



EMCDDA PAPERS

New developments in national drug strategies in Europe

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Abstract: National drug policies address the health and social costs of drug use and the policing and security issues raised by drug production and trafficking. The strategic approach taken by governments needs to respond to problems linked to both established illicit drugs, such as heroin, cocaine and cannabis, and the rapidly evolving market for new psychoactive substances. This paper gives an overview of some recent developments in the tools most commonly used to manage national drug policies: strategies, coordination mechanisms and evaluations. It is based on an analysis of reports on national drug policies compiled by the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA's) Reitox focal points in the EMCDDA reporting countries (28 EU Member States, plus Turkey and Norway), consultation with experts and scientific literature. Among the issues identified, the report notes a gradual change; some national drug strategies have a broader scope, beyond illicit drugs, covering other substances and, to a lesser extent,

other addictions. Twelve countries had a national illicit drug strategy document with a broad focus in 2016. An increased level of integration in planning of policy and provision marks what could be the start of a departure from the type of drug strategies that have been common until now. If it is, this will bring both new opportunities for wider public-health-orientated cross-substance/addiction policies and challenges in effective resource assignment and action implementation. As more drug and addiction strategies are evaluated, new insights into this approach to strategic planning and its relative successes and future challenges will become more apparent.

Keywords drug policy national drug strategies coordination mechanisms strategy evaluation addictions strategic management

Summary

This report provides an overview of developments in drug strategies in Europe, accompanied by an exploration of national coordination mechanisms and evaluations. In doing so, it identifies a trend, with an increasing number of national drug strategies taking a broader focus beyond illicit drugs and covering other substances and addictions. This analysis is based on reports from the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA's) Reitox national focal points, in addition to consultation with national experts and scientific literature.

National strategies

National drug strategy documents set out a government's position on drug policy issues. They define the problems and the response to them alongside varying mixtures of priorities, goals, objectives and actions. All of the EMCDDA's 30 reporting countries (EU-28, plus Turkey and Norway) had active illicit drug strategy documents in 2016. Of these documents, 14 were combined strategies and action plans, 13 countries had separate documents, with several sequential action plans being adopted, and 3 countries did not have an accompanying action plan.

Drug issues can be incorporated into higher-level strategies (e.g. a national health strategy), White Papers or addressed in multiple issue-specific papers concerned with different topics. Some drug strategies take the form of policy notes or letters, a declaration or a resolution.

Both the European Union (EU) Drug Strategy (2013-2020) and European countries' individual strategies generally have similar core structures. This usually includes pillars (e.g. drug demand and drug supply reduction), cross-cutting themes (coordination; international cooperation; and information, research, monitoring and evaluation) and supported targeted actions. While the use of a pillar model that expresses the balanced approach between supply and demand reduction is well established, other aspects of these planning documents are starting to change.

Currently, more than a third of European countries include different combinations of other substances and behavioural addiction issues in their illicit drug strategies. This mainly involves objectives and measures related to other substances (alcohol, tobacco and medicines) and to a lesser extent behavioural addictions (e.g. gambling). Some traditional illicit drug strategies give minor consideration to alcohol and

tobacco in their prevention pillars and sometimes in their treatment pillars. However, illicit drug strategies with a broader focus differ in having a more detailed consideration of other substances or addictions across the strategy's pillars and in the specific measures addressing them.

Twelve countries have a national illicit drug strategy document with a broad focus. In addition, within the United Kingdom both the devolved administrations of Wales and Northern Ireland have broad strategy documents.

The majority of issues and measures in these broad documents are related to illicit drugs and there is variation in how other substances and addictions are considered. All the documents address alcohol, 10 consider tobacco, 8 cover medicines, (2 focus on doping in sports (e.g. performance enhancing drugs)), and 7 look at addictive behaviours (e.g. gambling).

While a more integrated public health based view of addictions may be emerging, as evidenced by these broad strategy documents, it is still a developing trend. Over the last three decades, this trend towards the use of broader national strategies has developed from the existence of 2 at the end of the 1990s, rising to 4 during the 2000s and increasing annually after 2011 to 12 by the end of 2016.

Coordination mechanisms

At the national level, drug policy is generally designed and endorsed by government ministers responsible for the area. Most European countries have a national drug coordinator. National strategic and operational coordination structures are attached to the ministry of health (or its equivalent) in 17 of the countries. In the remainder, coordination structures are connected to the ministry of the interior, justice, family or social affairs and in some cases directly to the Prime Minister's Office/Office of the Government (e.g. Czech Republic).

In Europe, coordination primarily takes place at the national and local levels. At both levels, a mix of strategic and operational management is undertaken. Most coordination systems have a national-level structure that manages the national drug strategy's operational implementation, including facilitating communication between the many policy actors and the different stakeholders involved. Operational coordination typically involves monitoring and evaluating drug strategy implementation, preparing progress reviews and proposing the design for new strategies.

Evaluation

All countries report that their drug policies and strategies are evaluated through ongoing indicator monitoring and specific research projects. In some countries this is the only form of evaluation undertaken, while in others it is complemented by different types of evaluations of strategy documents.

The most commonly reported approaches to evaluation include a multi-criterion evaluation of a strategy and/or action plan at its mid- or end point; a review of the actions taken and/or the strategy's context at its mid- or end point; an evaluation or audit of a specific policy or strategy aspect or area; and assessment through ongoing indicator monitoring, research projects, or regional or local strategy evaluation. In 2016 there were 10 multi-criterion evaluations, 10 implementation progress reviews, and 4 issue specific evaluations were reported as having recently taken place, while 6 countries used other approaches involving a mix of indicator assessment and research projects.

Introduction — implementing and managing drug policies

This paper explores the state of play in Europe regarding drug strategies, coordination mechanisms and evaluations, which are the main tools used to implement and manage drug policy. The paper maps these three main policy areas, drawing on national data and examples where available.

Designing and implementing effective responses to the problems associated with illicit drug use is a complex task. The issues at stake range from the health and social costs of drug use to the policing and security challenges posed by drug production and trafficking. National drug policies need to respond to problems linked to both established illicit drugs, such as heroin, cocaine and cannabis, and the rapidly evolving market for new psychoactive substances (NPS), as well as polydrug use.

In the current climate, there are a series of important problems that policymakers are tasked with addressing through multi-level responses (EMCDDA, 2016; EMCDDA and Europol, 2016). Drug-related health problems, ranging from comorbidity to the spread of blood-borne viruses (human immunodeficiency virus (HIV) and hepatitis C virus (HCV)) and drug-related overdoses, are serious problems in many countries. In terms of drug trafficking and supply, strategic responses are required to threats posed by organised crime groups. These gangs readily exploit both multiple trafficking routes and methods that threaten national security, public health and transport channels, placing pressure on resources

at (air, sea and land) ports. Recent years have seen drug production becoming increasingly versatile; indoor cannabis cultivation and genetic engineering of plants, for example, have led to more potent products being produced and consumed within Europe close to local drug markets.

In drug policy, national drug strategy documents are widely used for planning purposes. These documents can contain an overarching vision for the area and a set of goals, principles and priorities that are translated into objectives and actions and are monitored and assessed through different indicators. Drug strategies developed through research and stakeholder consultation facilitate the expression of a shared statement of the problems being addressed and the resources required. These documents and the action plans that underpin them can help structure the work of multiple state and non-state stakeholders involved in designing and delivering drug policy.

The structural arrangements for coordinating the implementation of the actions in national drug strategies are also important tools in drug policy governance. As responses to drug-related problems tend to be implemented at different levels (individuals, families, communities) across a range of policy areas, the management of illicit drug problems by public administrations is referred to as a cross-cutting issue. It often involves the designation of one ministry, such as justice or health, as the lead on a policy area that incorporates the work of many other ministries and state services. Typically, a number of groups, committees, and task forces are established by governments to take forward strategic actions. It is here that the high-level goals and objectives of strategies meet the day-to-day issues of implementation. It is also within these structures that many local-level non-state policy actors have a space to interact directly with public administrations.

Evaluation is now a commonly employed tool in drug policy governance at the national level in European countries. Strategy evaluation is increasingly called for, as drug policy has developed as a specific area of public administration with financial and other resources assigned to it. National drug strategies and wider drug policies typically support the use of different responses in the areas of drug demand and drug supply reduction. The spectrum of measures used has increased over time. This includes initiatives that can be viewed in different national and local contexts in areas such as harm reduction and drug treatment, for example along a continuum from the conventional to the controversial (Hedrich, Pirona, and Wiessing, 2008). Much of this development has taken place in the era of new public management. This has brought about an increased focus on the use of research evidence in the design of policy and the scrutiny of how effective specific responses are and how efficiently resources are used. In this context, the evaluation of national drug strategies has become an important but complex issue.

Data sources

This paper is based on an analysis of reports on national drug policy compiled by the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA's) Reitox focal points in the EMCDDA reporting countries (28 EU Member States, plus Turkey and Norway). It also draws on consultation with national experts. In addition, scientific literature on the core areas addressed was consulted. These data sources were used to develop a qualitative account of the state of play in the areas of national drug strategies, national coordination mechanisms and approaches to drug strategy evaluation. The resulting overview and analysis formed the basis for the current paper, which covers developments up to the end of 2016.

More information on the countries and their respective national drug situations can be found in the EMCDDA country drug reports.

A situational analysis of Europe's drug problems and responses is presented in the EDR (European Drug Report) and the EU Drug Markets Report.

illicit drug problems is put forward in the EU Drug Strategy (2013-2020) and its Action Plan (2013-2016) (Council of the European Union, 2012; Council of the European Union, 2013), which represent the shared position of its Member States (MS), and similar strategies can be found in other regions (EMCDDA, 2014). These planning documents are key tools in the coordination of a European approach to drug issues and support the measures undertaken by EU MS. At the national level, such documents are used to set out the government's position on how drug problems within the country as a whole should be addressed. Similarly, strategy documents are also used for this purpose in countries with devolved and autonomous regions. This is the case, for example, in the United Kingdom, within which Northern Ireland, Scotland and Wales are devolved administrations, and in Spain, which has 17 autonomous communities, as well as two cities with autonomous status. The implementation of national strategies at the local level is often supported through the use of strategies at the regional, city and local levels, as well as in issue-specific drug strategies (EMCDDA, 2015) (see Figure 1). Responses to drug problems are developed at and diffuse through these different levels of municipal, regional, national, supranational and international administration over time. Strategy documents have come to be the primary way in which these shared courses of action are set out, and endorsed and used as coordination tools by those involved in implementing drug policy.

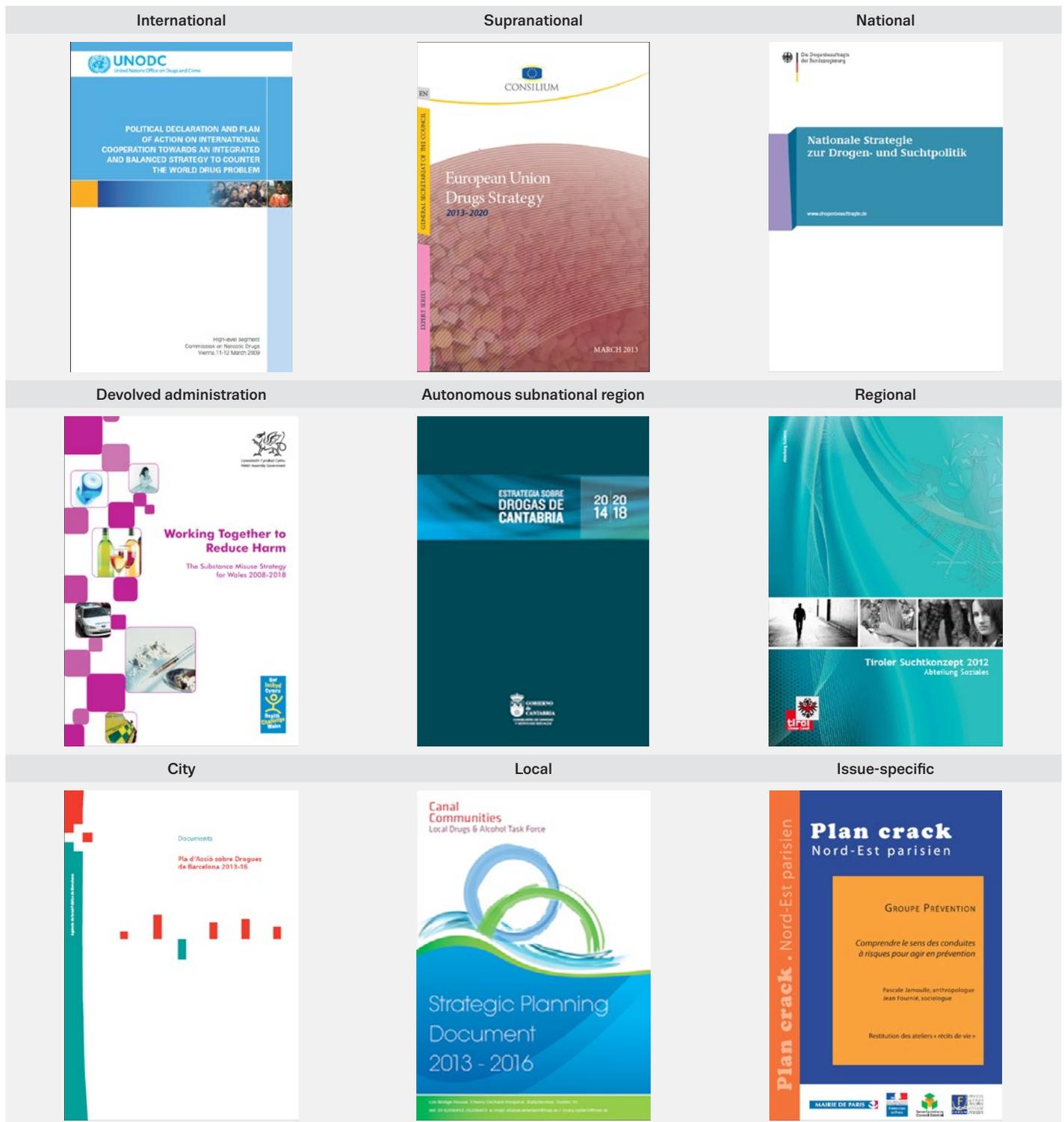
All European countries use a national drug strategy as part of their approach to the management of drug problems and to set out specific measures being implemented and the general principles and priority courses of action. National drug strategies function to support actions that have often initially been developed from the levels below, typically the city, and merging these with the complexity of regional, national, supranational and international political and legal contexts (EMCDDA, 2015). The trend towards the use of strategic planning documents in the illicit drug policy area has developed significantly from the mid-1990s, when a third of the countries had one. At the turn of the century, two thirds of these countries had adopted one, with all having adopted one by 2016. One effect of this norm has been to give a more discernible shape to drug policies in terms of their overall direction.

National drug strategies — broader scope and use

From global to local strategies

The use of strategy documents to define problems and responses is well established in the area of illicit drugs. These are the documents in which both the overall direction and specific features of actions to address drug problems are generally set out. These strategies and plans are used at multiple levels and involve a wide range of policy actors (see Figure 1). For example, the United Nations' (UN's) 'Political declaration and plan of action on international cooperation towards an integrated and balanced strategy to counter the world drug problem' has a global focus (UNODC, 2009). Within Europe, the European Union's (EU's) 'balanced approach' to

FIGURE 1
Drug strategies at different levels of administration

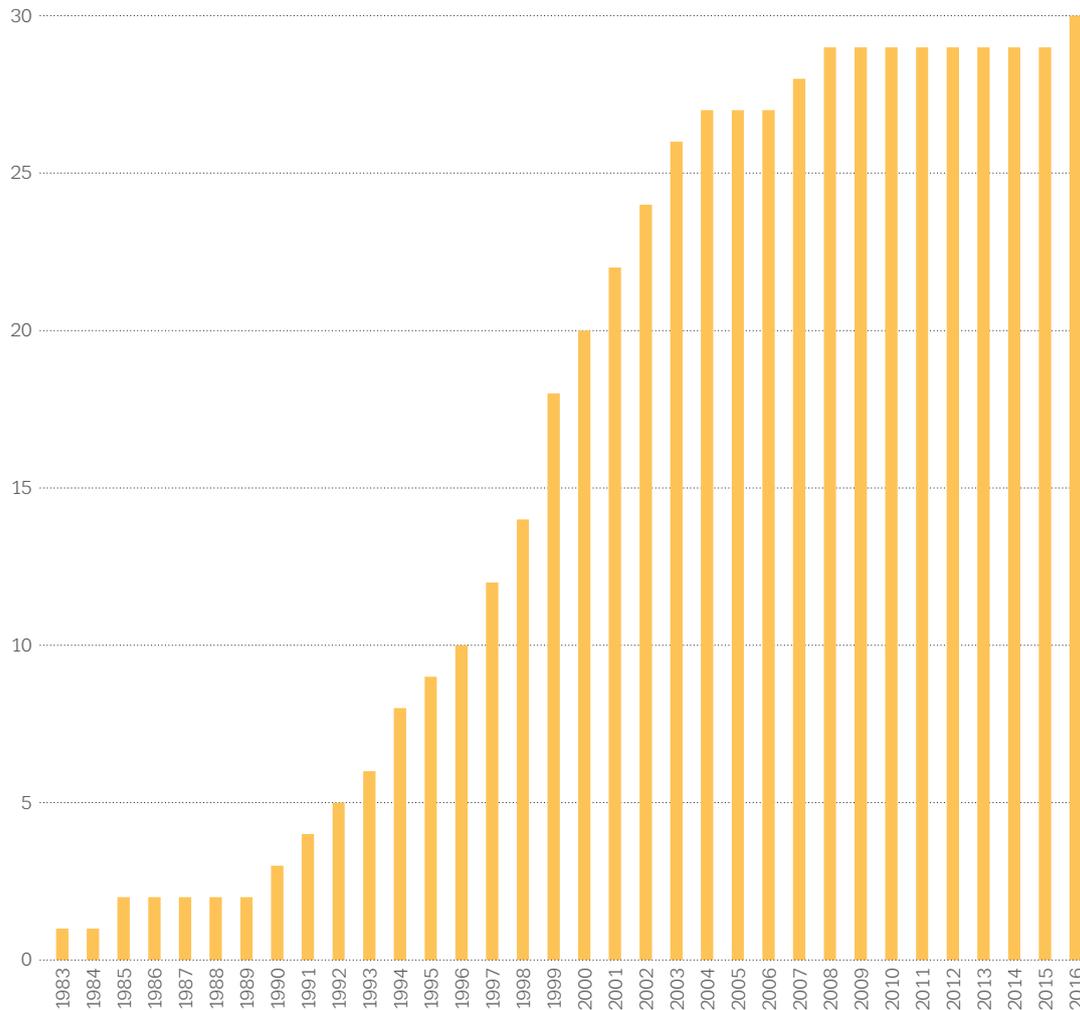


Strategy characteristics

A set of well-established features can be found in drug strategies irrespective of the level of governance at which they are used. This includes a definition of the problem and some principles about the approach to be taken, as well as varying

mixtures of priorities, visions, goals, objectives and actions. The extent to which a strategy is current and responsive in the context of evolving drug problems largely depends on the period it spans and the level to which it has been developed.

FIGURE 2

Cumulative adoption of national drug strategy documents in European countries (1983-2016)

A drug strategy sits within a political and social context that is constantly changing. This is evident from the use of short-term and issue-specific action plans by governments to keep the more long-term strategic documents that express the vision, principles and objectives of drug policy relevant and to address emerging situations. In some cases, multiple action plans are used to address different periods within the overall time frame of the strategy (e.g. Croatia) or to target different issues, such as specific substances (e.g. the Czech Republic). Drug strategies can also be updated or replaced to reflect the approach of a new government after it has taken office (e.g. the United Kingdom in 2010 and Hungary in 2013).

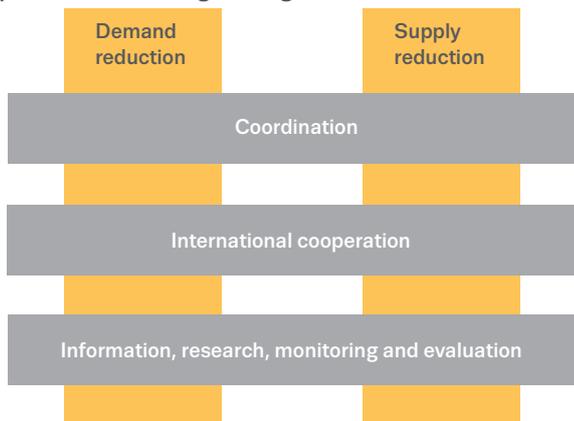
In 2016, a mix of approaches was evident in Europe, where 14 countries had combined strategy/action plan documents (e.g. Ireland and Slovakia), 13 had separate documents, and 3 countries did not have an accompanying action plan. Where separate documents are used, two or more sequential action plans are typically adopted to support implementation (e.g. Spain and Slovenia), mirroring the EU approach. Long-term

policy documents can also accompany drug strategies and action plans, as is the case in both Portugal and Finland. It is in these documents that overarching principles have been defined that have then been carried forward through the objectives and actions of subsequent strategies.

A European structure

Some countries incorporate drug issues into higher-level strategies (e.g. a national health strategy) while also accompanying them with targeted White Papers (reports that set out government policy) (e.g. Estonia and Norway) or use multiple issue-specific papers to address different topics (e.g. the Netherlands). In some countries, the strategy may be in the form of a policy note or letter (e.g. the Netherlands and Belgium (2001)) or a declaration (e.g. Belgium in (2010) or a resolution (Finland) that nonetheless is used as a defining and coordinating tool.

FIGURE 3

The pillar model of drug strategies

Both the EU Drug Strategy (2013-2020) and the strategies of European countries follow similar core structures where the balanced approach to drug policy that places an equal emphasis on drug demand and supply reduction is expressed (see Figure 3). This involves a combination of pillars and cross-cutting themes to set out issues of concern and group actions to address them. At the EU level the structure used includes the two pillars of drug demand and drug supply reduction alongside the three cross-cutting themes of coordination, international cooperation, and information, research, monitoring and evaluation (Council of the European Union, 2012).

The use of the pillar model can be regarded as a standard feature of the way in which national drug policies are expressed in European countries. Nonetheless, the exact combination of measures used to translate these common European drug policy principles into action varies from country to country. This is, in part, a reflection of the fact that European countries experience multiple and varied drug problems, with economic, historical, cultural and geographic factors playing a role. National governments use a range of policy approaches to respond to illicit drug problems. These include security, law enforcement and customs actions to reduce the supply of drugs and drug markets, and prevention, treatment, harm reduction and rehabilitation measures to address drug use and harms. While such measures and their inclusion within strategies are well established, other aspects of these planning documents are starting to change.

Beyond illicit drugs

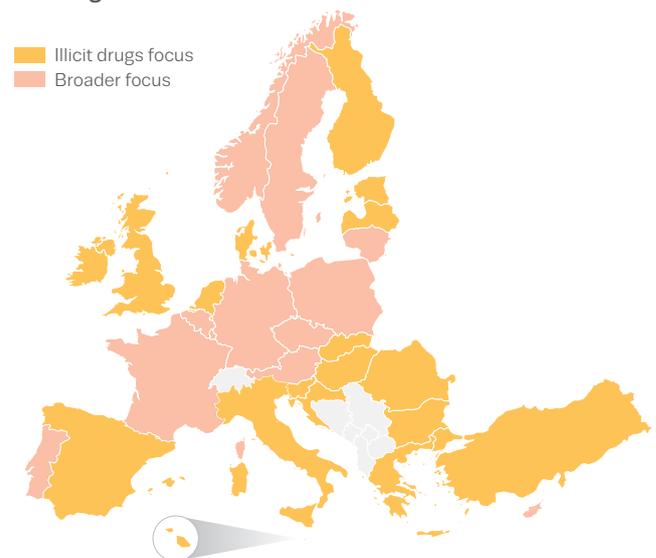
NPS are, by definition, not illicit drugs; however, most national drug strategies include NPS within the scope of objectives and actions aimed primarily at illicit drugs. This has been the case since the late 2000s, when strategy documents started to mention NPS (e.g. Ireland's 2009-16 strategy), and is still common today. Consequently, while NPS are technically not illicit drugs until their status is changed through legislation, they constitute the largest group of substances, other than

illicit drugs, that are specifically addressed in most strategies and action plans. As understandings of and responses to NPS are generally intertwined with measures against illicit drugs, in this paper the term 'illicit drugs' also encompasses NPS.

In addition to policies addressing illicit drugs, many European countries have policies on areas such as security, policing, tobacco, alcohol, prescription medicines, doping in sport and gambling. Various combinations of these issues are now being included in some illicit drug strategy documents with a broad focus (e.g. other substances and other addictions). This involves mainly alcohol and tobacco and to a lesser extent medicines, gambling and other behavioural addictions. Consequently, the scope, focus, implementation and resource requirements of national drug strategies are changing. The number of countries with a drug strategy with a broader focus is increasing and the state of play in 2016 is shown in Figure 4.

The move towards a broad approach is in some cases reflected in the introductions to strategy documents, with an acknowledgement of the need to take a more holistic approach. For example, in her introduction to the 2012 German drug and addiction policy, the Drug Commissioner of the Federal Government noted 'In terms of numbers, the legal addictive substances such as tobacco, alcohol and medicinal products are the most prominent among the substances abused. New forms of addiction, such as gambling or internet addiction, are also coming to the fore' (Drug Commissioner of the Federal Government, 2012, p. 3).

FIGURE 4

The focus of national drug strategy documents in 2016: illicit drugs or broader

NB: Strategies with broader focus may include, for example, licit drugs and other addictions. While the United Kingdom has an illicit drug strategy, both Wales and Northern Ireland have broad strategy documents which include alcohol.

FIGURE 5

Drug strategies with a broader focus (other substances and addictions) up to 2016

Country	Illicit drugs and NPS	Alcohol	Tobacco	Medicines	Behavioural addictions (e.g. gambling)	Doping
Belgium	Yes	Yes	Yes	Yes	No	No
Czech Republic	Yes	Yes	Yes	No	Yes	No
Germany	Yes	Yes	Yes	Yes	Yes	No
France	Yes	Yes	Yes	Yes	Yes	Yes
Cyprus	Yes	Yes	No	No	No	No
Lithuania	Yes	Yes	Yes	No	No	No
Luxembourg	Yes	Yes	Yes	Yes	Yes	No
Austria	Yes	Yes	Yes	Yes	Yes	No
Poland	Yes	Yes	Yes	Yes	Yes	No
Portugal	Yes	Yes	No	Yes	Yes	No
Sweden	Yes	Yes	Yes	No	No	Yes
United Kingdom — Northern Ireland	Yes	Yes	No	No	No	No
United Kingdom — Wales	Yes	Yes	No	No	No	No
Norway	Yes	Yes	No	Yes	No	Yes

12 countries had a national illicit drug strategy document with a broad focus by the end of 2016. The United Kingdom's national strategy document addresses only illicit drugs; however, the devolved administrations of Wales and Northern Ireland have broad strategy documents. When these two documents are included, the total number of broad illicit drug strategies increases to 14.

The majority of issues and measures in these broad documents are related to illicit drugs, and there is considerable variation in how other substances and addictions are considered. All 14 documents address alcohol, 10 consider tobacco, 8 cover medicines, 7 look at addictive behaviours (e.g. gambling) and 3 focus on doping in sports (e.g. performance enhancing drugs).

Within these more broadly focused documents, some strategies address different substances and issues at the level of goals and objectives, while in others they are addressed at the level of specific measures. It is important to note that all European countries have laws and other responses addressing the regulatory issues that impact upon other addictive substances and behaviours. What sets apart the group of countries in Figure 5 is that they are part of a trend towards combining statements regarding the strategic management of these areas in a single document.

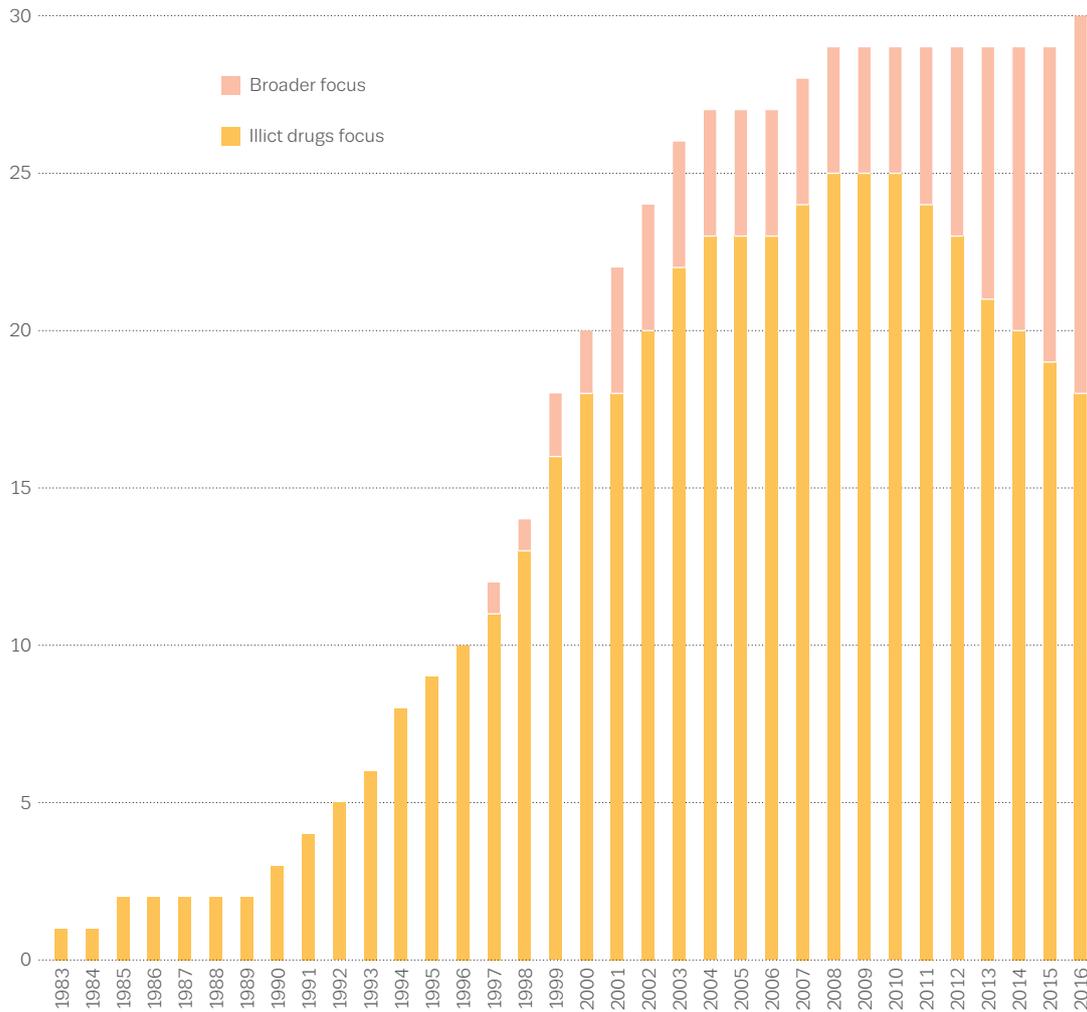
Addressing addiction — the developing trend

While a more integrated public-health-based view of addictions may be emerging, as evidenced by these broad

strategy documents, it is still an emerging trend. Over the last three decades, this trend towards the use of broader strategies has developed from 2 countries with them at the end of the 1990s, rising to 4 countries with them during the 2000s and increasing annually since 2011 to the 12 countries and 14 strategies identified here up to the end of 2016 (see Figure 6).

There are a number of factors that may lie behind these changes. In France, for example, the Roques report questioned the logic of handling addiction to illicit drugs and other substances separately and supported the widening of the scope of drug strategies (Roques, 1999). Since the start of this century, France has consistently adopted a broad drug and addiction approach in its strategy documents (Obradovic and Diaz Gomez, 2005; Beck, 2015). Portugal has taken an incremental approach to drug issues since its 1999 national drug strategy. It enacted a law in 2001 decriminalising the possession of drugs under certain quantity thresholds. Its current National Plan for Reducing Addictive Behaviours and Dependences (2013-2020) takes a wider view of addiction issues, including illicit drugs, alcohol, medicines and gambling. In the Czech Republic, there has been a call from different policy actors for alcohol to be included in the national drug strategy. This was one of the influences that led to the updating of the national drug strategy to include a focus on alcohol and gambling (Kissova, 2015). Together, these developments highlight the multiple contextual factors surrounding the different national-level changes towards the use of broader drug strategies.

FIGURE 6

The trend towards drug strategies with a broader focus in European countries

The move towards the adoption of drug strategies with a focus beyond illicit drugs is a reflection, in part, of an increased focus on public health within drug and other policy areas at the national level. For example, Sweden's Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT) situates its broad approach to addictive substances clearly within a wider public health context. A similar approach to defining the context of drug problems — spanning tobacco, alcohol, illicit drugs and medicines — is taken in Belgium in the 2001 Federal Drug Policy Note and the 2010 Communal Declaration, and in Norway's –2012 White Paper 'A comprehensive drugs and alcohol policy'. Poland's National Health Programme (2016-2020) addresses illicit drugs alongside other substances and addictions in a broad public health approach and takes the place of a stand-alone illicit drug strategy document. Luxembourg's National Strategy and Action Plan on Drugs and Drug Addiction (2015-2019) includes illicit drugs and other substances alongside addictive behaviours. In the Czech Republic, a broad focus can also be seen from the way in which the national drug strategy (2010-2018) is being implemented through supporting action plans addressing illicit drugs, alcohol, tobacco and gambling.

Addressing alcohol

The way in which alcohol is dealt with in recently published drug strategies with a broad focus provides an insight into the type of change taking place in these documents. For a long time, alcohol has been addressed to some extent in many national drug strategies. This frequently took the form of a few measures targeting alcohol as part of the prevention and treatment pillars of strategies. It rarely included much more than this or an extensive set of responses. One reason for this is that many countries also have a specific alcohol strategy or address it through detailed legislation or a wider public health strategy to an extent that negates the need for its inclusion in a drug strategy.

Current drug strategies with a broad focus mark a departure from this way of situating and addressing alcohol. These newer strategies tend to place alcohol as one of a number of substances and behaviours that receive a more equal focus across the different strategy pillars. We can now see, for example, sets of responses aimed at addressing the supply aspects of alcohol. In the current drug strategies with a broad focus in Germany, France, Cyprus and Portugal, the distribution,

marketing, sale and taxation of alcohol are considered, to different extents, alongside more established strategy actions around prevention and treatment (Drug Commissioner of the Federal Government, 2012; MILDT, 2013; Cyprus Anti-Drug Council, 2013; SICAD, 2013a). Within the United Kingdom, the drug strategies of both Wales and Northern Ireland include a substantial focus on alcohol issues (Welsh Assembly Government, 2008; Department of Health, Social Services and Public Safety, 2011).

The move towards the inclusion of alcohol in strategies in a more significant way is being driven by a mix of factors. The global burden of morbidity and mortality linked to alcohol consumption has also moved more clearly into focus. For example, the World Health Organization (WHO) notes that its WHO European Region has the world's highest levels of both alcohol use and harms, with alcohol being the third leading cause of morbidity and premature mortality globally (WHO, 2012). The weight of research evidence into the harms caused by alcohol has been increasing, for example showing alcohol as a causal factor in the development of multiple forms of cancer (Connor, 2016).

Alcohol has progressively become established as a central problem in the drug consumption repertoires of illicit drug users within the context of polydrug use. Alcohol use also plays a role in the development of liver complications for injecting drug users infected with the hepatitis C virus (HCV). In addition, a body of research has grown on the harms caused to others by alcohol users' consumption and behaviour (e.g. alcohol-related crime) and the impact it has on the quality of life of individuals, families and communities (WHO, 2012). Together, these and other issues that vary from country to country have contributed to increased debate around the use of alcohol and this has led, in some cases, to the substance's inclusion in newly developed drug strategies.

National coordination mechanisms and drug strategies

National drug strategies help the different stakeholders involved in implementing drug policy develop a shared view of the issues at stake and an agreed course of action. Appropriately designed and resourced mechanisms enable a drug strategy to be translated into concrete action. Any coordination system needs to have a structure and access to resources and tools (data and analysis, decision-makers, finances, etc.) that are appropriately matched to the type of drug issues it is tasked with responding to. Systems need to be able to detect and address important issues in order to get the best use out of resources (Kenis, 2006). This section of the paper analyses the coordination arrangements that have been put in place by European countries monitored by the EMCDDA.

Providing leadership

At the national level, drug policy is generally designed and endorsed by ministers with responsibility for the key areas in government. This activity is generally given a designated space within the broader arrangements that governments put in place to structure their action. In Bulgaria, for example, this type of coordination is carried out through the National Drugs Council, which is a body of Bulgaria's Council of Ministers and is chaired by the Minister for Health.

The extent to which ministers are actively involved in drug policy changes and depends on many contextual factors. These include their relative weight compared with other issues in the constantly shifting mix of political priorities and the extent to which certain topics are being focused on by the media and civil society. The composition of national-level structures varies from country to country. In some cases, the prime minister can be the head of the structure (e.g. in Latvia). In other cases, the coordination structure can be presided over by a senior or junior minister who has been given the task of managing drug policy (e.g. in Ireland). The anchor ministry that this structure is attached to also varies from country to country, illustrating the cross-cutting nature of drug policy (see Figure 7). In 17 European countries these structures are attached to the ministry of health (or its equivalent), while the remainder are connected to the ministry of the interior, justice, family or social affairs or, in some cases, directly to the Prime Minister's Office/ Office of the Government (e.g. in the Czech Republic).

Most countries also have a dedicated national drug coordinator. If a senior or junior minister is not directly responsible for the drug strategy, a senior civil servant is often given this task. This is the case in Portugal, where the Director of the General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD), who is attached to the Ministry of Health, is the National Coordinator for Drugs, Drug Addiction and Alcohol-Related Problems. Roles such as this are generally filled by senior civil servants familiar with the area. They are responsible for driving the strategy's overall implementation and working with stakeholders at all levels. In many cases, the national drug coordinator chairs and manages either the ministerial or the operational coordination structures. For example, in Luxembourg, the Inter-ministerial Commission on Drugs is chaired by the National Drug Coordinator and is appointed by the Minister for Health.

Strategic and operational coordination

One of the defining and challenging characteristics of drug policy coordination mechanisms is that they must be multi-level in their design and operation. These structures integrate responsibility for the management of policy responses

spanning a variety of ministries, departments, agencies and other organisations. Much of this activity takes place around what has been termed the middle ground of coordination, that

is, facilitating coordination 'through the adoption of common goals, consensus building and inter-organisational mechanisms for working together' (Hughes, Lodge and Ritter, 2010, p. 19).

FIGURE 7

National and local strategic and operational coordination structures

Country	Lead ministry	National-level strategic and operational coordination structures	Local-level strategic and operational structures
Belgium	Federal Public Service of Health, Food Chain Safety and Environment	Inter-Ministerial Conferences General Drugs Policy Cell	This function is undertaken by national structures and local municipalities
Bulgaria	Ministry of Health	National Drugs Council Narcotic Substances Section	Municipal Drugs Councils
Czech Republic	Prime Minister's office	Government Council for Drug Policy Coordination Government Council Secretariat	Regional and local drug coordinators
Denmark	Ministry of Health	Ministry of Health	This function is undertaken by national structures and local municipalities
Germany	Federal Ministry of Health	Office of the Federal Government Commissioner on Narcotic Drugs	The Länder Drug Commissioners and municipalities
Estonia	Ministry of Social Affairs Ministry of the Interior	Government Committee on Drug Prevention Department of Public Health	Health Coordination Committees
Ireland	Department of Health	Oversight Forum on Drugs Drug Policy and Social Inclusion Unit	Regional and Local Drug and Alcohol Task Forces
Greece	Prime Minister's office	Inter-ministerial Committee on the Drugs Action Plan National Committee for the Coordination and Planning of Drugs Responses	This function is undertaken by national structures and local municipalities
Spain	Ministry of Health, Social Services and Equality	Government Delegation for the National Plan on Drugs Sector Conference on Drugs Inter-regional Commission on Drugs Spanish Council of Drug Addiction and other Addictions	Drug Plans of Autonomous Regions and Cities and some local municipalities
France	Prime Minister's office	Inter-ministerial Committee on Drugs Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA)	Territorial representatives: ▪ Chef de projet régional (at regional level) ▪ Chef de projet départemental (at "County" level, that is, the lowest level of the State's Administration)
Croatia	Office for Combating Drug Abuse	Commission for Combating Drug Abuse Office for Combating Drug Abuse	County Committees for Combating Drug Abuse
Italy	Prime Minister's office	Department for Anti-Drug Policies	Regions, municipalities, and Local Health Units (ASL)
Cyprus	Cyprus Anti-Drugs Council (CAC)	Inter-Ministerial Drugs Committee Cyprus Anti-Drugs Council (CAC)	This function is undertaken by national structures and local municipalities
Latvia	Prime Minister's office	Drug Control and Drug Addiction Restriction Coordination Council Council Secretariat	This function is undertaken by national structures and local municipalities
Lithuania	Drug, Tobacco and Alcohol Control Department	Commission for Prevention of Drug Addiction and Alcohol Dependence Drug, Tobacco and Alcohol Control Department	Municipality Drug Control Commission
Luxembourg	Ministry of Health	Inter-ministerial Commission on Drugs Ministry of Justice and Ministry of Foreign Affairs	This function is undertaken by national structures and local municipalities
Hungary	Department for Social and Child Welfare	Inter-ministerial Coordination Committee on Drug Affairs (CICDA) National Drug Prevention Coordination Unit	Coordination Forums on Drug Affairs (KEFs)

Malta	Ministry for the Family and Social Solidarity	Advisory Board on Drugs and Addiction National Co-ordinating Unit for Drugs and Alcohol	This function is undertaken by national structures and local municipalities
Netherlands	Ministry of Health, Welfare and Sport Ministry of Security and Justice Ministry of Foreign Affairs	Ministry of Health, Welfare and Sport Ministry of Security and Justice Ministry of Foreign Affairs	This function is undertaken by national structures and local municipalities
Austria	Federal Ministry of Health	Federal Drug Coordination Office Federal Drug Forum	Provincial Conference of Drug Coordinators, Provincial representatives Drug or Addiction Coordination Offices Addiction Prevention Units
Poland	Ministry of Health	Council for Counteracting Drug Addiction National Bureau for Drug Prevention	Provincial Drug Experts at the Marshall's Office Local Borough (Gmina) Offices
Portugal	Ministry of Health	Council for Drugs, Drug Addiction and Alcohol-Related Problems Inter-ministerial Technical Commission General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD)	Regional Health Administrations (ARS) / Intervention Division in Addictive Behaviours and Dependencies (DICAD) Regional Secretaries of Welfare or Health in the Autonomous Regions
Romania	Ministry of Internal Affairs	National Anti-Drug Agency (NAA)	Drug Prevention, Evaluation and Counselling Centres
Slovenia	Ministry of Health Ministry of the Interior	Commission on Narcotic Drugs of the Government of Slovenia Health Promotion and Healthy Lifestyles Division	This function is undertaken by national structures and local municipalities
Slovakia	Ministry of Health	Government Council for Drug Policy Department of Drug Strategy Coordination and Monitoring of Drugs	Regional coordinators for the prevention of criminality
Finland	Ministry of Social Affairs and Health	National Drug Policy Coordination Group National Institute for Health and Welfare	Provincial governments and municipalities
Sweden	Ministry of Health and Social Affairs	Public Health Agency of Sweden	County coordinators and municipalities
UK	Home Office	Inter-Ministerial Group on Drugs, Home Office (UK) Convention of Scottish Local Authorities (SCT) Substance Misuse National Partnership Board (WAL) New Strategic Direction Steering Group (NIR)	Local Authorities (UK) Alcohol and Drug Partnerships (SCT) Community Safety Partnerships (WAL) Drug and Alcohol Co-ordination Teams (NIR)
Turkey	Ministry of Health	High Council for the Fight Against Drugs Board for the Fight Against Drugs Technical Board for the Fight Against Drugs	Provincial and District Boards for the Fight Against Drugs
Norway	Ministry of Health and Care Services	Directorate of Health	Regional drug and alcohol competence centres, municipalities

Two main levels of coordination can be identified across Europe: national and local coordination ⁽¹⁾. The regional level is important in a few cases. At both of the first two levels, agencies are involved in delivering a mix of strategic and operational coordination to support drug strategy implementation. The actual agencies or mechanisms involved vary from country to country. Agencies responsible for strategic and operational coordination are typically tasked with monitoring and evaluating drug strategy implementation, preparing progress reviews and proposing the design for new strategies. In the Czech Republic, for example, the Government Council for Drug Policy Coordination's Secretariat, which includes the National

⁽¹⁾ These levels are used to provide a standardised and simple overview of coordination arrangements at the national level for monitoring purposes by the EMCDDA. A full overview of their use at the national level can be found online in the EMCDDA Country Drug Reports (available at <http://www.emcdda.europa.eu/countries>).

Monitoring Centre for Drugs and Addictions, is tasked with day-to-day strategy implementation and the coordination of the work being undertaken by different ministries. National coordination structures such as this are also tasked with managing programmes through which organisations delivering services in conjunction with the state receive funding, and with advising the ministerial level on emerging issues. This is the case in Ireland, for example, where the Department of Health's Drug Policy Unit has a range of responsibilities that include the management of Regional and Local Drug and Alcohol Task Forces.

In principle, these agencies or bodies are generally expected to facilitate a mix of top-down and bottom-up coordination. This means that information, ideas and policy issues related to strategy implementation can travel from the government via the ministerial and operational levels to state and

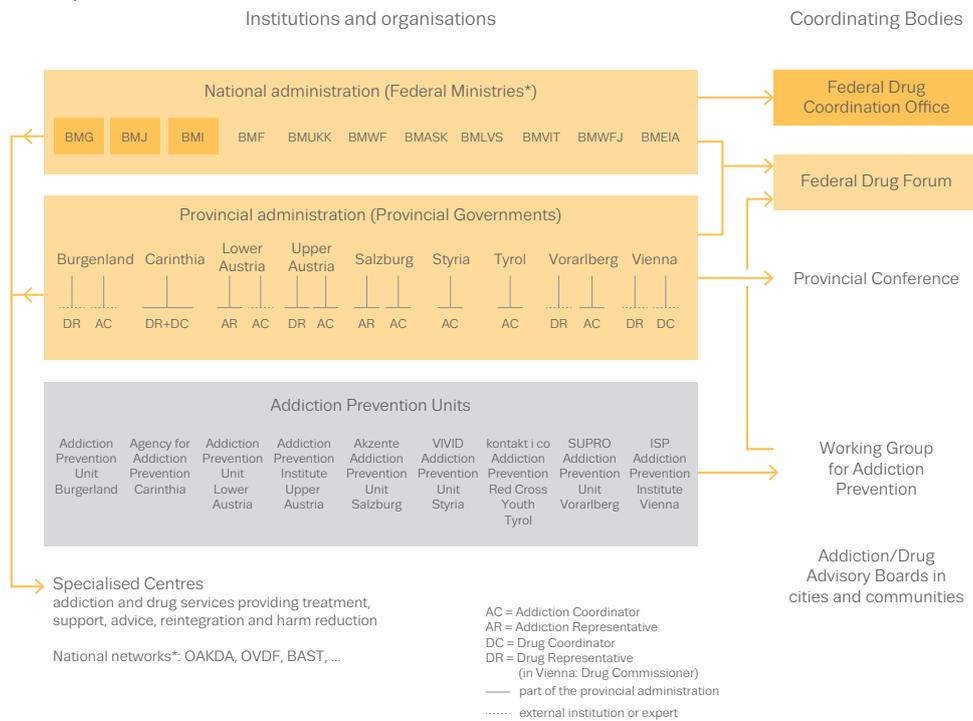
non-state actors at the regional/local level. Simultaneously, these arrangements are also intended to assist non-state organisations that participate in them at different levels to communicate with the government and ministries.

Countries differ in the specific combination of structures they use and the relative levels of power that are assigned to them. For example, mechanisms can be based on state structures (federal or unitary) and the extent to which decision-making on policy and strategy implementation is retained at the national or federal level or devolved to the regional- or local-level

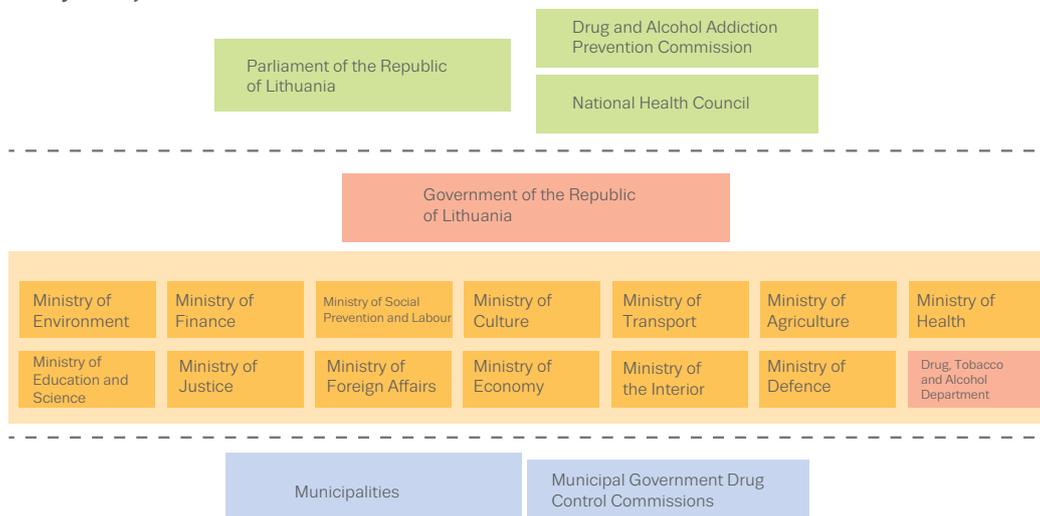
structures. This difference is often visible in the perspective and scope of local-level drug strategies that are in line with, but have a more issue focused approach to certain drug and addiction problems (e.g. the *Länder* in Germany). The coordination systems of Austria (a federal state) and Lithuania (a unitary state) are shown in Figure 8. The presence of both levels of coordination — national and local, encompassing both regional- and municipal-level structures — reflects the decision-making and implementation cascade that is common throughout the national administrations of European countries.

FIGURE 8
Examples of national coordination mechanisms for drug strategies in federal and unitary states

(a) Austria (federal state)



(b) Lithuania (unitary state)



Sources: Gesundheit Österreich GmbH, 2015a; Drug, Tobacco and Alcohol Control Department, 2014.

Broader implementing agencies

The trend towards the adoption of drug strategies with a broad focus in Europe, as identified in the previous section, brings with it new challenges. These include an increased complexity of implementation that is likely to have an impact on coordination structures and the delivery of strategic actions. For example, with an expanded number of substances, as well as illicit drugs and different behavioural addictions, to plan for, the number of stakeholders will grow and coordinating them will become a more demanding task. It is likely to involve active engagement with different systems of regulation encompassing alcohol, tobacco, medicines and new communication technologies. Nonetheless, this change may deliver more unified results in the context of a broader public health approach to addiction.

Several countries have already adopted coordination arrangements that integrate more diverse strategic functions across areas and substances. For example, in both the Czech Republic and Portugal, coordination structures were modified and given a wider scope following the adoption of drug strategies with a focus that included other substances and other addictions (SICAD, 2015a; National Monitoring Centre for Drugs and Addiction, 2015). Over the course of the last few decades, France has adopted several drug and addiction strategies, and its coordination structure has been revised more recently. The Inter-ministerial Mission for the Fight against Drugs and Drug Addiction (MILDT) was renamed the French Inter-ministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA) in 2014. This is the result of a long process of widening its scope from illicit drugs towards alcohol, tobacco, pharmaceuticals and doping in 1999, and then to addictive behaviours (gambling and gaming) in 2013 (MILDECA, 2015). Responsibility for drug and addiction policy is shared in Germany, which has a federal structure, between the federal government, the *Länder* and municipalities, and other intermediate administrative structures where they exist (e.g. 'districts' in the Federal State of Bavaria) (Institute for Therapy Research, 2015a).

In some European countries, the scope of coordination structures extends beyond illicit drugs, irrespective of whether or not there is a drug strategy with a broad focus. For example, Malta has an illicit drug strategy, but its national coordination structures, the Advisory Board on Drugs and Addiction and the National Coordinating Unit for Drugs and Alcohol, have a wider focus (Malta National Focal Point, 2015). Similarly, in the Netherlands, the Ministry of Health is responsible for coordinating policy and responses on illicit drugs, other substances and other forms of addiction, but separate strategic planning documents are used for each area.

National drug strategy evaluation

As with strategic planning tools in any policy area, drug strategies are periodically assessed. This helps governments track the progress of implementation, gauge the strategy's continuing relevance and use the assessment in developing the strategy's successor. Evaluation is a process designed to help establish the quality and value of actions and interventions. As the European Commission states, 'Evaluation is a judgement of interventions according to their results, impacts and the needs they aim to satisfy. It is a systematic tool which provides a rigorous evidence base to inform decision making' (European Commission, 2004, p. 9).

Drug problems are constantly evolving and countries usually have to address different drug problems through multiple responses simultaneously. This puts an extensive number of issues within the scope of drug policy, which makes evaluation both a key tool and a challenge to undertake. There are several

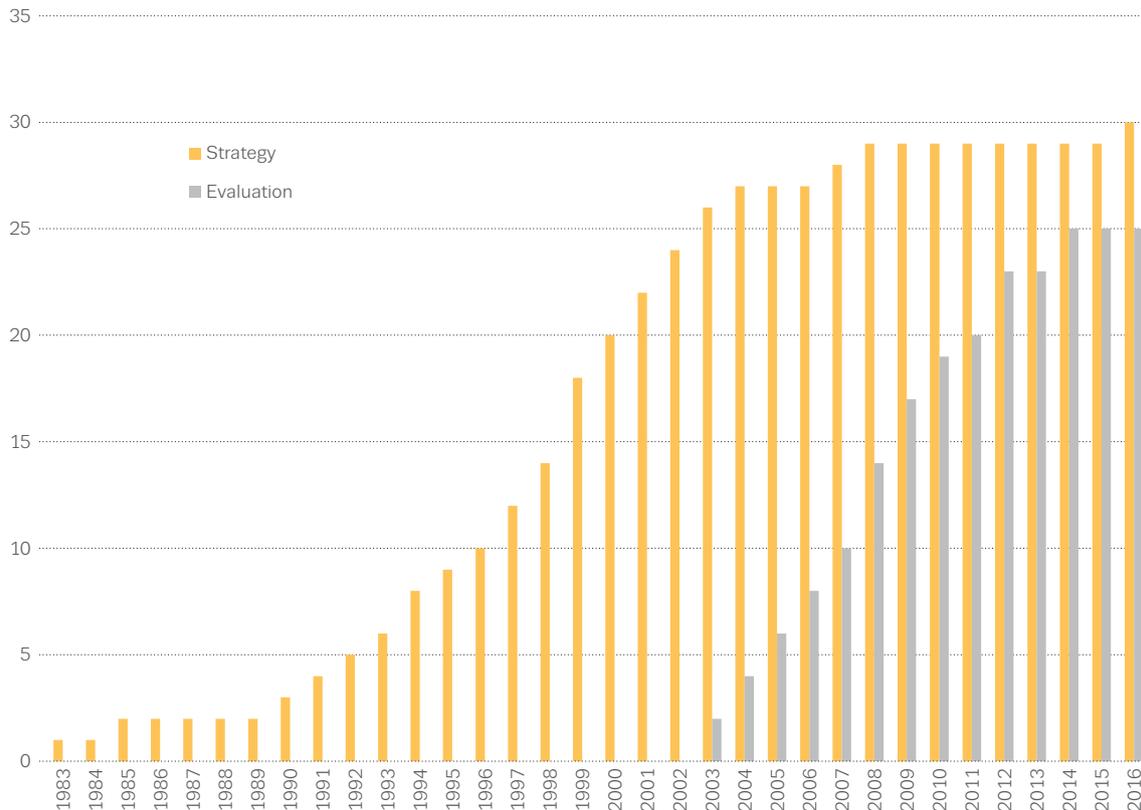
Describing evaluation

As evaluation is complex and can take place at different levels, it is possible to locate different examples depending on the approach taken and the level at which it is applied. A range of parameters can potentially be involved. These include the following:

- The level at which the evaluation takes place: whether it is assessing a policy, strategy, programme or project.
- Who the commissioners are, such as state or non-state entities (ministries or NGOs), and whether it is undertaken by an internal, external or mixed evaluation team. In practice, most ongoing indicator-based monitoring and implementation progress reviews are undertaken internally, while evaluation by means of specific research projects and multi-criterion evaluations is usually undertaken by a mixed internal/external team.
- Timing, for example whether evaluation occurs before (ex ante), during (ex nunc) or after (ex post) the strategy being evaluated.
- The specific scope, for example whether the evaluation focuses on a whole strategy or just some specific pillars, aspects, issues, measures or services that are delivered under the strategy.
- The type of assessment criteria applied, for example relevance, implementation, outcome or a combination of these and other possible measures (coherency, efficiency, impact, effect or sustainability).

FIGURE 9

Cumulative adoption of drug strategies and published evaluations in European countries (1983-2016)



levels at which evaluation can be used, ranging from the broad and strategic to the more defined and targeted. This span stretches from policies and strategies to programmes and projects. The scale and nature of some of the actions undertaken as part of a national drug strategy cover whole systems of care and the health of individuals, which makes devising evaluations that can directly prove the impact of a particular action hard to design. In general, it is far easier to show associations between different indicators and potential outcomes than it is to prove causation. Many factors influence health outcomes and it is difficult to identify a specific trigger of change.

Evaluation in Europe

Following the trend towards increased use of drug strategies, the first published evaluations of national drug strategy documents emerged in 2003. By 2010, national strategy evaluation had become a relatively standard practice among European countries. Figure 9 shows the cumulative adoption of national drug strategies and the years in which final evaluations are reported as being published. Counting from this point, as opposed to the year when the mandate for undertaking an evaluation was given, provides an overview of completed assessments only, as there are cases where mandated evaluations were not undertaken or finished for various reasons. Currently, 25 countries have, in one way or another, evaluated a national drug strategy document. It is important to note, however, that in some countries evaluations

of different projects and responses have long been undertaken and have functioned as assessments of measures outlined in strategies and action plans. This can be seen in France, which has a tradition of evaluating different projects such as, for example, l'Observatoire Français des Drogues et des Toxicomanies's 1998 evaluation of Social Environment Committees in the area of prevention (Ballion, 1998).

Approaches to evaluation

Drug policy has been noted as an area that is difficult to evaluate as a result of its complexity (EMCDDA, 2004). Evaluation is an activity that can involve many assessment methods. Pragmatism and political, time and financial pressures often lead to a modified approach to evaluation being used to assess national drug strategies. These evaluations defy neat categorisation based purely on scientific method (ideal type evaluations), as they typically incorporate elements of established best practices, but also fit the real-world circumstances in which national strategy assessment occurs. The EMCDDA uses a typology focused primarily on evaluation conducted within the framework of national governments' strategic drug policy documents to monitor the assessments undertaken (see Figure 10). This categorisation incorporates both whole strategy and issue-focused evaluation, alongside ongoing monitoring and research aimed at supporting evaluation. In practice, there is often no neat divide between the types, and more than one may have been conducted.

FIGURE 10

Categories used for describing national evaluations

Multi-criteria evaluation	A multi-criterion evaluation of a strategy and/or action plan at its mid- or end point
Implementation progress review	A review of the actions taken and/or the strategy's context at its mid- or end point
Issue-specific evaluation	An evaluation or audit of a specific policy or strategy aspect or area
Other approaches	Assessment via ongoing indicator monitoring, research projects, or regional or local strategy evaluation

FIGURE 11

Overview of national drug strategy evaluations in 2016



All the countries monitored by the EMCDDA report that they evaluate their drug policies and strategies by means of ongoing indicator monitoring and specific research projects. In some countries, this is the only form of evaluation undertaken, while in others it is complemented by different types of evaluations of strategy documents. In reality, most countries have both, but, to highlight points of departure between them, Figure 11 classifies countries according to recent strategy document evaluations where these have been reported; these countries are also undertaking ongoing indicator- and research based assessment. There were 10 multi-criterion evaluations, 10 implementation progress reviews, and 4 issue specific

evaluations reported in 2016 as having recently taken place, while 6 countries used other approaches like such as a mix of indicator assessment and research projects.

Types of evaluation reported

It has become standard practice in many countries to undertake what can be termed a final evaluation of the national drug strategy. This type of evaluation can take the form of either a multi-criterion evaluation with a range of assessment questions or an implementation progress review of a drug

strategy and/or its action plan near its end date. Different methods are combined in various ways in these evaluations and all the countries that had undertaken one reported that a mixed-method approach was used. Frequently, final evaluations focus on the progress made in implementing the strategy and its relevance to the drug problems being faced. They usually do not focus on conclusions about the impact of the strategy on the drug situation, reflecting the aforementioned difficulties in demonstrating causation.

Drug strategies tend to be sequential, and evaluations generally take place a year or so prior to the strategy's expiry date and are an important part of the process of developing a new one. Many of the evaluations reported in Figure 11 were completed prior to the development of a new national drugs strategy. This was the case, for example, with Luxembourg's final evaluation of its National Strategy and Action Plan (2010-2014), which was used in the development of the National Strategy and Action Plan on Drugs and Addiction (2015-2019) (Trautmann and Braam, 2014; Origer, 2015). Similarly, in Portugal in 2012, an external final evaluation was undertaken of the country's National Plan Against Drugs and Drug Addictions (2005-2012) (Gesaworld, 2013). At the same time, an internal evaluation of the last Action Plan (2009-2012) underpinning the strategy was completed (SICAD, 2013b). Both these evaluations were used in the process of developing a new post-2012 strategy. The recommendation was taken forward, resulting in the formulation of the National Plan for the Reduction of Addictive Behaviours and Dependencies (2013-2020). This document expanded the scope of drug policy into the wider area of drugs and addiction (SICAD, 2015b).

A mid-term multi-criterion evaluation or implementation progress review allows countries to take stock of the progress being made in implementing their drug strategy midway through its lifetime. Typically, the scope of this type of assessment involves looking at the strategy as a whole and its implementation through the supporting action plan. For example, this was the case in Latvia in 2014, when a mid-term implementation progress review of the National Programme on Drug Control and Drug Addiction Restriction for 2011-2017 was undertaken. This mixed-method evaluation was completed by an internal evaluation team within the Ministry of the Interior. It focused on the continued relevance and implementation of the action plan underpinning the strategy (Centre for Disease Prevention and Control, 2015). Other recent mid-term evaluations were reported by the Czech Republic, Spain and Poland.

Issue-specific evaluations or audits in some countries are focused on a drug policy in the wider sense or on specific issues. In the Netherlands, for example, a broad evaluation was undertaken of the country's drug policy, spanning the work of many ministries. The scope of this evaluation was wider than

the activities of the long-term Dutch policy document from 1995 or the issue-specific strategies introduced subsequently (Van Laar and Van Ooyen-Houben, 2009). Evaluation, or assessments that approximate to it, can also take place in the form of reviews or audits focused on specific issues and strategy areas. The office of the auditor general in European countries can undertake different reviews that function as a type of evaluation or feed into evaluative judgements that can be made about a strategy, although an audit is not an evaluation per se. For example, in the United Kingdom, a report by the National Audit Office examined the drug strategy's action on problem drug use, as well as work on drug-related offending, drug treatment and reintegration (National Audit Office, 2010). In Belgium, an evaluation of the country's cannabis policy was undertaken (Plettinckx and Gremeaux, 2015), while in Denmark different individual issue-specific evaluations focused on, among others, drug consumption rooms and have been used to assess drug policy (National Health Authority, 2015).

As noted above, other approaches towards the ongoing assessment of drug policy and strategy are used by some European countries where a national strategy document has not been evaluated. Such methods include the use of ongoing monitoring, the funding of research projects aligned with policy and strategy objectives, and the undertaking of evaluations of subnational-level (e.g. regional or local) strategy documents. Monitoring is a key step in the process of evaluation. In many countries, the Reitox national focal points play a key role in monitoring the implementation of strategies. Baseline and trend data enable meaningful observations to be made about how drug problems and responses have changed. All countries have active monitoring systems, and fund and participate in different research projects, and use this activity as an assessment tool for strategic actions. While this type of information is integral to evaluation efforts in all countries, it is the central tool in the ongoing approach to drug policy and strategy assessment in several countries. This includes Bulgaria, Greece and Lithuania, as well as Germany, where a range of projects are under continuous evaluation and epidemiological surveys are regularly undertaken (Institute for Therapy Research, 2015b; National Health Authority, 2015). In Austria, for example, different regional drug strategies have been evaluated. This was the case with Lower Austria's Addiction Plan (2011-2015), which covers drugs and addictive behaviours. It was evaluated by an internal evaluation team as part of the process to develop a new strategy for 2016 onwards (Gesundheit Österreich GmbH, 2015b).

| Ongoing challenges

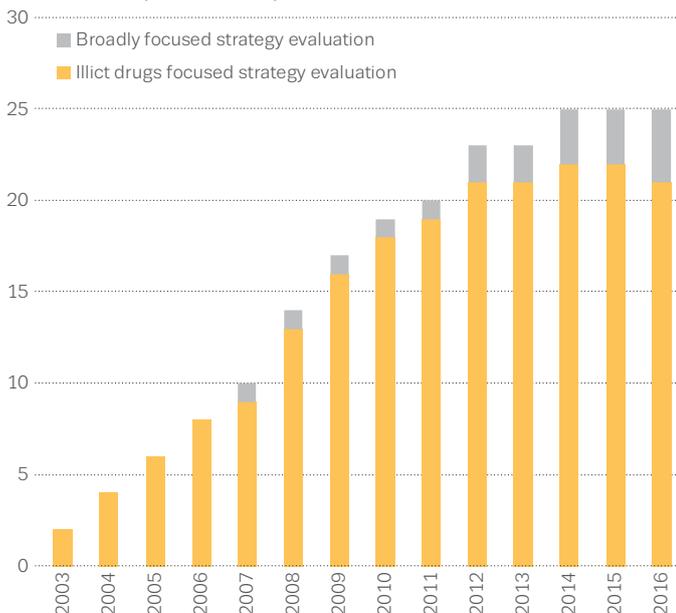
While the evaluation of national drug strategies is now an established part of the approach taken by countries to

implement drug policies, it remains a complex and challenging area. Assessing strategic actions allows governments to gain important insights into what has and what has not worked among the measures endorsed in drug strategies. Currently, national drug strategies are changing, with some having a wider scope than illicit drugs. At the same time, this trend is being slowly mirrored by the use of evaluations with a broader focus, as more countries have a strategy with a wider scope to evaluate (see Figure 12).

The blend of areas and issues addressed in drug strategies with a broad focus presents a more dynamic and multi-faceted set of strategic actions for evaluators to assess. This will bring changes to the style of evaluation that is adopted and could see a move towards more combined implementation reviews. All countries review their drug policies and strategies through the use of continuous indicator monitoring and research projects that relate to specific policy actions and interventions, while some undertake additional systematic evaluations of whole strategies and action plans. An approach based on monitoring and research allows a representative set of projects to be used to gain insight into a strategy. It will be interesting to follow whether or not this approach becomes more common in response to the challenges raised by a more diversified set of drug and addiction issues put forward in broader drug strategies.

FIGURE 12

Trend in number of countries with evaluations of strategies focusing on illicit drugs or strategies with a broad focus (2003-2016)



Conclusion — a widening strategic focus

National drug policies in Europe have for many years been managed and implemented through national drug strategy documents. Over time, a relatively standardised approach has developed around how actions are structured, coordinated and targeted, in many cases drawing on the model offered by the EU strategy and action plans. The need to coordinate the tasks that are spread between the supply and demand reduction areas and are managed through national and local structures lies at the core of the approach found in European countries, as does the use of evaluation to assess the actions being taken. This style of strategic planning in drug policy reflects the EU's balanced approach to drug policy.

Drug issues continue to evolve, as the substances being consumed and the methods used to produce and traffic them change. Understandings of drug use and addiction have also shifted over time. There are a variety of theories of addiction that attempt to explain the reasons underlying why people use drugs. These theories can range from those drawing on neuroscience and disease models to those that incorporate social exclusion, geographic location and other factors that can have a bearing on lifestyle choices. Other theories or models attempt to give a unified account of addiction across substances and behaviours by looking at what is common and combining the plausible contributory elements from different theories with a more specific focus (EMCDDA, 2013). While there is no single view of addiction across countries' drug strategies, what is considered to be legitimately within the scope of this policy area is changing.

Currently, an increased number of substances and behaviours are being discussed in relation to the effects of addiction. These range from alcohol, tobacco, prescription medicines, NPS and established illicit drugs to behavioural addictions (e.g. gambling) and the use of performance and image enhancing substances. At the same time, polydrug use is an increasing concern. These factors have contributed to a wider set of substances and behaviours being discussed in some national drug strategy documents. However, there is variation in how this trend towards strategies with a broader focus is manifested. In some countries, there has been a move towards accommodating broader concerns about addiction, while, in others, the focus remains predominantly on substances such as illicit drugs, alcohol, tobacco and medications. Most countries tend to address NPS in the context of, and within their responses to, illicit drugs, although NPS are technically not illicit drugs until their status is altered through legislation. This makes NPS the largest group of substances other than illicit drugs addressed in national drug strategies.

At one level it can be asked whether or not the inclusion of other substances and addiction issues alongside illicit drugs within new, more holistic, strategies actually represents a significant change. Governments have always had responses to this range of problems, but have now started to more explicitly connect their strategic management. Not having a dedicated strategy document on a specific issue does not indicate that a government has no defined approach to an area. On the contrary, the shape of national policies can be discerned from legislation surrounding different issues or the use of other policy tools to deliver responses. For example, national approaches to tobacco, alcohol and gambling can be gleaned from legislation governing their regulation and the extent to which population-level public health or limited regulatory measures are included and/or funded (e.g. prevention measures and treatment places).

Individuals do not approach their own drug and addictive behaviours drug by drug, behaviour by behaviour (Dale Fontana, and Martinez, 2016). Acknowledging this and the connections between problems and responses to addiction, irrespective of how addiction manifests itself (in substance use or other behaviours), may give rise to an approach that combines previously separate policy statements and strategic plans into drug strategies with a broader focus.

An increased level of integration in planning of policy and provision marks what could be the start of a departure from the type of drug strategies that have been common until now. If it does, this will bring both new opportunities for wider public-health-orientated cross-substance/addiction policies and challenges in effective resource assignment and action implementation. Translating this type of change into action is bound to be a complex task given the different levels and areas of national administrations that must be coordinated on drug and addiction issues. As a strategy becomes broader in scope and more complex in implementation, devising indicators to monitor and evaluate it could also become more challenging. Strategies have, to date, retained the balanced approach to drug policy supported at the EU level with no major separation of drug supply reduction and drug demand reduction into components of wider security and public health strategies (EMCDDA, 2012). As more drug and addiction strategies are evaluated, new insights into this approach to strategic planning and its relative successes and future challenges will become more apparent.

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