NO REASON TO MAKE THE SAME MISTAKE TWICE

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The preparation of a new EU Drug Strategy (2005-2012) provides a unique opportunity to use acquired experience and to avoid mistakes made in the past. A growing body of evidence and expertise is available to help draw up a drug strategy that will contribute to the implementation of a set of measures effective in reducing the adverse consequences of substance use at both national and EU level. I will look at the discrepancy between the key principles stated in, and the content of, the text of the EU Drug Strategy draft (version made accessible on 26 October 2004) from the point of view of a National Drug Coordinator.

FUNCTIONS OF STRATEGY FOR NATIONAL DRUG COORDINATORS

The EU Drug Strategy has several functions for the work of National Drug Coordinators. It provides:

- Guidelines or framework for national drug policy formulation and implementation.
- Support and source of arguments for national drug policy construction (especially in the case of new Member States with 'less developed' policies).
- Tools for harmonisation (not unification) of EU Member States national policies.
- "Vocabulary" of terms used to increase mutual understanding between experts representing different Member States.

My main intention then is to use the strategy as a basic framework within which I can construct a national drug policy, while taking into account Czech-specific historical, cultural, social, economic and political circumstances, as well as identified needs influencing development in drug issues. I have prepared and submitted proposals of national drug policy based on my own six years of experience working as the National Drug Coordinator, and on the key principles of the EU Drug Strategy (2005-2012), as they are referred to in the most recent draft. These are continuity and learning from experience; evaluation of measures implemented; evidence-based policy; setting realistic and measurable aims; added value to national drug policies of the EU Member States; and improvement of coordination at EU level.

LEARNING FROM EXPERIENCE VS. EVALUATION

If rats can learn from experience, then why cannot people? After carefully reading the document, '*Communication from the European Commission to the Council and the European Parliament on the results of the final evaluation of the EU Drugs Strategy and Action Plan on Drugs (2000-2004)*,' you could ask the same question. Two main conclusions can be drawn: 1) process evaluation suggests that implementation of activities has been successfully achieved; 2) it was impossible to make an impact evaluation, because the timing of the final evaluation was inappropriate (data was only available from 2003), and it was difficult to assess the

impact of the Strategy, because it defined vague aims without setting precise indicators for verification of their achievement, and causality between actions and their impact on the situation in drug field could not be proved.

Despite these conclusions you can find an array of 'old mistakes' in the text of the new Strategy:

1. There is a lack of shared definitions of terms, such as 'drug problem', 'drug-related harms', and 'drug-related crime'. A 'vocabulary' of terms would add real value to the EU drug policy, because the responses are constructed on the basis of how the problems are defined. Clarity and consistency in the terminology used may contribute to the implementation of effective measures to reduce drug-related harms across Europe.
2. Vague, unrealistic and immeasurable aims of the recent strategy should be re-thought and replaced by achievable, realistic and measurable ones. Setting a baseline - a comprehensive analysis of the recent situation - will allow evaluation of policy implementation and its impact against set objectives. Therefore, it will contribute to greater credibility and support of the EU drug policy from the public, politicians and professionals.
3. A clear relation between Strategy and Action Plan should be made in line with recommendations of the EMCDDA, and both documents should be drafted in a structure which allows the objective evaluation of policy achievements. The overarching aim of the policy, objectives, targets, resources, responsibilities and activities should be detailed in the Action Plan within a set time-frame, in order to establish an 'evaluable structure.'
4. There appear to be other important 'supporting' topics that may remove obstacles to creating an effective EU drug policy. These include the coordination of activities and definition of competencies and responsibilities of key players, within as well as outside the EU, the coordination of research in Europe, and the use of EU information policy and financial sources

EVIDENCE-BASED APPROACH VS. RISK MINIMISATION

Even the rhetoric used about the evidence-based construction of the future EU drug policy is doubtful. This is illustrated by the absence of harm reduction or risk minimisation as a meaningful and separate concept in the Strategy, which relies instead on a balanced approach combining drug supply, and demand-reduction interventions. Harm reduction is included only as one aspect of demand reduction, but evidence suggests that this approach does not necessarily aim to reduce drug use, and demand and supply reduction does not necessarily lead to the minimisation of harms caused by drug use. This is of particular concern given that risk minimisation is, compared to prevention and drug supply reduction, the most scientifically-proven approach. In our daily lives, we are surrounded by a variety of risk minimisation measures that we, in contrast to such measures in a drug field, do not doubt, e.g. car-belts, airbags, sun-screens, work-safety protection, etc. Thus it seems to be just the morality of recent policy-makers that does not allow them to recognise harm reduction as an important and legitimate part of future EU policy.

COORDINATION

First we should try to define the term coordination. In my view, cöordination should ensure that all relevant key players involved in drug policy-making at the EU level share common goals, respect each other and thus follow a joint approach. For this they need to understand each other; use 'common language' which could be based on shared definitions of specific terms; know their and each others' respective responsibilities and competences; and have clear information about accessible human as well as financial resources for drug policy implementation, as well as previous research and evaluation findings. All this information should be an integral part of the EU Drug Strategy, and while some if it may already be present in the new Strategy, it is fragmented and not concentrated in one dedicated paragraph.

A more 'user-friendly' structure may help to develop a more practical EU Strategy for the EU Member States to use. Drug policy cannot be formulated and implemented in a vacuum. Thus, it seems obvious that policy would not only define approaches and measures related to drug-trafficking and use, but also clarify its technical and organisational environment. Another weak point of the new Strategy is the absence of information about existing or planned supporting (technical and organizational) components of the future drug policy. Drug policy can be portrayed as a house, in that it is built from a complex of various seemingly incompatible components (measures and interventions) to create a whole, which needs to satisfy certain standards. If you forget any one of these components (e.g. basement or roof), you can hardly build a functional house.

DRUG POLICY AS A HOUSE:

FUNDING			
INTERNATIONAL COOPERATION			
Primary prevention	**Treatment & rehabilitation**	**Risk minimization**	**Accessibility decrease**
ACTIVITIES TO PREVENT ANY DRUG USE OR TO POSTPONE FIRST EXPERIENCE WITH DRUG TO THE POSSIBLE HIGHEST AGE.	A VARIETY OF DRUG-FREE TREATMENT SERVICES ACCESSIBLE FOR DRUG USERS WHO FREELY DECIDED TO CEASE DRUG USE.	SERVICES FOR REDUCTION OF POTENTIAL HEALTH & SOCIAL RISKS AND ADVERSE CONSEQUENCES OF DRUG USE ON INDIVIDUALS (I.E. USERS AT THE TIME-BEING NOT DECIDED TO LIVE WITHOUT DRUG USE) AND ON SOCIETY.	CONTROL, REGULATORY AND LAW-ENFORCEMENT ACTIVITIES TO DECREASE AVAILIBILITY OF BOTH LICIT AS WELL AS ILLICIT DRUGS.
DRUG DEMAND REDUCTION		RISKS & HARM REDUCTION	DRUG SUPPLY REDUCTION
AIMS TO REDUCE DRUG USE THROUGH REDUCTION OF DRUG DEMAND		AIMS TO REDUCE POTENTIAL RISKS & ADVERSE CONSEQUENCES OF DRUG USE (NOT DRUG USE *PER SE*)	AIMS TO REDUCE DRUG USE THROUGH REDUCTION OF DRUG SUPPLY
RESEARCH, INFORMATION & EVALUATION			

'EVALUABLE' STRUCTURE OF THE ACTION PLAN

In order to assure a clear relationship between Strategy and Action Plans and to allow easier evaluation of the achievements of the EU drug policy, it would also be useful to define the basic structure of an Action Plan. There is a lot of scientific literature that might be used for this purpose. One example of such an 'evaluable' structure of the future Action Plans is as follows:

- Analysis: of the situation in the drug field, identifying main problems as a base-line for future strategy development & implementation.
- Objective: a general statement of the desired condition or state to which drug policy is directed.
- Aims/goals: more specific statements that describe what the implemented drug policy should accomplish.
- Targets/ indicators: each objective should have a specific target - an indicator that the target has been achieved, and a method of verification.
- Strategies: the complex of activities/measures used to achieve the aims and objectives.
- Activities: each strategy is made up of number of activities, i.e., defined interventions.
- Outputs: the end-products of particular interventions.
- Milestones: often need to be achieved by a certain date or in a certain Sequence. They assess whether the policy is developing in the right way.
- Outcomes: changes that occur in the target population.

CONCLUSIONS

Some may argue that the EU Drug Strategy is 'only' a political document, that it is ambitious rather than realistic, and that it does not fulfil the strict criteria which are normally used for the critical reading of any scientific paper. In this respect I would refer to §1.7. of the Strategy draft which calls for '*coherent and consistent propositions*'. This statement provokes these questions: Should the EU Drug Strategy stick to the key principles it refers to or not? Is the role of experts to prepare a politically - and at the same time scientifically - correct document for discussion of politicians or not? Do we, as drug policy-makers responsible for the preparation of the EU Drug Strategy 2005-2012, want to achieve credibility for our work in front of the wider as well as the scientific public, or not? My answer to all of these three questions is definitely YES.