



COMMISSION OF THE EUROPEAN COMMUNITIES

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**COMMUNICATION FROM THE COMMISSION
TO THE EUROPEAN PARLIAMENT AND THE COUNCIL**

on coordination on drugs in the European Union

1. INTRODUCTION

The drugs phenomenon is one of the major concerns of the citizens of Europe, and it has an impact on collective and individual health and safety. The extended Union will have to face new, more complex challenges, and the fight against drugs will have to remain on the priority list.

While the Member States retain the primary responsibility here, it is clear that for certain aspects isolated national responses will not suffice and that a framework for coordinated European and transnational action is needed.

Given that this is a complex, multifaceted problem involving a large number of players, effective coordination between all of them is essential. This implies an appropriate level of coordination both within and between the European Union institutions and the Member States. This is one of the key points of drugs policy, since coordination goes to the heart of national and European decision-making processes.

2. GENERAL BACKGROUND

Internationally, the need for a balanced and multidisciplinary comprehensive response has been recognised by the United Nations for fifteen years now.¹ In Europe, the European programme against drugs of 1992 proposed that the Member States compare the effectiveness of their national coordination mechanisms. In 2000, the Union adopted an Action Plan on Drugs (2000-2004), confirming the call for an evaluation of coordination systems and inviting the Member States to reinforce their coordination systems and practices.

This Action Plan calls on:

i) the Presidency of the Council to provide regular opportunities in principle twice a year for national drugs co-ordinators or those responsible for the coordination of drugs policies to meet in the framework of the Horizontal Working Party on Drugs to exchange information on national developments and to review opportunities for increased cooperation.²

Since the Action Plan was adopted at the Feira European Council in June 2000, meetings of national drugs coordinators have been organised by all the Presidencies to exchange experience and practices. The Commission regards these meetings as an important element for coordination in the Union;

ii) the Commission, with the assistance of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to organise a study to be completed by March 2001 to test whether the co-ordination arrangements that are in place could be improved and if so in what way.³

¹ In particular in 1987, at the time of the international agreement on the comprehensive multidisciplinary outline of future activities in drug abuse control, and in June 1998, at the Special Session of the United Nations General Assembly (UNGASS) on the common fight against the worldwide problem of drugs, where coordination was defined as a cornerstone of a balanced and comprehensive drugs policy.

² Paragraph 1.1.3 of the EU Drugs Action Plan (2000-2004).

³ Paragraph 1.1.7 of the EU Drugs Action Plan (2000-2004).

An EMCDDA study completed in 2002 in cooperation with the Commission came up with a detailed survey of the existing arrangements and mechanisms for coordination in the Member States.⁴ It is an essential stage on the way to understanding existing mechanisms and the political context in which coordination needs to be reinforced;

iii) the Council, acting on the basis of national legislation and administrative structures, 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.⁵

Although there is a consensus on the need for coordination, there is still the question of what it should consist of. Coordination is a difficult concept to define, but its absence can be felt. The parameters of coordination change considerably depending whether the result sought after is a smooth flow of information or something rather more ambitious, the elaboration of a policy to combat drugs.

3. OBJECTIVES OF THIS COMMUNICATION

The Commission does not regard coordination as an end in itself but as a means of making the fight against drugs more effective. The fight against drugs is a challenge for the entire European Union, and the main purpose of this Communication is to reinforce coordination in the Union and offer some avenues to be explored.

To attain these objectives, the Communication:

1. explains why European Union coordination on drugs is essential, taking stock of the main challenges arising and interests at stake;
2. sums up existing coordination models both in the Member States and in the Union institutions;
3. offers some avenues to be explored and makes recommendations as to means of improving coordination and exploring how greater coordination in the enlarged Union could be envisaged.

Three complementary levels of coordination are conceivable:

- i) coordination within the Member States. Although it is clear that national coordination is the *sine qua non* for Union coordination, it is for the Member States, on the basis of their own legal administrative structures, to decide on the proper form of coordination;
- ii) coordination within and between the European institutions;

⁴ This study aroused the interest of the International Narcotics Control Board (INC), whose 2001 report “appreciates the fact that the European Commission, in cooperation with the EMCDDA, has begun examining existing drug coordination arrangements in the member States of the European Union, with a view to further strengthening them.”

⁵ Paragraph 1.2.2 of the EU Drugs Action Plan (2000-2004).

iii) coordination in the Union, between the Member States meeting in the Council, the Commission and the European Parliament, supported by the EMCDDA and Europol. There are two aspects: internal coordination in the Union and coordination between the Union and the outside world, including international organisations.

Given the subsidiarity principle, this Communication will focus on coordination in the Union and its institutions, without losing sight of the fact that it depends on national coordination.

4. WHY DRUGS COORDINATION IS ESSENTIAL: THE MAIN CHALLENGES ARISING AND INTERESTS AT STAKE

4.1. A response to popular demand

Hitherto, the European Union's response has not matched the public's expectations in terms of public health and safety. The *acquis communautaire* as regards drugs is not voluminous, though there are several non-mandatory instruments. The draft Constitution, as presented by the Convention on the future of Europe, would not confer specific powers on the Union in this respect. But a Eurobarometer published in April 2002⁶ revealed that 71% of Europeans wanted the decisions in the field of drugs to be taken by the Union.

Enlargement will not make it easier for the Union to solve difficulties that were not solved when there were only 15 members. The Commission concludes that the time has come for the Union to embark on fresh progress that will better match the public's concerns and expectations.

4.2. A continuous and coherent response

Drugs are a sensitive and highly political issue. The debate is often polarised between a more enforcement-oriented approach focusing on measures to combat trafficking and a more tolerant approach that focuses on prevention and reduction of drugs-induced health disorders. The dichotomy is visible both within all the Member States and also between them.

We sometimes see attitudes changing, with the drugs issue taking a lower profile. This means that the drugs issue goes through waves of media interest and does not have a constant level of visibility and political commitment. Obviously, however, the drugs phenomenon cannot be tackled with a short-term policy but requires a coherent set of sustained actions. Continuity and consistency are key elements of drugs policy. To achieve them, a high level of coordination is necessary to ensure a durable partnership between all the relevant bodies.

The Union has an Action Plan on Drugs (2000-2004), based on a comprehensive and balanced multidisciplinary approach. This approach clearly demands a high degree of coordination between all concerned. The various administrative authorities have different approaches and different priorities, and they are jealous of their prerogatives. Balance and consistency between the measures put into effect can be achieved only through effective coordination.

⁶ Eurobarometer (Public opinion in the European Union) – Report No 56, April 2002.

4.3. Enlargement

The prospect of enlargement raises new challenges on the drugs front. There is concern about the risk of greater frequency of drug trafficking, particularly in transit through central and eastern Europe. Large-scale drug seizures, especially of heroin, on the Balkans and central European route confirm that the region plays a permanent role in transporting and storing drugs. Closer coordination between the law-enforcement authorities in those countries and with their counterparts in other countries is therefore essential. If the enforcement aspect is obvious, it must not be forgotten that experimental and recreational drug-taking is on the rise in most of the new Member States. EMCDDA data show that the frequency of drug-taking there is closer and closer to that in the 15 existing Member States.

The PHARE Programme has been used to develop institutional capacities, support cooperation between law-enforcement agencies and NGOs active in the beneficiary countries and give the EMCDDA the means of providing them with technical assistance. PHARE has also financed the development of national drugs programmes and the establishment of coordination bodies. The coordination of drugs initiatives in those countries is crucial and must be extended to the three candidate countries (Romania, Bulgaria, Turkey), which lie on one of the routes for importing drugs into Europe (heroin route).

4.4. New trends in consumption

Drug consumption patterns have changed substantially in recent years and will continue to evolve in the enlarged Union. The statistics show that synthetic drugs consumption patterns are evolving rapidly: the growing popularity of synthetic recreational drugs among young people who are well integrated into society is a social phenomenon that is on the increase.

And more and more often we see the phenomenon of multi-drug consumption: addicts combine different types of drugs, including alcohol and medicines.

This diversification of consumption undoubtedly calls for greater coordination between those involved on the ground but also for greater coordination between all the policies of prevention, risk reduction and control. In this context, the Commission is planning to set up a network of national public health authorities to develop strategies for the prevention of abuses of legal and illegal drugs and handle coordination and the establishment of consultation structures in the Union.

4.5. The need to approximate legislation

The approximation of drugs legislation in the Union is necessary wherever isolated and divergent national responses will not suffice and effective action can only be taken jointly. A significant example is the approximation of legislation on drug trafficking involving several Member States. Union action here would truly add value to national policies.

In May 2001 the Commission presented a draft Framework Decision laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking.⁷ Unfortunately this is still blocked in the Council, as the Member States cannot reach agreement on it. However, the European Council held in Brussels in October 2003 asked for the adoption of this text, if possible, by the end of 2003.

⁷ COM(2001) 259 final, 23.5.2001.

Here again, the Member States have different expectations as to the Union's role. Some of them want the Union to define the level of penalties for small-scale trafficking whereas other prefer the Union to concentrate on cross-border crime. The absence of shared objectives, even in an area such as combating drug-trafficking, where efforts ought to be pooled around a common project, can be explained by differences in national traditions and sensitivities but also by a lack of coordination and vision in the Union.

4.6. The cost-effectiveness ratio

One of the key points in any policy is the cost-effectiveness ratio. But it is very difficult to count the expenditure in drugs matters. There is no precise definition of what is included, and there are various forms of drug-related expenditure on things like prevention, rehabilitation and health-care, whose level and impact are very difficult to evaluate.⁸

In absolute terms, drugs-related expenditure is enormous, but it cannot be quantified and its impact cannot be measured as there is no common methodology. Reinforcement of coordination within Member States first and in Europe afterwards could help to produce an estimate of public drug-related expenditure, to measure the impact of the initiatives that are taken and to give the public a clear view of the situation.

4.7. Evaluation of policies and practices

The pursuit of quality and effectiveness through the evaluation of projects and programmes has increasingly been standard practice in the Union, but the evaluation of policies and their implementation is still in its infancy. In general, an evaluation culture applying quality standards should serve as a basis for political decision-makers base when they adopt new strategies or programmes.

The policy evaluation culture is backed up by the evaluation of practices. A real-life example is the mutual evaluation of drugs enforcement agencies.⁹ The objective of the exercise here was to evaluate cooperation and coordination between the Member States' agencies, their operational practices and the level of international cooperation.

Another example is the Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence,¹⁰ adopted on 18 June 2003, which highlights the need to develop both *ex ante* and *ex post* evaluation to increase the effectiveness and efficiency of drug prevention and the reduction of drug-related health risks.

The Union as a whole, since adopting the Drugs Action Plan (2000-2004), has paid closer attention to evaluation. As the mid-term review of the Plan states,¹¹ the development of the evaluation of drugs policies is fundamental both nationally and in Europe. In this context the Commission, in close cooperation with the Member States, the EMCDDA and Europol, is pursuing its efforts for a final evaluation of the Action Plan. The EMCDDA will also be

⁸ Point 1.4.1 of the EU Drugs Action Plan (2000-2004) calls on the Council and the Commission to study, in the light of current efforts in this field of the EMCDDA and Pompidou group, an approach to establish a list of all public expenditure on drugs. The EMCDDA is currently conducting a study on this.

⁹ This evaluation was called for the Joint Action of 5 December 1997 establishing a mechanism for evaluating the application and implementation at national level of international undertakings in the fight against organised crime: JO L 344, 15.12.1997, p. 7.

¹⁰ OJ L 165, 3.7.2003, p. 31.

¹¹ COM(2002) 599, 4.11.2002.

pursuing its research into the coordination mechanisms in the Member States, the new Member States and the candidate countries, and will report to the Commission.

But the current Drugs Action Plan does not contain quantifiable objectives that could provide a basis for evaluation. This lack of impact indicators makes it difficult to evaluate the Plan. If there is to be genuine evaluation of drugs strategies and action plans in the Union, certain key indicators must be defined to make the data comparable. There is also a clear need for a high level of coordination in all the bodies involved, and between them. And evaluation has to depend on the expected results, yet it is difficult to establish a clear cause-and-effect relationship between action taken, the results and the impact. This question will have to be addressed in the final evaluation of the Action Plan.

4.8. The Union's role in relation to the outside world: mainstreaming the drugs policy and management of funds

The intensification of comprehensive economic interdependence has in turn intensified the need for more consistency between decisions and measures to prevent and combat drugs trafficking and measures to combat poverty and promote sustainable development in drug-producing regions. It has become clear in the fight against terrorism that a sharp division between internal and external policies does not work. A pooling of efforts between the Union institutions and the Member States and between internal and external policies remains essential for effective Union action on the international scene.¹² This complementarity of policies and action demands coordination between all involved.

In parallel with development activities, drugs issues should be regularly addressed in the political dialogue with third countries. Coordination between European and international donors is very important. The Union has a number of Drugs Action Plans with certain countries and regions of the world (Latin America and Caribbean, Central Asia, Balkans). These Plans are a valuable political stage on the way to defining a framework for cooperation with these countries, but all too often they are not accompanied by a clear determination and practical means to achieve the avowed objectives. The risk is that major expectations will be aroused without the means of attaining them being available.

The Union's drugs policy is also expressed in practical terms in the form of assistance to third countries. In the last few years the Commission has thoroughly reformed its external aid system. A 'Country Strategy Paper' and a programming document are prepared for every country receiving aid with the purpose of linking financial assistance more closely to the priorities of the Union's partner countries on the basis of an analysis of their economic, political and social situation. These documents are discussed with the Member States and recipient countries and then approved by the Commission. They thus provide a valuable opportunity to coordinate aid at Union level: each body has an opportunity to argue the importance of the drugs problem and have it recorded among the priorities for the country.

The Member States also supply third countries with substantial financial assistance. Although the Commission and the Member States are required to inform each other of all projects carried out in third countries, the exchange of information and, consequently, the coordination of efforts are somewhat half-hearted. To remedy this the Commission, at the request of the

¹² Article 177 of the Treaty provides: "Community policy in the sphere of development cooperation shall be complementary to the policies pursued by the Member State..."

Horizontal Group on Drugs, has set up a database on projects financed in candidate countries and third countries, but the Member States are not putting adequate information into it.

Regarding international cooperation, coordination is indispensable if the Union and the Member States are to speak with one voice and engage in consistent action. More systematic coordination is also important in the run-up to major international events such as the UN General Assembly or the Narcotics Commission, and Dublin group meetings.

The Commission considers that reinforcement of the European identity in external action depends on better coordination of national policies to achieve genuine European coordination. Stronger Union coordination in its external relations is urgently needed as a means of boosting the Union's presence and profile on the international scene.

5. THE MAIN MODELS OF COORDINATION

5.1. States

The 15 present Member States and the 10 new Member States formally acknowledge that coordination is an essential element of policy on drugs. They have begun coordinating their national policies, adopting strategies and/or action plans with specific objectives and setting up central coordination units and/or appointing national coordinators.

But the interpretation of the concept of coordination and the procedures for giving effect to it vary widely. The study done by the EMCDDA with the Commission on drugs coordination mechanisms in the Member States and Norway¹³ highlighted the wide variety of approaches.

Annex I to this Communication contains a summary table of existing mechanisms in the Member States and an overview of the situation in the new Members.¹⁴

5.2. In the Commission and with the EMCDDA and Europol

Several Directorates-General and other services deal with drugs questions. To enable the Commission to speak with one voice at drugs meetings both in the European Parliament and the Council and in international organisations, there is a drugs coordination unit in the Directorate-General for Justice and Home Affairs. It chairs the Interdepartmental Group on Drugs (GID), set up in 1989 so that all Directorates-General can coordinate their action. In 2002, the Commission also set up a coordination point for external drugs-related activities.

Admittedly, internal coordination in the Commission could be improved, in particular by enhancing the role of the GID. The Group should meet more often to better coordinate the Commission's position in international events but also as a forum for exchanging information on different departments' priorities and programmes, the aim being to improve the Commission's ability to give guidance both on internal questions and in external relations.

Turning to cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) the Commission is represented on its Management Board; it also attends meetings of the Bureau and the Budget Committee, which are bodies set up to assist the

¹³ Norway was included in the study because it is a member of the EMCDDA.

¹⁴ The study done by the EMCDDA and the European Commission on strategies and coordination in the field of drugs in the European Union, and the summary tables with updates, are on the EMCDDA website: http://www.emcdda.eu.int/policy_law/index.shtml.

Management Board. The Commission, through its focal point, is a member of the European Information Network on Drugs and Drug Addiction (Reitox).

The Commission is also considering boosting its coordination with the EMCDDA and Europol by inviting them to some GID meetings. The establishment of two contact points in the Commission and the EMCDDA for regular exchanges of information on activities and on national and European developments is under study.

If these objectives are to be attained, bodies at all levels must commit to them.

5.3. The Union

Coordination on drugs between the Member States and with the Commission is handled by the high-level Horizontal Working Party on Drugs (GHD), set up by COREPER in February 1997. This Group's remit is to initiate, review and coordinate all relevant activities and report direct to COREPER. The EMCDDA and Europol also participate in GHD. It has a wide range of activities, and calls on other groups when specific questions arise.

Since 1999, with the integration of the Council's Common and Foreign and Security Policy Working Party on Drugs (CODRO), the GHD's remit has extended to coordination of the Union's international activities on drugs, including relations with international organisations. The GHD's coordination function thus extends to external policy initiatives. Even if the purpose of the merger was to boost the GHD's coordination function, its capacity to initiate action in external relations is rather patchy, its agenda not always being overloaded. It would be desirable for the GHD to give stronger priority to preparations for international and bilateral meetings so that the Union can enjoy the proper political weight. For example, the Narcotics Commission meets every spring. For the sake of effective coordination of the Union position, it would be a good idea for the four GHD meetings preceding the Narcotics Commission to include discussion in preparation for it.

In 2001, when there was a major reorganisation of Council Working Parties, the GHD also took over some of the responsibilities of the Drug Trafficking Working Party, which considered the operational aspects of the fight against drug trafficking and was abolished. But the operational aspects of the fight against drug trafficking are still scattered over the Police Cooperation Working Party, the Customs Cooperation Working Party, the Multidisciplinary Group on Organised Crime and the Horizontal Working Party on Drugs. For the moment there is no clear division of responsibilities and the coordination of work done by these Working Parties depends very much on the good will of their Chairs.

The GHD can also draw on the experience of specific Council Working Parties dealing with individual aspects, such as:

- the Working Party on Public Health, which looks into questions related to the programme of Community action on the prevention of drug dependence and lately also the drugs dimension of the recently adopted programme of Community action in the field of public health;¹⁵
- the Working Party on Substantive Criminal Law as regards the approximation of legislation on drug trafficking;

¹⁵ OJ L 271, 9.10.2002.

- the Economic Policy Working Party, which considers questions relating to the control of precursors; and

- geographical Working Parties such as the Working Party on Latin America, the Asia-Oceania Working Party and so on.

The establishment of the GHD substantially improved coordination between Member States and the Commission, though there is still much to be done. It is sometimes difficult for participants to gain a general picture of the various issues under discussion. It would be most helpful if there was prior coordination in each country prior to GHD meetings.

5.4. Civil society

Hitherto civil society has not been systematically involved in devising the Union's policy on drugs. While some Member States admittedly regularly involve players in the field and NGOs with defining their policy and the Commission draws on the experience of those active in the field through its contacts and the projects it supports, such consultation is not a regular feature in the Union.

In February 2000, however, there was a joint conference of Parliament, the Council and the Commission, with civil society associated, in the context of preparations for the Drugs Action Plan (2000-2004). There was a very useful constructive debate, and a large number of ideas put forward there went into the Action Plan.

In May 2004, the Irish Presidency will be organising a conference with public authorities and civil society to establish a new drugs strategy to run from 2005. The Commission is planning to incorporate dialogue with civil society in its 2004 work programme.

6. ESSENTIAL ELEMENTS FOR EFFECTIVE COORDINATION

In this chapter the Commission considers the importance of key elements for effective coordination.

a) An administrative culture

Effective coordination depends on an administrative culture. In some countries, coordination is easy to arrange through regular informal contacts and a cooperative approach by the relevant civil servants. Sound coordination can therefore be ensured, even if there is no structure formally responsible for it: this type of informal coordination is most commonly found in smaller countries. The same principle applies to coordination between the national and local levels.

Without reliable information on the sectors of activity requiring to be coordinated, coordination is powerless. It is therefore important to ensure mutual trust between the bodies involved even if approaches and priorities differ.

It is clear that coordination is based on the will to cooperate. An administrative culture of cooperation emerges from a long process that depends to some extent of the general culture of the country. Even so, attitudes can be influenced by structures in place and by stimuli from the hierarchy.

b) A framework for action

The development of a common framework for action in the Union implies laying down clear objectives and determining indicators to monitor their attainment. A clear definition of the task of each body and a clear distribution of powers among all those responsible are essential for sound coordination. A clear definition of the objectives, tasks, bodies and persons involved is vital for the success of any coordinated policy as it obviates the risk of duplication and conflicts of powers.

A full plan of national and European action can make a valuable contribution to identifying responsibilities and clarifying roles and powers. It is also a useful means of guaranteeing an overall approach since it is an opportunity to define priorities, verify compliance with them and identify the requisite resources. It is one of the main tools for effective coordination.

c) The need to determine specific priorities

While it is important to have an action plan that covers the whole range of drug-related activities, it is also crucial to lay down specific short- and medium-term priorities so as to concentrate on core activities, along with results indicators as a basis for evaluation. The Council's recent approval of two 'implementation papers' – one on synthetic drugs¹⁶ and one on reduction of demand and supply¹⁷ – is a first phase of prioritisation.

Only a high degree of concerted political action through permanent coordination structures and practices will make it possible to set specific priorities and rank activities hierarchically.

There might be a General Union Strategy on Drugs, with general principles and a relatively long time-frame (eight years, perhaps), accompanied by shorter-term action plans (four years?) focusing on short- and medium-term priorities.

d) A coordinator/a coordination structure

To provide an effective response, the fight against drugs must at all events remain among the priorities of all our Governments.

The presence of a national coordinator or coordination unit is not enough in itself to ensure effective coordination. But the existence of a coordination structure can help to ensure i) a coordinated response to a phenomenon as complex and fragmentary as drugs and ii) the constant visibility of the problem by manifesting resolute government intentions, iii) a long-term approach, guaranteeing the continuance of major objectives and continuity of activity, and iv) the consistency of the agreed political approach and its implementation.

To be effective the coordination structure should i) be formally recognised by all players involved, ii) have clearly-defined tasks and objectives and iii) have the practical means (human and financial resources) to attain these objectives. The Commission further considers that such a structure should be directly involved in implementing policies and therefore enjoy specific financial resources. The structure should also bear the ultimate responsibility for evaluating strategies.

¹⁶ CORDROGUE 81, Rev.2, 26.11.2002.

¹⁷ CORDROGUE 40 CATS 25 SAN 85, Rev. 2, 27.5.2003.

7. CONCLUSIONS AND RECOMMENDATIONS

Overall strategies to respond to the social, health, economic and security challenges of drugs should be coordinated in the Union and linked to practical programmes and measures.

The overall balanced approach approved by the Heads of State or Government cannot operate without effective coordination of all involved. Coordination, consequently, is an essential instrument for responding to the complexity of the drugs phenomenon and its consequences. In this context the Commission undertakes to strengthen its own internal coordination on drugs, taking the Interdepartmental Drugs Group as a basis.

The European Commission:

- (1) Considers that both national and European drugs coordination should be strengthened in the light of national legislation and traditions and administrative structures;
- (2) Considers that, to be effective, coordination must extend to all aspects of drugs policy, including social and public-health aspects, enforcement measures and international cooperation, and policy on youth;
- (3) Considers that close cooperation between law-enforcement authorities and coordination between them and local, national and European social and public-health services is necessary for an effective response to the phenomenon of drugs in general and synthetic drugs in particular;
- (4) Regrets that the proposal for a Framework Decision on drug trafficking presented by the Commission in May 2001 is still blocked in the Council and calls on the Member States to reach a political agreement on it before the end of 2003;
- (5) In a mutual learning process, calls on national and European authorities to systematically develop the evaluation of national and European drugs strategies and activities and regularly monitor them on the basis of agreed pre-defined indicators;
- (6) Emphasises the importance of the recommendations put to the Member States in the final Council report on the second series of evaluations of enforcement services and their role in combating drug trafficking.¹⁸ In particular, the Commission emphasises the importance of following up the recommendations concerning i) the organisation of the various national services combating drug trafficking, ii) the reinforcement of cooperation between national financial information units, iii) the establishment of joint investigation teams and iv) the exchange of information with Europol;
- (7) Emphasises the importance of the Council Recommendation on the prevention and reduction of health-related damages associated with drug dependence.¹⁹ In particular, in the context of this Communication, the Commission emphasises the importance of promoting i) the establishment of cooperation networks between the bodies involved in local field work so as to ensure continuity in services and facilitate access to users and ii) proper integration of public health services, including mental health, and social services, and specialist risk-reduction strategies;

¹⁸ CRIMORG 68, 29.9.2003.

¹⁹ OJ L 165, 3.7.2003, p. 31-33.

- (8) Considers that first the exchange of information and then coordination are the foundations for a visible and effective external policy. It calls on the Council to ensure that external aspects receive proper attention at meetings of the Horizontal Working Party on Drugs;
- (9) Considers that the Council should ensure that there is a link between the adoption of new Union action plans for various regions of the world and the allocation of resources for their implementation;
- (10) Encourages the Council to reinforce the coordination of the Union's position at international meetings, in particular the UN General Assembly and the Narcotics Commission;
- (11) Calls on the Member States to systematically feed the database set up by the Commission at the request of the Horizontal Working Party on Drugs, concerning projects financed in applicant countries and third countries;²⁰
- (12) Encourages the Member States, in the light of their national legislation and administrative structures, to consider whether they should set up a national coordination mechanism or reinforce it if it already exists, and/or whether to designate a national drugs coordinator;²¹
- (13) Encourages the Member States, in full respect for the subsidiarity principle, to consider adopting a comprehensive national strategy and or action plan against drugs;
- (14) Encourages the Member States to ensure full concordance between national and Union action plans so as to ensure that the Union's balanced, multidisciplinary comprehensive approach is achieved and that the Union's common priorities and objectives are transposed;
- (15) Emphasises the importance of the Horizontal Working Party on Drugs as the priority forum for Union coordination and the value of the six-monthly high)level meetings of those responsible for drugs coordination;
- (16) Encourages the Council, in the context of the Horizontal Working Party on Drugs, to boost coordination between operational services through a clear distribution of powers in relation to drugs between the Police and Customs Cooperation Working Parties and the Multidisciplinary Group on Organised Crime.

²⁰ In accordance with paragraph 5.2.4 of the EU Drugs Action Plan (2000-2004).

²¹ cf. Point 1.2.2 of the EU Drugs Action Plan (2000-2004).

ANNEX I²²

In the study done by the EMCDDA in cooperation with the Commission on drugs coordination mechanisms in the Member States and Norway,²³ the various approaches were looked at from four angles: 1) the institutional forms of coordination; 2) the authority in charge; 3) the scope of coordination; 4) the existence or not of a national coordinator.²⁴

8. THE 15 MEMBER STATES OF THE UNION

Synoptic table (as at 31.12.2002)

	Ministerial Committees	Specific coordination agencies or units	Ministry to which attached	Scope of coordination	National Coordinator
Belgium	Interministerial Conference	Drugs and health unit (health aspects). (A general coordination unit is announced in the federal Government's policy note on the drugs problem, 19 January 2001)	Federal Ministry of Public Health (Drugs and public health unit)	Specific (health)	Coordinator Health (general coordinator announced in the federal Government's policy note)
Denmark	n.a.	Drugs coordination unit, Ministry of the Interior and Health	Ministry of the Interior and Health	Comprehensive	n.a.
Germany	Interministerial Group on Drugs	Bureau of the Federal Commissioner for Drugs	Federal Ministry of Health	Comprehensive	Federal Commissioner for drugs + Land Coordinators
Greece	Interministerial coordination Committee de	OKANA (Unit to combat drugs)	Ministry of Health	Specific (enlargement of powers planned)	President of OKANA
Spain	Interministerial drugs working party	Government Delegation for the national drugs plan	Ministry of the Interior	Comprehensive	Government delegate for the national plan on drugs
France	Interministerial Committee on drugs	Interministerial Mission to combat drugs and drug addiction	Prime Minister (secondment from Ministry of Employment and Social Affairs)	Comprehensive	President of the Interministerial Mission to combat drugs and drug addiction
Ireland	Cabinet Committee on social inclusion	Drugs coordination unit in the Department of Community, Rural and Gaeltacht Affairs	Department of Community, Rural and Gaeltacht Affairs	Comprehensive	State Ministry with responsibility for drugs strategy
Italy	Interministerial Committee on drugs	Department for coordination of drugs policies	Prime Minister	Comprehensive	Special Commissioner for coordination of drugs policies
Luxembourg	Interministerial Committee on drugs	Drugs coordination unit, Ministry of Health	Ministry of Health	Specific	Drugs coordinator
Netherlands	Drugs policy working party	Department of mental health and drug addiction policy	Ministry of Health, Welfare and Sport	Comprehensive	n.a.

²² The data in the two tables were supplied by the EMCDDA.

²³ Norway was included in the study because it is a member of the EMCDDA.

²⁴ The study done by the EMCDDA and the European Commission on strategies and coordination in the field of drugs in the European Union, and the summary tables with updates, are on the EMCDDA website: http://www.emcdda.eu.int/policy_law/index.shtml.

Austria	Federal Coordination on drugs	Federal drugs coordination	Ministry of Social Security and the Generations (principal responsibility) + Ministries of the Interior and Justice	Comprehensive	Federal drugs coordinators + Land coordinators on drugs and drug addiction
Portugal	Coordination Committee on the national strategy	Drugs and drug addiction institute (IDT)	Ministry of Health	Comprehensive	President of the Drugs and drug addiction institute
Finland	National Committee on drugs policy	Drugs unit	Ministry of Health and Social Affairs	Comprehensive	n.a.
Sweden	Drugs working party	Central coordination Unit	Ministry of Health and Social Affairs	Comprehensive	Drugs coordinator
United Kingdom	Ministerial Committee on drugs	Drugs Strategy Directorate	Home Office	Comprehensive	n.a.
Norway	National drugs bureau	Drugs unit	Ministry of Health and Social Affairs	Comprehensive	n.a.

9. THE NEW MEMBER STATES

An initial analysis of coordination of drugs strategies and mechanisms in the 10 new Member States²⁵ reveals that there is a consensus on the need to develop coordination so as to implement more effective policies. As in the existing Member States, coordination in the new Member States is apparently based on a two-tier model with an interministerial committee and a technical unit.

²⁵ cf. EMCDDA Annual Report 2004.

Synoptic table (as at 28.02.2003)

	Ministerial Committees	Specific coordination agencies and units
Cyprus	n.a.	n.a.
Estonia	Ministerial drugs policy committee	Department of public health, Ministry of social affairs
Hungary	Drugs coordination committee	Secretariat of Drugs coordination committee
Latvia	Drugs and drug abuse commission ²⁶	n.a.
Lithuania	Governmental drugs control commission ²⁷	Secretariat of Governmental drugs control commission
Malta	n.a.	n.a.
Poland	Interministerial Council on drug abuse	National drugs prevention office (including secretariat of the Interministerial Council on drug abuse)
Czech Republic	National drugs commission	Secretariat of National drugs commission
Slovakia	Ministerial council on drugs and drug addiction	Secretariat of Ministerial council on drugs and drug addiction
Slovenia	Interministerial drugs commission	Government drugs bureau

²⁶

In Latvia the drugs strategy provides for a new coordination body.

²⁷

In Lithuania the draft drugs strategy provides for a new coordination body: the drugs control department reporting to the government.