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## EMCDDA: work in progress

The exchange of information between European Union member states has been an active project for years. ISDD has been involved for the last five, first working with the Commission and more recently also with the EMCDDA. Only now is the idea turning into a reality, which other players in the UK should know about. That is why we are launching this regular *Druglink* insert *Eurolink*.

*Eurolink* will normally be carried in *Druglink*'s March and September issues. It will cover news from the EMCDDA and the Commission, information about funding opportunities and discussion of EU drugs policy. Like the rest of *Druglink*, we welcome contributions from anyone, and we would particularly like to hear about European project work that others are involved in.

### Mapping the annual report

As Focal Point, ISDD has to prepare a report on the UK drug scene for the EMCDDA. This year we asked around 200 organisations and individuals to help by completing questionnaires. The last part of the report was submitted in February and we are currently discussing with the Department of Health about the best way to make it available to people in the UK.

### The EMCDDA work plan

The work plan for the next year has now been agreed by the Management Board of the Centre. It covers two main areas – epidemiology, which is widely defined as statistics, and demand reduction. In turn, demand reduction refers to all programmes and services which aim to reduce the demand for drugs, whether in the education, treatment or criminal justice fields.

**Epidemiology.** Plans are underway to pinpoint a few key pieces of data in all member states that allow for meaningful comparisons to be made.

Specifically, this involves:

- consistency in all general population surveys, and pilot surveys of problematic drug users, with qualitative and behavioural studies on hidden populations.
- producing comparable data on mortality, drug-related infectious diseases, non-fatal emergencies and road traffic accidents.

**Demand reduction.** The main aim is to describe and evaluate all the demand reduction services that are available. This involves:

- The Drug Demand Information System, a www-based database for collecting and storing information on current activities. It is being piloted in five member states (not the UK) and the EMCDDA hope that it will be ready for general use late in 1996.

- Evaluation of prevention, treatment and alternatives to prison. As for the first, read the conference report on the back page. On the second, as Britain is the only member state which has undertaken a review of treatment effectiveness, the UK would clearly want to be involved in any work in this area. And finally, a review of the alternatives to prison that are available in member states will be commissioned to identify possible further work.

### Tendering for EMCDDA work

If you want to tender for EMCDDA project work you have to be put on their list of 'Expressions of Interest'. The list includes a number of organisations in the UK, but we know that many people missed the original announcement two years ago. ISDD and the Department of Health will be lobbying the EMCDDA to get them to open up the list so that new names can be added. If you would be interested in putting your name forward, please e-mail [projects@isdd.co.uk](mailto:projects@isdd.co.uk) or fax us on 0171 928 1771, addressed to Anna Bradley.

## Union recognition

**Just what does the European Union actually do about drugs? This question may not keep us all awake at night, but with so much going on in the EU (money pouring in on the health side, convergence of criminal justice approaches, international drug policy getting under way) no one with a serious interest in drugs can ignore the Union.**

Add to this the general consideration that, from January 1998, Britain will have the Presidency of the Union for six months, something which is concentrating policy makers' minds. Should the UK hold a bold line on drugs (like the Irish Presidency in late 1996), or should we perhaps play down the issue (like the current Netherlands Presidency)? In order to debate such questions, we have to familiarise ourselves with the current situation. Hopefully, this issue of *Eurolink* will do just that.

The best overview of the EU's recent work can be found in a report recently prepared by the European Commission.<sup>1</sup> Mostly written in French, it sketches out *la contexte politique* and gives thumbnail sketches of EU action on *réduction de la demande, réduction de l'offre* [supply], and *action au niveau international*. Throughout, the Commission, as the 'civil service' of the Union, reports not just on what it has done itself, but also on what the European Council and the Parliament have agreed.

In 1996, the EU committed itself to review the issue of harmonisation of drug legislation, increase cooperation between police and customs, apply anti-laundering controls more strictly, develop international anti-drug action, research medical, socio-economic and drug detection issues, and support demand reduction.

1. European Commission. 'Contribution au rapport annuel de l'OECD sur l'état du phénomène de la drogue 1996.' Brussels, 1997.

**Demand reduction.** After some haggling, the European Parliament and the Council agreed in December to spend 27 million ecus (roughly £19 million) over five years to encourage cooperation between member states in the context of drugs and public health.

**Dirty money.** The Parliament called for money laundering controls to be widened to include new offences and non-financial professions. The Commission also participated in FATF, the Financial Action Task Force, which reviewed and updated its 40 recommendations on money laundering.

**Precursor chemicals.** As for chemicals which can be used in the manufacture of illegal drugs, the Commission is responsible for monitoring their trade, and so has laid down rules for industry. Cooperation on precursor control was also consolidated with central and eastern European countries and with the UN.

**East . . .** EU action on drugs is fast spreading outside the Union. The June 1996 European Council meeting 'opened up the possibility that certain project funds, which currently cover Russia, might be extended "to fight transit in and production of drugs" in the Central Asian republics.

**South . . .** Looking to the Mediterranean, in July 1996 the Council agreed finances to implement measures against drug trafficking in the context of reforming economic and social structures for north African and other countries.

**. . . and further afield.** The EU has also supported action by African, Caribbean and Pacific (APC) countries (broadly speaking, ex-colonies) with Commission support for southern African, agreements with Japan and China, and further funding going to west Africa and Latin America. This is underpinned by agreements with America and Canada.

## MATCH of the day: where the money is, who to ask and how to get it

There are a number of EU drug-related funding initiatives which UK drug agencies and other organisations are able to apply for. Historically, the European Social Fund has been most relevant for drug projects, but now there are several new lines of funding with September 1997 deadlines.

The *Community Action Programme on Drug Prevention 1996-2000* aims to encourage collaborative projects between member states in

the fields of health research, information and training. It's the five year project already referred to above with the 27 million ecu budget. Other programmes which can encompass drug-related bids include the *Grotius programme*, which supports exchanges for legal practitioners, and the *Oisín programme*, which aims to develop cooperation between member states' law enforcement authorities.

The closing date for the next

round of applications for all these programmes is 15 September 1997. Most community funding is dependent upon member states' collaboration and any bids for money need to illustrate an 'added European value'.

The Department of Health's Penny Allsop has been seconded to SCODA to help anyone wishing to pursue this avenue of funding. To help projects find partners in other member states, she has created *Project Match*, which produces a

monthly Europe-wide newsletter containing information about potential European bids from projects in the UK.

For more information on EU drug-related funding, help in finding a European partner or simply to have your project included in *Project Match*, please contact Penny at SCODA on 0171 928 9500. Further information on *Grotius* and *Oisín* is available from the Commission's Judicial Cooperation Unit (fax: 00 32 22 96 59 97).

## Europe: the legal basis

**Treaty of European Union** (aka the 'Maastricht Treaty') amends the founding Treaty of Rome and the Single European Act, and sets out EU laws

**Joint Actions** formal agreements by EU member states to pursue common objectives in justice and home affairs, and in foreign and security policy

**Regulations** form of EU law relating to economic matters or public health which is directly applicable in all member states and does not require domestic legislation

**Directives** form of EU law under which every member state is obliged to introduce domestic legislation to achieve the desired effects

## Europe: the key institutions

**European Council** forum of heads of state plus the President of the European Commission, which meets twice a year to set the political priorities for the EU

**Council of Ministers** made up of ministers of member states (finance, home affairs, health, etc) and makes the final decisions on adoption of EU legislation

**European Parliament** the democratically-elected EU institution, exerting influence through consultation and cooperation procedures

**European Commission** prepares proposals on policy, upholds the Treaties and manages the EU's international trade relationships

**European Court of Justice** interprets the Treaties (within certain limits) and decides cases brought before it

**European Monitoring Centre on Drugs and Drug Addiction (EMCDDA)** was set up, following decisions of the European Council and the Maastricht Treaty, to improve information on drugs

**Europol Drugs Unit** was originally set up in 1993 to monitor drug trafficking. The Unit has more recently (under the guidance of the Council of Ministers) diversified into general 'trafficking' – vehicles, radio-active materials, even human beings

# European trips: who takes what where

**Until very recently, it's been nigh impossible to find comparative information on levels of drug use in European countries. Without this information, differing responses to drug use and differing theories of treatment cannot be thoroughly understood. For instance, the drug policy debate which often rages across the European Union can only really be understood when the continent's drug use is taken into account (and Holland, Spain and Denmark – the countries most often in the firing line – traditionally have 'liberal' policies coupled with high levels of use).**

Here, we try to provide some of that information, but it is not a simple task. General population

On the continent, polydrug use is not as entrenched as in Britain

surveys are the best source of such prevalence information, and while they are regularly carried out in some countries, in others – most notably Ireland, Portugal and Italy – there are very few, and sometimes none. That said, the following should help map out drug use in the European Union.

### Northern exposure

The north European countries display wide and varying levels of drug use. However, some patterns can be discerned. The **United Kingdom** aside, the **Netherlands** (perhaps unsurprisingly) seems to have the highest levels of drug use, with around two in five young people and just under one in three of the general population admitting to having tried drugs. Next in line are **France** and **Germany**, with a low one in nine of the general population admitting to drug use. And then come the rest – **Ireland, Belgium, Luxembourg** and **Austria** – with between one in seven and one in 14 young people who have taken drugs.

### Southern belle

Many of the main drug trade routes pass near or even through south European countries, the Mediterranean being buttressed by North Africa and the Near East. As might be expected, there appears to be some 'overspill' along these routes, but despite this urgent 'need to know', levels of drug use on the northern shores of the sea

## The Euro-Drug League

how many people have taken drugs (approximately)

Netherlands	1 in 3
Spain	1 in 4
United Kingdom	1 in 4
Denmark	1 in 4
Greece	1 in 8
France	1 in 8
Germany	1 in 8
Italy	1 in 8
Ireland	1 in 10
Belgium	1 in 10
Luxembourg	1 in 10
Austria	1 in 10
Portugal	1 in 15
Finland	1 in 15
Sweden	1 in 15

are difficult to quantify.

Anecdotally however, they are probably among the highest in Europe. Certainly, Spain, Greece and Italy all have the highest rates of 'hard drug' use in western Europe.

**Spain's** use is certainly on a par with that of the United Kingdom and the Netherlands, with perhaps a quarter of all Spaniards admitting to drug use. At the other end of the Med, **Greece** may have proportionally as many users as France and Germany – about one in eight.

It is more difficult to grasp the extent of Portugal's drug use, and surveys are few and far between in Italy, but what can be said is that **Portugal** follows the north European rule of thumb where cannabis is almost exclusively the only drug used (taken by one in 10 young people). **Italy** has some of the highest rates of problem drug use in the EU, with perhaps 540 problematic drug users per 100,000 of the population.

### Scandinavia pines

Finally, we turn briefly to the three Scandinavian nations which are member states of the EU (therefore excluding Norway and Iceland). **Sweden** and **Finland** display the levels of drug use which one might associate with countries far removed from the trade routes (about one in 15 will have taken drugs), but **Danish** drug use is among the highest in Europe, on a par with the Netherlands, Spain and Britain. This may be explained by the fact that – though culturally Scandinavian – Denmark is literally joined to the continent at the hip.

### Topping the league

It should by now be obvious that the United Kingdom is among the

highest drug-using EU nations. Britain, the Netherlands, Spain and Denmark are each in their own geographical spheres the highest using countries: between one in four and one in three of their populations will have taken drugs at some point in their lives. Next in line are France and Germany, Greece and perhaps Italy, with around one in eight having tried drugs. Then come the rest – Ireland, Belgium, Luxembourg, Austria, Portugal, Finland and Sweden, with fewer than one in ten drug users.

Britain's drug use is, however, qualitatively different from the rest of Europe's. Granted, Britain's heroin and cocaine use is of a similar scale as some other countries', but in no other country does the use of LSD, amphetamine and the other 'dance drugs' approach the levels found in Britain. The fact that at least one in 10 young people have taken such drugs is clearly a British phenomenon, which may only be explicable culturally.

But perhaps the most interesting aspect to drug use on the continent is the discovery of a pattern which is completely

Britain, the Netherlands, Spain and Denmark are the highest using countries

missing in Britain: cannabis is almost exclusively the only drug used, especially in northern Europe. In the Netherlands, in France and in Germany, cannabis accounts for well over 90 per cent of drug use, with other drugs being used by only a handful of people in a hundred. On the continent, polydrug use does not appear to be as entrenched a behaviour as it is in Britain.



**FOR MORE DETAIL ON HOW BRITAIN COMPARES TO ITS EUROPEAN NEIGHBOURS, READ DRUG MISUSE IN BRITAIN 1996, WRITTEN BY DRUGLINK'S EDITOR AND AVAILABLE FROM ISDD PRICED £25**

# FLASHBACKS AND PREMONITIONS

A rapid round-up of the most significant recent developments in EU drug policy and what they may mean for the future

In the same week as it called on member states to make the sale of cannabis seeds an offence, the European Council recently decided to 'approximate' drug laws across the Union.

The French proposal, agreed at the end of last year, called on member states to "cooperate fully in the fight against drug addiction and . . . endeavour to approximate their laws to make them mutually compatible to the extent necessary to prevent and combat illegal drug trafficking in the Union".<sup>1</sup>

Member states also agreed to "make it an offence publicly and intentionally to incite or induce others, by any means, to commit offences of illicit use or production of narcotic drugs" (which is theoretically the case in Britain, used as an argument for prosecuting Noel Gallagher recently). Member states were urged to fill 'legal vacuums' regarding dance drugs too, and must now ensure that penalties for trafficking are "amongst the most severe penalties available for crime of comparable gravity". What this actually means in practice is open to a great deal of interpretation (what offences are comparable?).

## We are all Europeans now . . .

But the 'approximation' Joint Action is far and away the most significant development. 'Approximation' is EU-speak for laws becoming more similar, so the decision seems to signal further convergence of drug legislation. What approximation will mean in reality is not yet clear. The agreement follows months of wrangling between France and the Netherlands over their differences in approach to drug policy, the former wanting to 'tighten up' in response to the perceived threat of 'drug tourism', the latter jealous of its sovereignty and independent approach to drug policy.

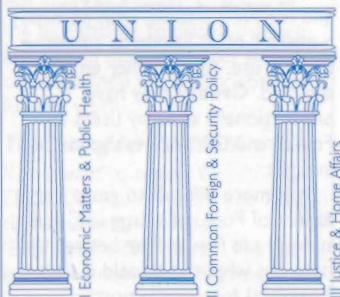
Clearly, the general idea behind the Joint Action was that 15 different responses to drugs across the EU (or even just a handful) can create incompatibilities that may ultimately undermine anti-trafficking measures. At first glance, then, the passage of the

measure represents a victory for the so-called 'hard liners'.

But it may turn out to be a more symbolic than real victory – in Europe, agreements sometimes reflect past actions as much as future ones and, in this case, the Netherlands could well point to the fact that earlier in 1996 it already tightened up its control of cannabis possession and its regulation of the cannabis cafés.

## Singing in perfect harmony?

These moves stop short of proposals for harmonisation of drug legislation, which would mean adopting the *same* (rather than *similar*) laws for possession/use and supply. Such a move would require fundamental legal changes in all the member states and is therefore unlikely in the foreseeable future. However, it is not impossible. In a separate development, ministers have agreed to examine "the extent to which harmonisation of Member States' laws could contribute to reducing the



Maastricht's 'three pillars' under which EU policies are decided

consumption and supply of drugs in the European Union."<sup>2</sup>

How far this will go is another matter. In a submission to the EMCDDA, the European Commission points out that some areas of law are already harmonised (*money laundering*, for example). And although other legislation is not harmonised (because it stems from national law), there are often many more similarities in practice than would appear at first sight. Judicial practices (such as police discretion and arrest referral, in the UK) take the edge off *de jure* laws and produce a *de facto* convergence, with a general emphasis on access to treatment and other services. Thus, the argument runs, formal harmonisation is not actually required, and discussion of it may miss the point. Convergence and approximation already exists on the practical level, which is, after all, the level that counts.

## Breaking the code

The "don't bother" message is not difficult to decode. Indeed, on one level, the Commission's account of these issues may be read as an attempt (appreciated by many member states) to head off any precipitate commitment to harmonisation. Any such action is seen as being both undesirable in its practical implications and impossible in its political implementation.

The sense of undesirability stems from the perception that any harmonisation would push up sanctions for drug use or possession to an untenable extent (no one seriously expects member states to 'harmonise downwards', away from criminal law and penal sanctions towards administrative measures and 'clips round the ear').

The sense of impossibility stems from the scale of the challenge involved when attempting to harmonise the quagmire of drug laws which already exist within each member state. This would not only be technically 'difficult' (an understatement if ever there was one) but it might also open up the question of a general harmonisation of criminal and other legislation, something which has few advocates at present.

## From pillar to post

All of this falls under the so-called 'Third Pillar' of the EU as formulated by the Maastricht Treaty of European Union. This Third Pillar covers matters relating to Justice and Home Affairs, and includes 'drug addiction' as a focus for cooperation in the context of Justice and Home Affairs, as well as the more general areas of cooperation across criminal justice agencies (Europol, for example).

As can be seen, during 1996, Third Pillar ministers lost little time in seizing the issues, and it is now pretty clear where the centre of gravity on drug policy lies within the EU.

But, in terms of hard cash to finance collaborative projects, there is something of a balance to be struck between the Third Pillar – where 10 million ecus have to be distributed across competing areas each year – and the First, which covers cooperation in the field of public health.

It was under the First Pillar that the EU recently agreed to spend over five million ecus per year specifically on drug-related initiatives. So while they both have cheque books, Public Health has a bigger bank account when it comes to drugs.

## The first European Conference on Evaluation of Drug Prevention, Lisbon, 12-14 March 1997

This conference was called to promote the development of drug prevention evaluation in Europe and to improve the quality of information on drug prevention projects and initiatives. Participants came from a range of professional backgrounds, including psychologists, educational practitioners, sociologists and epidemiologists.

The conference's first task was to consider the *Guidelines for the Evaluation of Drug Prevention* which had been written for the EMCDDA by IFT Munich, a German non-governmental organisation. The purpose of the Guidelines is to provide a practical tool for programme planners and evaluators to assist them in the evaluation of drug prevention programmes.

The conference promoted the need to utilise the full range of evaluation techniques – formative, outcome and quality assessment. But as there is still a certain lack of coherence about what we are really trying to prevent and a lack of clarity about 'what works', the conference workshops were used to discuss a range of initiatives which are currently attempting to answer that question.

Perhaps the overall impression was one of acceptance of this ongoing debate. Evaluation of drug prevention is a relatively new art, drawing on the experiences, values and methods of a range of disciplines and approaches. There is nevertheless a need for more of it and political reality supports this.

The final session of the conference was a roundtable debate on how to promote evaluation practice in Europe. There was an overriding consensus that unless evaluation proves that prevention works, projects may well not attract the necessary political and thus financial support. However, trying to prove what works in drug prevention remains a source of concern. Many in the field still regard the need to develop drug prevention initiatives as an act of faith and there is a strong belief that it must be done. But there is a long way to go before we can provide definite answers to our questions. The conference, and the acknowledgment of the need for further events of this type, will help us do just that.

Vivienne Evans, TACADE

1. "Joint Action of 17 December 1996 concerning the approximation of the laws and practices of member states to combat drug trafficking." *Official Journal*: 31.12.96, L342, article 1.

2. "Council Resolution of 14 October 1996 laying down the priorities for cooperation in the fields of Justice and Home Affairs." *Official Journal*: 26.10.96, C319, article 2.2(c).