a Cabinet Minister for Interior Affairs and, in Italy and France, by the Prime Minister.

The need for coordination mechanisms to encompass *all* aspects of drug policy, including treatment and social interventions, law enforcement and international collaboration, was already stressed a decade ago by the 1992 European programme to combat drugs. But still today, coordination in some countries is not yet all-embracing.

The recent EU action plan on drugs (2000–04) reaffirms the importance of coordination and provides a mandate for improvement. It also recommends that national drug coordinators meet twice a year to exchange information and review opportunities for increased cooperation.

Are today's drug coordination mechanisms effective?

The 2002 **EMCDDA** study into national drug coordination mechanisms reveals the diversity of existing structures throughout the EU. But the study also shows that little is known about their effectiveness.

The EU action plan on drugs calls for an evaluation of coordination arrangements and for Member States to strengthen national coordination mechanisms for drug policy. The 2002 mid-term review of the plan went a step further, identifying the need for better coordination of law enforcement within EU countries and 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 recommended to help ensure that efforts to strengthen coordination yield genuine improvements.

EU enlargement and a common approach to drugs

The prospect of EU enlargement embracing up to 10 new countries and 75 million more inhabitants presents major challenges in the field of drugs. These include: increased trafficking through the candidate countries; the growing problem of drug use and addiction (e.g. recreational drug use and opiate injection are growing in these countries), as well as drug-related health consequences, such as the spread of infectious diseases. Tackling drug trafficking, as well as strengthening health and social policies, is a key issue in preparing candidate countries for accession.

Marcel Reimen, EMCDDA Management Board Chairman comments in today's briefing: 'As we approach European enlargement, it is more critical than ever that we take a common approach to the drugs menace. Coordination of efforts both within and between countries is a vital component of an effective drugs policy.'

The European Convention offers an excellent opportunity to strengthen coordination mechanisms on drugs at EU level. A new legal basis on drugs in the Constitution could result in comprehensive, balanced and coordinated action in the field of drugs at EU level.

Policy considerations

This briefing comes up with six areas that, it suggests, should be of particular concern to **EU** policy-makers:

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.

This briefing is downloadable in 12 languages from: <http://www.emcdda.eu.int/infopoint/publications/focus.shtml>
(¹) 'Strategies and coordination in the field of drugs in the European Union', a descriptive review, EMCDDA November 2002. http://www.emcdda.eu.int/multimedia/project_reports/policy_law/strategies_report/national_strategies.pdf