



## EMCDDA PAPERS

# Drugs policy and the city in Europe

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**Abstract:** This paper explores existing and emerging drug problems and responses in the city environment. It addresses four areas: urban spaces and drug use, businesses and recreational drug use, city-level drugs policies and the coordination and funding of city-level policies. The paper is based on three data sources: a review of scientific literature, grey literature, and national reports from the Reitox network of the European Monitoring Centre for Drugs and Drug Addiction. Two main categories of city-level problems related to drug use are identified: one centres on problematic forms of drug use such as use of opioids and injection, the other on recreational use of licit and illicit substances. So-called open drug scenes, where drug users congregate and high-risk drug use takes place in public spaces, were found in several cities. The open drug scenes vary by visibility, size and the type of location in which they occur. Cities differ in the level of access they provide for problem drug users to opioid substitution treatment, needle and syringe exchange programmes and low-threshold services, and in the geographical coverage of

such interventions. In cities, extensive nightlife zones can be found. Concentrations of bars and clubs, and in some cases cannabis coffee shops and head shops, provide a focus for recreational drug use. Different measures have been implemented in nightlife settings to respond to drug use, including drug prevention interventions and 'pill testing' services. This study identified 10 capital cities with an active drugs strategy document. Generally, city authorities are formally responsible for the coordination of drugs policy in the municipality. A number of Europe's capital cities allocate a dedicated budget to the implementation of their drugs strategies.

**Keywords** drugs policy  
drug problems | city level  
problem drug use | open drug scenes  
harm reduction | recreational drug use

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## Summary

The European Union (EU) is one of the most urbanised areas in the world, with more than two-thirds of its population living in cities. Some of the most concentrated levels of drug use and the most problematic consumption practices can be found in cities. Modern cities play host to a diverse set of drug-using communities, from the recreational to the problematic, and a range of related health, social and security problems. The unique infrastructure of a city makes it an environment where drug problems are likely to be experienced. For example, cities may contain air, sea, road and rail transport hubs, large nightlife areas, disadvantaged areas, locations for sex work, different types of drug markets and clusters of drug treatment services. Despite this, city-level drug policies have been overshadowed by events at national and international levels in much of the analysis and debate surrounding drug policies. This creates a situation where the origins of new problems and responses to them may be obscured by a policy debate focused at a higher level.

This paper explores existing and emerging illicit drug problems and responses and the different forms they can take in the city environment. It addresses four areas: urban spaces and drug use, businesses and recreational drug use, city-level drugs policies, and the coordination and funding of city-level policies. The paper is based on three data sources: a review of scientific literature, grey literature, and national reports from the Reitox network of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Qualitative data from the three sources were analysed and a documentary account of the key issues was generated, forming the basis of this paper.

Over time, the challenges linked to drug problems have led to the development of a range of responses, often in cities where problems were acute. For example, low-threshold harm reduction services, needle and syringe exchange programmes and drug consumption facilities all arose out of initiatives at city level in response to injecting drug use. More recently, innovative new laws and the strategic application of existing laws have been used to remove new psychoactive substances from the shelves of head shops.

Open drug scenes, which vary in visibility, size and the sites in which they occur, were identified in eight cities (Berlin, Brussels, Bucharest, Copenhagen, Dublin, Oslo, Paris and Prague). Most of the scenes active in the cities discussed here can be categorised as either 'concentrated' or 'dispersed' open scenes. In practice, many cities' open drug scenes move back and forth between both of these types and defy neat categorisation. These open drug scenes revolve around complex patterns of drug use involving multiple substances.

While most such scenes are primarily opioid-based, polydrug use involving multiple licit and illicit substances is the norm.

At city level, provision of key support to problem and marginalised drug users often takes place in low-threshold settings. Typically, the services offered involve the provision of emergency shelter, clothing and food, alongside interventions including counselling, psychosocial support and harm reduction advice. Access to needle and syringe exchange programmes and opioid substitution treatment (methadone, buprenorphine) are core interventions targeting injectors and opioid users in urban settings. To a limited extent, drug consumption facilities have been developed in certain cities, aiming to reach marginalised users, engage them with support services and prevent overdoses and the transmission of blood-borne viruses (HIV, hepatitis B and C viruses).

Most cities have extensive nightlife zones where recreational drug use takes place. These areas have a large number of retail outlets for the sale of alcohol (bars, off-licences), nightclubs and various venues where music-related events take place. This creates a situation where parts of the city experience a significant increase in the number of people using drugs in the evenings and at weekends. A wide range of substances are used in these settings, including alcohol, prescription medicines, cannabis, new psychoactive substances, ecstasy, cocaine and amphetamines.

Cities are also a hub for interventions and services aimed at preventing, treating and reducing the harms related to recreational drug use. Various measures have been developed to respond to licit and illicit drug use in nightlife settings. Selected prevention strategies are used to target the club-going population in some cities. 'Pill testing' services allow users to obtain a chemical analysis of tablets or powders that they have. This service has been present in several cities at various times, including Amsterdam, Berlin, Paris, Vienna and Zurich. Similar services are also available in Madrid and other Spanish cities.

A range of businesses in cities serve differing drug consumption practices. Nine cities (Amsterdam, Berlin, Bratislava, Bucharest, Dublin, Lisbon, Madrid, Riga and Warsaw) reported that street-based shops that had been selling new psychoactive substances in the past either had been closed or no longer stocked new psychoactive substances. In all cases, the closure of the shops or removal of the products was driven by legislative measures. The Netherlands differs from other EU Member States in its policy of tolerance towards retail stores for the sale of cannabis, known locally as 'coffee shops'. In December 2011, there were 651 coffee shops in the Netherlands. Just under half of the shops are based in the large cities of Amsterdam, Rotterdam and The Hague.

While the adoption of drugs strategies at national level has become a standard feature of the public administrative response to drug problems in Europe, a more unclear and complex situation exists at city level. A city-level policy can be defined as the measures taken by local policy actors to address all or some aspects of drug problems in a specific urban location. This study identified ten capital cities (Berlin, Bucharest, Copenhagen, Helsinki, Lisbon, Prague, Madrid, Stockholm, Vienna and Warsaw) with a strategy document that could be considered currently active. This was the most common approach to expressing city-level drugs policy.

Generally, formal responsibility for the coordination of drugs policy lies with the city authorities. In some cases, this designated responsibility is established in law. Cities may differ in how the drugs strategy is managed, with some using a dedicated drugs policy unit and others a generic policy unit with a range of other responsibilities. In cities where no formal coordination structures exist at city level, other national, regional or local structures are ultimately responsible for implementing drugs strategies. Nevertheless, in all cases, city authorities are involved in multiple direct and indirect ways. Local- and city-level drug monitoring systems are operational in some cities and are used to inform policy and response planning. These include Antenna in Amsterdam, the Føre Var system in Bergen, MoySD in Frankfurt and the Trend system in seven French cities. In Poland, the National Bureau for Drug Prevention coordinates a network of local drug monitors at commune level.

A number of Europe's capital cities have a dedicated budget attached to their drugs strategies. The available expenditure figures range from EUR 6.5 million in Berlin to EUR 29.4 million in Madrid. Clearly, the amounts spent vary widely; however, this can be explained by the fact that, for example, some cities fund specific measures by existing agencies, whereas others fund entire agencies that play a key role in the city's overall response to drug issues.

## Drug problems at city level: an introduction

The European Union (EU) is one of the most urbanised areas in the world, with more than two-thirds of its population living in cities (European Commission, 2011). Globally, the trend towards increased urbanisation is predicted to result in 70 % of people residing in cities by 2050 (World Health Organization, 2010). This unprecedented shift in the location and density of the population presents policymakers with challenges and opportunities. Modern cities are centres for economic activity and growth, often driving national economies. Yet cities are characterised by paradoxes: while they present new employment and social opportunities, they

are also marked by high levels of unemployment and social disadvantage (European Commission, 2011).

It is generally in the city that social problems have evolved and where new forms of inequality and healthcare challenges are identified. The effects of social changes, including the challenges arising from globalisation, migration, shifting demographics, urban renewal and changing employment opportunities, have an acute impact on cities. In this context, drug problems and responses to them are an important factor in the mix of elements that shape the fabric of a city. The European Commission has noted that 'cities are places where both problems emerge and solutions are found' (European Commission, 2011, p. iii). This paper takes a look at some of the city-level drugs policy issues in Europe. It explores existing and emerging illicit drug problems and responses and the different forms they take in the city environment.

The unique infrastructure of a city has an impact on the nature of the drug problems that occur there. It is around cities that the major seaports, airports and road and rail gateways are centred. The presence of transport hubs poses a challenge for customs and law enforcement authorities, which must address illicit drugs moving across borders and within countries.

Modern cities play host to a diverse set of drug-using populations. Cities frequently contain areas marked by urban deprivation and restricted social mobility. Changes from, for example, industrial to knowledge-based economies can leave many unemployed and subject to socioeconomic disadvantage (Punch, 2005). While problem drug use, such as injecting heroin or other opioids, can be found in all communities, it has typically been concentrated in disadvantaged communities in cities. The presence of large numbers of injecting drug users within a city can create its own problems, such as increasing the likelihood of open drug scenes. This experience has been documented in several European cities, such as Amsterdam, Frankfurt, Merseyside and Zurich (Stadt Frankfurt am Main, 1991). A concentration of social and drug treatment services can be found in most cities, in response to the presence of marginalised drug users living in and commuting to these areas. Similarly, drug users involved in prostitution are often based in cities, as this is where red-light districts and other locations for sex work are found.

In addition, entertainment and nightlife districts are a common feature of cities, and the high concentration of nightlife and music venues serves to attract party-goers, including recreational drug users. Cities that are known for their nightlife or more liberal policies towards drug use often experience drug tourism; examples include Amsterdam and Prague, as well as other 'party cities' with established scenes, such as Berlin and Ibiza town (EMCDDA, 2012).

Over time, the challenges linked to drug problems have led to the development of a range of responses, often in cities where problems were acute. For example, low-threshold harm reduction services, needle and syringe exchange programmes and drug consumption facilities all arose out of initiatives at city level in response to injecting drug use. In recent years, innovative new laws and the strategic application of existing laws have been used to remove new psychoactive substances from the shelves of head shops. Cities have historically been at the forefront of developing new solutions to drug problems because, as Room (2006, p. 136) puts it, 'the city is the level of government which has the immediate responsibility to deal with many of the problems from psychoactive substance use and intoxication.' Many initiatives are first developed or piloted by service providers in the voluntary and community sectors, before being adopted by the authorities and rolled out as established and sanctioned interventions. Thus, it is at city level that the movement of harm reduction interventions, for example, from the margins to the mainstream of national drugs policies started to take place (Hedrich et al., 2008).

In recent years, city-level drugs policies have been overshadowed by events at national and international levels in much of the analysis and debate surrounding drugs policies. This creates a situation where the origins of new problems and responses to them are obscured by a policy debate focused at a higher level.

The second conference of the organisation European Cities on Drug Policy, held in 1991, created the impetus for a review of city drugs policies that presented policymakers with information that complemented and went beyond epidemiological data (Bless et al., 1993). Subsequently, drug problems, the occurrence of public nuisance and the experience of the general public, for example, have all been the subject of various reports at city level (Bless et al., 1993; Korf et al., 1998; Renn and Lange, 1996). This paper revisits the city as an important unit for drugs policy analysis. It provides a means for policymakers and professionals in the drugs field to take stock of what is currently happening in some of Europe's main cities. The paper seeks to provide an orientation point for researchers embarking on comparative analysis at city level. In doing this, the present paper aims to contribute to a revitalisation of interest in cities as being at the core of drugs policy.

The paper presents information on drugs policies in a number of European cities (see box 'Data sources'), aiming to provide readers with an accessible and up-to-date overview of the area. It begins with a look at key areas closely associated with city-level drug problems and the local responses that have been put in place to tackle them. The paper concludes with a review of some of the ways in which city-level policies have been constructed and drug problems have been monitored.

## Data sources

This paper is based on three data sources: a review of scientific literature, grey literature and national reports from the Reitox network of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) <sup>(1)</sup>. A systematic review of peer-reviewed scientific journals was conducted to explore and build a picture of city-level drugs policy issues. At the same time, a systematic Internet search for grey literature, such as conference reports and city-level policy documents, was undertaken. Reports on city-level drugs policies from the national focal points of 18 European countries were analysed. These countries provided information about their capital cities, while some also gave details about other large cities (300 000 or more residents). Frequently, the largest city in a country is also the capital city and it is on these cities that this paper primarily focuses, while also touching on examples from other cities. Qualitative data from the three sources were analysed and a documentary account of the key issues was generated, forming the basis of this paper.

<sup>(1)</sup> Information about the Reitox network can be found on the EMCDDA website.

## Urban spaces and drug use

Drug problems frequently emerge within urban environments before spreading to other areas. Consequently, cities may offer an observation window on certain new drug trends and developments at an early stage. Like any other behaviour, drug use does not take place in a social vacuum. The interrelation between the drugs being consumed, the psychological state of the user and the environment in which the use happens is important (Zinberg, 1984). However, the role of the social and built environment has been under-reported in drugs policy analysis. Modern cities contain multiple risk environments where various types of drug use, from the problematic to the recreational, take place (Rhodes, 2002). Research involving the geocoding of overdose locations has underlined the role of certain urban environments, as has other work on the impact of place on treatment outcomes for methadone clients (Klimas et al., 2014; Murphy and Comiskey, 2014). This section of the paper considers drug use in public spaces and the open drug scenes that are not uncommon in urban environments and which may be facilitated by the structural features commonly found in modern cities.

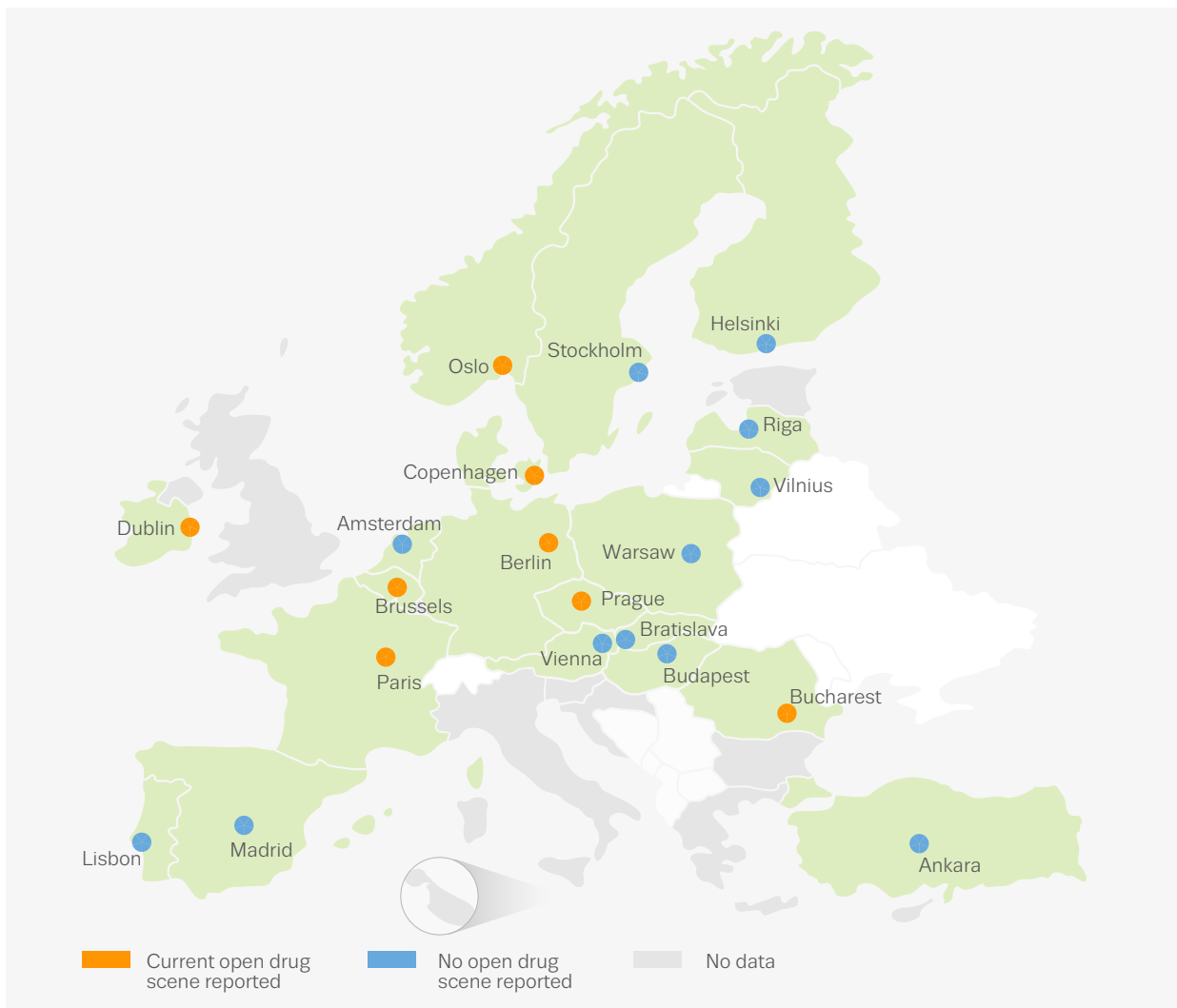
## Outside: public spaces and open drug scenes

Modern cities are typically complex built environments that comprise a mixture of new and old areas consisting of various types of public and private spaces. Every city has certain spaces that are associated with drug use. Such spaces include nightlife locations, transit hubs, parks, squares, riverfronts, disused and derelict industrial and residential spaces, isolated alleys and areas marked by socioeconomic deprivation.

Historically, some of the more damaging forms of publicly visible drug use have been concentrated in cities. It is difficult to describe these open drug scenes as a whole, as they vary considerably in terms of their visibility and size and the sites in

which they occur (Bless et al., 1995). Nonetheless, such scenes have certain characteristics in common. These can include the presence of polydrug use (often involving heroin, prescription medications and alcohol), public health issues linked to injecting drug use (infection with HIV and hepatitis B and C viruses) and the presence of congregations of drug users and the accompanying problems this often raises (criminality, public nuisance). The term 'open drug scene' is often used to describe this phenomenon, and a useful and overarching definition has been provided by Bless et al. (1995), who view open drug scenes as 'all situations, where citizens are publicly confronted with drug users and drug dealing'. In the present study, open drug scenes were reported as existing in eight cities (Berlin, Brussels, Bucharest, Copenhagen, Dublin, Oslo, Paris and Prague) (see Figure 1).

FIGURE 1  
Open drug scenes in European capital cities



The open drug scenes found in European cities are a shifting and transient phenomenon, reflecting changes in drug use and drug markets. Most of the scenes active in the cities discussed here can be categorised as either 'concentrated' or 'dispersed' open scenes (Bless et al., 1995). A major difference between these two types is the number of users present, with concentrated scenes typically containing large gatherings, sometimes up to hundreds of users. In a dispersed scene, there are more gatherings, but each contains fewer users, often as few as 10. Many cities' open drug scenes move back and forth between both types and defy neat categorisation.

The evolution of the open drug scenes found in Prague provides an example of the changing nature of these drug-use settings. Concentrated open scenes involving opioid users used to exist in Wenceslas Square and Charles Square in the city centre, containing a population that fluctuated between 300 and 500 problem drug users each day. However, the scene has moved from these areas to other locations, such as the Vrchlický Gardens, close to the main railway station, and the Smíchov district. In addition, smaller open drug scenes can also be found in several of the city's districts. In Oslo, an open drug scene existed in the Karl Johans Gate area near the central station and Skippergata. However, following police interventions, the scene at the station was dispersed in 2012. Other scenes have subsequently developed close to the Akerselva River, near the Grünerløkka area, and in two other areas, Vaterland and Grønland. The changing nature of open drug scenes is also evident in Copenhagen. Focused on the Vesterbro area of the city, near the central station, the scene has existed since the 1970s. Its population consists of 1 000 opioid users, including 500 regular users and another 500 more occasional users. However, most of those frequenting the scene are not from the area and they commute there from other municipalities and countries, primarily Sweden.

The open drug scenes found in Paris also reflect the movement between and combination of concentrated and dispersed gatherings. In the 1990s, an open crack cocaine scene, comprising some large and many smaller gatherings, emerged in north-east Paris in the 18th arrondissement and was estimated as involving 6 000–8 000 users in 2008 (Halfen and Vincelet, 2008). The visibility and geographical concentration of this scene has shifted at different times because of policing activities addressing squats and dealing areas (Halfen and Vincelet, 2008). An open drug scene also exists in the department of Seine-Saint-Denis, next to north-east Paris. Crack cocaine smoking and heroin injecting predominate in these scenes, which are characterised by high levels of marginalisation among multi-ethnic, migrant drug users often experiencing homelessness (Halfen and Vincelet, 2008). Following the dispersal of user gatherings and squats, an increase in high-risk drug use in public spaces within these areas has been observed since 2011, with users injecting in

railway stations (Paris North and Paris East), metro stations, parks and streets (between parked cars). In general, the health and living conditions of drug users in these open drug scenes have deteriorated (Cadet-Tairou and Gandilhon, 2013; Pfau and Péquart, 2014).

In both Dublin and Berlin, the open drug scenes are more reflective of a dispersed model, with multiple small scenes present in the city centre. Neither city has any large-scale scene involving hundreds of users, although Berlin did up to the 1970s. In Dublin, the open drug scenes are focused on a riverside area and side streets and alleys near the city's main thoroughfare, with users and dealers walking and cycling around the area and moving in response to police activity. In Bucharest, dispersed open drug scenes can be found in each of the city's five districts. For example, in the city centre there are dispersed scenes focused around Herastrău Park and the Gara de Nord station. In Sector 5 of the city, such scenes can be found in the Ferentari area, for example, where the Carusel Association's drop-in needle and syringe exchange service, the Caracuda Center, operates (Din, 2014).

Dispersed open drug scenes involving small numbers of users are also present in Brussels in the area stretching from Simonis Park to Ribaucourt and on to the Yser district. In this space, which extends along the metro line, drug use takes place on the street, in public toilets, in metro stations and in abandoned buildings; the drug users move around the area and shift from location to location. As in other cities, the open drug scenes here comprise both local users and migrants, as well as others commuting to the area from different places (Kirzin et al., 2012).

The open drug scenes found in European cities revolve around complex patterns of drug use involving multiple substances. While most scenes are primarily opioid-based, polydrug use involving multiple licit and illicit substances is the norm. For example, in Prague the open drug scene revolves around injecting methamphetamine (Pervitin) use, heroin use and use of diverted buprenorphine. The scenes found in Berlin and Copenhagen primarily involve injecting heroin users. In Dublin, a diverse range of substances have been available at different times in street-level drug scenes, alongside the use of alcohol. These include heroin, cannabis, new psychoactive drugs such as mephedrone, prescribed medications such as benzodiazepines, zopiclone (Zimovane) and diazepam (Valium), crack cocaine, methadone and crystal meth (Connolly, 2012; Van Hout and Bingham, 2013). Such a range of substances gives an indication of the shifting nature of the drug markets that supply these scenes. Products are sourced from multiple channels, including illicit drug dealers, thefts, diversion of prescribed medications and the Internet. Polydrug use also defines the open drug scenes in the Ribaucourt area of Brussels, where users with long polydrug-using histories (15 years or more) are found along with others who mainly use

(inject or smoke) opioids (heroin, methadone) and cocaine (Kirzin et al., 2012).

### City-level responses to problem drug use and open drug scenes

European countries have been converging on a core set of drugs policy options aimed at reducing harms for many years (Bergeron and Griffiths, 2005). Among the central features of drug treatment systems that have spread among European cities is the provision of opioid substitution treatment (methadone, buprenorphine) and access to needle and syringe exchange programmes (EMCDDA, 2013c; Klingemann, 1999). Although cities vary in the provision of access to these services and in their geographical coverage, they are available in all cities.

Low-threshold service delivery is a well-established means of providing interventions to hard-to-reach and marginalised drug-using clients. At city level, it is one of the main modalities for responding to open drug scenes. Low-threshold agencies sometimes provide emergency shelter, clothing and food. Other services provided to drug-using clients may include counselling and other psychosocial support, harm reduction advice, drop-in centres and outreach teams. In most contexts, this range of services is an assemblage of municipal activities and activities run by non-governmental organisations (NGOs).

In Paris, the Metropolitan Mission for the Prevention of Risk Behaviour (*Mission métropolitaine de prévention des conduites à risques*) provides a range of services to high-risk drug users involved in open drug scenes. For example, it offers a mediation service between drug users, the public, businesses and city services. Through this activity, they seek to inform concerned stakeholders and contribute to the development of appropriate policies and interventions. The Mission also monitors areas where there are squats, in order to provide occupants with social support, and works with users to address antisocial behaviour that generates conflict with local residents (Metropolitan Mission for the Prevention of Risk Behaviour, 2014).

Various models for the provision of needle and syringe exchange programmes exist in Europe, and this service is provided in a range of low-threshold settings in cities (Cadet-Tairou and Dambélé, 2014; Cox and Robinson, 2008). These include fixed-site locations — such as drug treatment centres and drop-in centres, as in Bucharest and Paris — street-based needle and syringe exchange programmes, as in Budapest and Paris, and mobile units that may provide access also to substitution treatment. Such mobile services are active, for example, in Berlin, Copenhagen, Dublin, Helsinki, Lisbon, Madrid, Oslo, Paris, Riga and Vilnius. In some cities, such as

Budapest and Paris, syringe-dispensing machines have also been used (Duplessy and Reynaud, 2014).

Data from needle and syringe exchange programmes can give an insight into both the level of injecting taking place and the level of service provision. In Madrid, 603 776 needles and syringes were dispensed in 2011 (the return rate is 76 %); in Oslo, 1 871 239 needles were provided in 2011. In Amsterdam, 153 600 needles were exchanged in 2010, representing a substantial drop from the peak of 1 082 880 provided in 1993. Data from Paris show that its 34 syringe-dispensing machines were used to distribute 362 000 syringes in 2013. Distribution rose by 32 % between 2009 and 2013 because of increased delivery through machines in the North Station area, which accounted for nearly two-thirds of deliveries (Metropolitan Mission for the Prevention of Risk Behaviour, 2013).

Harm reduction services in certain cities also offer aluminium foil, acid, filters and sterilised cups. The provision of foil has been used in the project 'Smoke It!' (Berlin, Bielefeld, Dortmund, Frankfurt and Hamburg) as a tool to help discourage injection (Stöver and Schäffer, 2014).

Drug consumption facilities provide a supervised environment for drug use, usually injection. Such initiatives aim to reach marginalised users, drawing them towards other support services and preventing overdoses and the transmission of blood-borne viruses (HIV, hepatitis B and C viruses). This type of facility is currently offered in several German, Dutch and Spanish cities, as well as in Copenhagen, Luxembourg city and Oslo. In Berlin, Fixpunkt operates two fixed-site injection rooms and a mobile unit is operated as a flexible response to the shifting and transient nature of problem drug-using scenes at street level. In Barcelona, a reduction in the number of syringes disposed of unsafely in the area adjacent to the drug consumption facility was observed, with the monthly average dropping from 13 132 in 2004 to 3 190 in 2012 (Vecino et al., 2013).

Naloxone, an opioid antagonist, can also be used to prevent overdoses. The availability and accessibility of naloxone varies from country to country. In some of the countries where naloxone is available, access may be through emergency services and hospitals only, whereas in other countries it is provided through drug treatment services and peers. A naloxone nasal spray, which removes the need to use a syringe, is being tested as an overdose response in the Norwegian cities of Bergen and Oslo (Clausen, 2014).

Reducing drug-related litter, such as discarded needles, is a challenge in many places. Municipal authorities are often responsible for collecting and disposing of drug waste under their legal responsibility for keeping public spaces clean. In practice, this task is divided between city services and private

operators, which may be funded by local businesses to clean particular areas. This is the case in Dublin, where the city council has adopted a policy on the collection and safe disposal of needles (Cox and Robinson, 2008). In the United Kingdom, guidance has been issued on responding to drug-related litter, providing city and town authorities with advice on developing plans to manage the problem (Department of Environment, Food and Rural Affairs, 2005).

Several responses other than mobile units are used at city level to respond to transient open drug scenes and drug-related litter. For example, so-called sharps bins may be strategically placed in locations where users are known to inject. This allows for the safe collection and disposal of the waste (Parkin and Coomber, 2011). These measures are, for example, used in all large French cities, with Paris having 27 syringe exchange machines in 16 of the city's 20 districts. Methods aimed at deterring injection in public spaces include the use of fluorescent lighting; however, evaluations of this type of intervention have shown mixed results (Parkin and Coomber, 2010).

Open drug scenes and other areas affected by problem drug use have benefited in some cities from structural alterations to the built environment. This approach involves remodelling of urban areas that have structural features that have been identified by urban planners as enabling public drug use. In London, for example, an open drug scene existed in the King's Cross area. However, following redevelopment of the area, public drug use was significantly reduced and a displacement of the problem was not documented (Young et al., 2006). Similar alterations to the built environment in Lisbon resulted in open drug scenes and drug markets in areas such as Casal Ventoso being brought to an end (Waal et al., 2011, 2014). Such environmental management approaches are successful only when a range of other measures and support services for drug users are simultaneously deployed. Otherwise, the problems are simply displaced, as initially happened in Zurich when the demolition of a number of buildings where squatting was commonplace resulted in the movement of the drug scene to the Platzspitz Park (Bless et al., 1995).

Open drug scenes are often located in parks and close to railway stations, as in Paris, but they can also form near drug treatment settings, as seen, for example, in Prague and Dublin (Van Hout and Bingham, 2013). Sometimes services follow users and are located near where these scenes have settled, as in Copenhagen and Oslo. Changing the location of services has an impact on open drug scenes and its successful implementation is dependent on careful multistakeholder strategic planning.

Cities with open drug scenes that revolve around injecting use of opioids and other drugs face significant public nuisance. An example of this is the unsafe disposal of drug paraphernalia

such as needles and foil in public places. Similarly, loitering, aggressive drug-fuelled behaviour, acquisitive crime and organised begging can erode the welcoming and safe atmosphere that cities strive to create for residents and visitors. Responding to these problems places costs on the local police, as well as city councils and local businesses, which must pay to clean areas affected by discarded drug waste. In some cities, such as Dublin, this has proved to be a persistent problem: 11 600 syringes were collected from the city's streets in 2014 by the city council and other agencies (Fagan, 2015).

The tendency to centralise services in inner cities has been driven by several factors, but it has resulted in many users converging on certain areas. Community-level resistance to the location of treatment facilities, commonly referred to as Nimbyism ('not in my back yard'), has curtailed the options available to drug services when trying to attain geographical coverage and accessibility.

When services change, so do the drug scenes they are serving or that are clustered around them. In Prague, when a physician involved in the prescription of opioid substitution medication moved premises from one part of the city to another, the open drug scene moved with the clinic. Responses to the problems posed by open drug scenes in Prague have been hindered by local community tensions, resulting in the scenes being pushed from one area to another. In Oslo, debates have arisen around policing responses involving drug users being moved on, as this was seen as simply shifting the problem from one area to another.

## Businesses and recreational drug use

Cities often have a high density of premises where psychoactive substances are sold and consumed. These can range from licensed outlets for the sale and consumption of alcohol (off-licences, bars, music venues) to shops selling cannabis or new psychoactive substances. Many nightlife venues are sites where illicit drugs are also sold, whether inside or nearby, and consumed. Frequently, cities have specific areas where many of these businesses are clustered together. This gives rise to certain areas being characterised as places where drug use and intoxication are permitted, as well as informally designated zones where such behaviours are at least tolerated, if not accepted. While the specific configuration of these areas varies from city to city, they are places where various forms of drug use are intertwined and mingle with a range of recreational activities and cultural practices. Such nightlife areas present the different stakeholders involved in city-level drugs policy with a complex situation to manage.



Modern cities provide multiple opportunities and contexts for recreational drug use. All of the cities looked at in this paper have extensive nightlife zones where recreational drug use takes place. These areas have a large number of retail outlets for the sale of alcohol (bars, off-licences), as well as nightclubs and various venues where music-related events take place. This creates a situation where parts of the city experience a significant increase in the number of people using drugs in the evenings and at weekends.

Recreational drug use has consistently been associated with nightlife, music events and, most prominently, the electronic music clubbing scene (Chinet et al., 2007; Tossmann et al., 2001; Van Havere et al., 2011; Winstock et al., 2001). A study in Belgium found that drug use, while being more common in dance music venues, was reported in all nightlife venues, irrespective of music style, as well as in bars (Van Havere et al., 2011).

Studies covering Amsterdam, Budapest and Copenhagen, for example, have shown that a wide range of substances may be used in nightclub settings in European cities, including alcohol, prescription medicines, cannabis, new psychoactive substances, ecstasy, cocaine and amphetamines (Benschop et al., 2011; Csák, 2012; Järvinen et al., 2010). Research in London nightclubs has shown the existence of a complex relationship between established drugs, such as ecstasy and cocaine, and new psychoactive substances, such as mephedrone; the latter tend to be used as a supplementary drug rather than as a replacement substance (Moore et al., 2013). Responding to problems relating to the use of these substances may be complicated by the fact that the users often do not know what substance they have consumed (Measham and Moore, 2011). A study covering Bordeaux, Metz, Nice, Rennes and Toulouse looked at drug use among participants in the electro party scene. It found a high frequency of cocaine and ecstasy use, as well as daily cannabis use (Reynaud-Maurupt and Cadet-Tairou, 2007).

Cities often contain different zones where recreational drug use takes place. In many cities this includes tourist-oriented zones, where public intoxication is tolerated. Many groups of foreign tourists will go to bars and clubs in these areas. These sites are where alcohol-fuelled, so-called hen and stag parties take place (Eldridge and Roberts, 2008; Lancial and Lose, 2013). Dublin, Lille and Prague, for example, have nightlife areas where such events are common.

## Interventions in recreational settings

Various measures have been developed to respond to licit and illicit drug use in nightlife settings. Among the interventions are selected prevention strategies targeting the club-going population. These measures are not, however, widely

implemented in nightlife and nightclub environments in Europe (EMCDDA, 2014c).

Information campaigns aimed at educating club-goers about the risks of drug use are present in some cities. Other measures, which go further in their attempts to reduce drug-related harms, can also be identified. In Amsterdam, an action plan was established targeting club-goers using GHB. Among the elements included in the plan were a public information campaign addressing the users, training for staff in key settings and the provision of low-threshold care services. Among the more targeted interventions reported in European cities is the provision of 'pill-testing' services (sometimes in nightclubs or at festivals), allowing users to obtain a chemical analysis of tablets or powders. This service has been available in several cities, including Amsterdam, Berlin, Paris and Zurich, at various times (Benschop et al., 2002; Hungerbuehler et al., 2011). In Vienna, the 'Check it!' service has been operational since 1997 and provides information on the risks of taking drugs. It also offers users chemical analysis of their substances, a service which is free and anonymous. Similar services are also available in Madrid and other Spanish cities.

While established prevention and harm reduction measures exist for recreational drug-using contexts, the environments for delivering them are complex and subject to change. For example, in Amsterdam some electronic music events are organised in changing locations at short notice and largely through social media. This practice has emerged in response to the commercialism of some clubs on the one hand and stricter enforcement of anti-drugs policies at city level on the other hand. The transient nature of these parties and the use of the Internet to advertise them at short notice through networks of interested club-goers make the events difficult for prevention workers to identify and attend without being notified. Other cities, such as Berlin, also have established venues and ad hoc locations, both hosting events for club-goers.

Problem consumption of alcohol is common in various nightlife environments, and European cities have adopted different measures to respond to it. Madrid has established a mobile programme, 'Are you going out today?', aimed at educating young people going to nightlife areas about the risks of drug use. The Autonomous Community of Madrid, in which the city is located, has also established an ordinance that makes the consumption and sale of alcohol on the street illegal. The Noise and Heat Pollution Protection Ordinance of 2011 establishes that street drinking is in contravention of the Region of Madrid's Law on Drug Dependencies and Other Addictive Disorders. In Vienna, the 'Party Fit!' project aims to prevent and reduce problem drinking among young people. The programme is implemented at large events, using a peer-to-peer method. In Denmark, a project involving 20

municipalities was launched in 2009; it aimed to institute responsible serving of alcohol. This resulted in training courses being offered by the municipalities to those who serve alcohol. In Vilnius, a competition was organised by the police to select 'the safest night bar'. It involved a survey of late-opening bars and the number of offences and problems reported on the premises or nearby. The shortlist of winners was intended to promote these businesses and underline examples of best practice in operating venues.

Measures to prevent and reduce alcohol-related harms aimed at both patrons and staff in nightlife venues have been implemented in French cities. In Marseille and Paris, information materials on prevention, risk reduction and health consequences arising from alcohol use are available for dissemination in entertainment settings. In Bordeaux, breathalyser terminals have been installed in some clubs as a risk reduction measure. Mobile chill-out spaces where prevention and risk reduction information is provided have been deployed in Paris by the city authorities, and mobile teams work at times when they can reach club- and party-goers (such as 22:00–02:00). In Marseille, late-night bus transportation has been timed to match the opening hours of party venues. Multi-city initiatives have also been undertaken in Europe to address alcohol use. For example, a project involving Antwerp, Bordeaux, Brest, Kingston upon Thames, Liege, Nantes, La Rochelle, Reggio Emilia, Rotterdam and Stuttgart, led by the French Forum for Urban Security (FFSU) and the European Forum for Urban Security (EFUS), looked at the issue of excessive alcohol consumption (FFSU and EFUS, 2013). It focused on the areas, events and public spaces where alcohol is consumed and aimed to strengthen the security of such spaces and foster responsible consumption of alcohol.

Drinkers and recreational drug users may account for a substantial share of drug-related public nuisance. For example, excessive drinking by tourists and locals creates social and environmental problems for residents in cities with nightlife settings. The complexity of this issue is clear, however, when it is considered that the presence of consumers, including recreational drug users, in bars and clubs provides a source of revenue for some local businesses. It is also apparent that the financial burden of responding to the health problems that emerge in the short and long term from these drug-using scenes is placed on municipal and state budgets, the local community and businesses.

### Smart shops and coffee shops

The retail sale of new psychoactive substances is a complex problem, as the trade is carried out through physical outlets and street-level dealing, as well as through surface (visible to all users) and deep (anonymised, encrypted) websites

(EMCDDA and Europol, 2013). In countries where new psychoactive substances were sold in street-based retail outlets, in many cases these shops were located in cities near nightlife areas, although they have also been located in suburban and rural towns in some countries, such as Ireland and Poland.

Around Europe these shops have been known by a variety of names, including head shops, smart shops, Amsterdam shops, weed shops and euphoria shops. A variety of different psychoactive substances have been sold in these shops since the start of the century, such as hallucinogenic mushrooms (psilocybin, fly agaric) and plants (salvia) and a multitude of synthetic substances marketed as alternatives to illicit drugs such as cannabis and amphetamines (EMCDDA, 2006). Some of these products — such as 'Spice', a brand name used for various synthetic cannabinoids, and various synthetic cathinones, for example mephedrone — became popular among groups of drug users (EMCDDA, 2009; Van Hout and Brennan, 2011b). For example, the use of synthetic cathinones has been reported among diverse groups, including those who inject heroin looking for replacements in times of shortage, men who have sex with men at 'slamming parties' and clubbers using the drug recreationally (EMCDDA, 2014d; Stuart, 2013; Van Hout and Bingham, 2012; Van Hout and Brennan, 2011a, 2012).

Nine cities (Amsterdam, Berlin, Bratislava, Bucharest, Dublin, Lisbon, Madrid, Riga and Warsaw) reported that street-based shops which had been selling new psychoactive substances in the past either had been closed or no longer stocked new psychoactive substances. In all cases, the closure of the shops or removal of the products was driven by legislative measures (EMCDDA, 2014e; Hughes and Winstock, 2012). While national legislation has been the main tool used to respond to the challenge posed by new psychoactive substances, the impetus for its alteration and use has, in several countries, come from city level, as this is where the problems were most intense. This observation underlines the importance of the city as a site where drug issues arise and where the drive for solutions originates before diffusing nationally. In Amsterdam, there were roughly 25 active 'smart shops' in the city centre in 2012. Many stores closed following a ban on the sale of dried mushrooms in 2008; the remaining ones sell truffles (sclerotia) called 'philosopher's stones', which contain psilocybin, as well as cannabis seeds. The truffles are legal because they are not a prepared product, in contrast to dried 'magic mushrooms'. This, like the frequent changing of the molecular basis of new psychoactive substances in response to the law, shows the difficulties of closing all loopholes when the option of prohibiting sale is pursued.

In some European cities, it is possible to obtain cannabis from outlets other than the illicit drugs market. The Netherlands differs from other EU Member States in its attempts to

separate the hard and soft drug markets. Chief among these is the policy of tolerance towards retail stores for the sale of cannabis (known locally as 'coffee shops'), introduced with the rescheduling of cannabis in the 1976 narcotics law the Opium Act and in local guidelines in 1979. The policy governing coffee shops provides a set of minimum criteria that can be expanded by municipalities, most of which have their own coffee shop policies (EMCDDA, 2014f).

In December 2011, there were 651 coffee shops in the Netherlands. Just under half of the shops are based in the large cities of Amsterdam, Rotterdam and The Hague. In Amsterdam, for example, there are 140 cannabis coffee shops in the city's central borough. They are visited by roughly one quarter of all tourists coming to the city, or about half a million people each year, in addition to local customers. This creates a situation where some residents and others in the city may experience drug-related public nuisance from the shops' customers. In Rotterdam, following the closure of 18 coffee shops located near schools from 2009 onwards, there was a significant decrease in public nuisance incidents being reported by residents to the police. There was also a lower level of nuisance experienced (not necessarily reported) by residents, in terms of the elimination of traffic to and from the shops and fewer street-based dealers as a result of an increased police presence. As with bars and clubs, customer traffic is one of the consequences arising from allowing these businesses to exist; others include the drug-related public nuisance that is prevented and the separation of the hard and soft drug markets.

However, public nuisance from coffee shops also takes other forms. Cannabis sold in the shops must be cultivated and produced. Under the Dutch Opium Act, a loophole (the 'backdoor problem') exists for coffee shops, which are not licensed or allowed to import or cultivate cannabis. As a result, the drug is acquired from illegal sources. In 2009, 310 cultivation sites containing 98 914 plants were dismantled in Amsterdam. Poorly managed sites can pose various hazards to the public, for example, from electrical faults and fires, the illegal use of electricity sources and structural damage to rented properties.

## | Security and public spaces

In all cities, a policy mix exists between responses addressing public health issues and those aimed at ensuring the safety of urban areas (Bless et al., 1995). Various stakeholders, including city authorities, local courts, police and businesses, are responsible for protecting and maintaining a safe environment. To this end, a number of different strategies are widely used in European cities.

The presence of publicly visible drug problems puts pressure on those who are responsible for and those with an interest in the running of cities. Certain urban environments can be conducive to drug dealing, including networks of alleys, recessed doorways and loading bays, busy shopping streets and bus and rail terminals. Closed-circuit television systems are sometimes used by the police and businesses to manage open drug scenes and target street-level dealing. For example, in Dublin these systems are used to observe activity and support police actions in areas where open drug scenes exist and dealing occurs.

Frequently, by-laws or local-level legal instruments such as ordinances are used to address issues such as loitering and street drinking. One example is the use of antisocial behaviour orders, through which drug users can be ordered to leave and remain outside of an area associated with drug use and dealing. Amsterdam, like other cities such as Prague, has experienced problems with fake drug dealers targeting tourists as a pretext for robbery (29 % of the drug-related incidents registered in Amsterdam between 2005 and 2009 were related to thefts of this kind). In response, a by-law was enacted in October 2009 designating key spaces as nuisance areas that individuals such as drug dealers can be banned from entering. While not without problems, such as the 'balloon effect' of pushing the activities to adjacent locations, this measure is ongoing and supported by active enforcement and communications directed at tourists.

Responding to street-level drug dealing can be a priority for city police forces and is a standard feature in their strategic planning. Around Europe, city-level policing strategies actively address the security challenges posed by open drug scenes. For example, Amsterdam's Security Plan seeks to address drug-related crime and public nuisance in the city and utilises a wide range of measures from social support to barring orders and urban regeneration. In Warsaw, drug-related crime is targeted in the Crime Prevention Strategy 2011–2014, while in Oslo the police's Plan for City Centre Work 2012–2015 seeks to address a range of drug problems, such as open drug scenes.

Active cooperation and coordination between those involved is critical in addressing city-level drug problems. Around Europe, police forces work with those providing health services to drug users, such as treatment and low-threshold agencies, to achieve shared objectives. In Copenhagen, the police and social service providers have improved their cooperation in recent years in order to better address drug problems. Local policing forums exist throughout Ireland and are present in the capital city, Dublin. These structures include representatives of the police, local drugs and alcohol task forces, local authorities and community representatives, and they address problems linked to drug use (Connolly, 2006a). The Strategic Response Group initiative was established in

Dublin in 2011. This cooperation mechanism, which involved the police, local businesses and drug services, was focused on the delivery of services to drug users and reducing public nuisance (Connolly, 2012). The Vienna Addiction Service's 'Security, Activity, Mobility' strategy also seeks to address drug problems in the city by targeting issues relating to public spaces. Three teams work with drug users to connect them with addiction and social services. The Community Drug Dependencies Mediation Programme in the city of Madrid aims to reduce conflicts arising from the presence of drug users in public spaces by working with the users, local residents and business people. In 2011, the programme was implemented permanently in eight areas of the city and on a targeted basis in two others.

### | City-level data for policy and provision

Every city has in place a range of administrative systems that can be used to describe and monitor drug problems. For example, drug treatment data, hospital emergency records and police records can all provide insights into levels of drug use. However, collecting these data and unlocking the picture they hold is not an easy task, particularly where routine access for drug monitoring is not available. In several cases, national-level monitoring systems have their origins in city-level epidemiology. The Pompidou Group of the Council of Europe organised some of the first multi-city studies on drug use, which highlighted the potential of local data to yield policy-relevant information (Bless, 2000; Hartnoll, 1994; O'Hare et al., 1987).

Some cities have dedicated local drug monitoring systems, while others use various ongoing and ad hoc methods to monitor drug use. Around Europe, several local drug monitoring systems are currently in operation at city level. These include Antenna in Amsterdam, the Føre Var system in Bergen, MoySD in Frankfurt and the Trend system in seven French cities (Bordeaux, Lille, Marseille, Metz, Paris, Rennes and Toulouse). The systems operate on a number of different models, comprising a mixture of approaches involving indicators, surveys, experts and panels. These types of systems often use triangulation (results from several sources) to validate their results (Mounteney et al., 2010). Such systems have the ability to combine information from sensitive or 'leading edge' indicators (e.g. key informants) with that from 'time-lagged' ones (organisational systems) (Griffiths et al., 2000; Mounteney and Leirvåg, 2004). The National Bureau for Drug Prevention in Poland works with cities to develop local monitoring capacity. It provides training and networking for administrators in roughly 200 communes that monitor local drug situations.

Surveys are often used to provide insights into drug use. In Stockholm, for example, a biannual survey is undertaken

among young people and is one of the tools the city uses to monitor drug use. The Metropolitan Mission for the Prevention of Risk Behaviour, in partnership with the French Monitoring Centre for Drugs and Drug Addiction (OFDT), undertakes similar work through the ESCAPAD survey. It is used to take regular snapshots of drug use among young people (Beck et al., 2005; Legleye et al., 2008; Spilka et al., 2010).

Other approaches are also used to gain insights into local drug problems, including rapid assessment research methods (Connolly, 2012; Van Hout and Bingham, 2013). An emerging method in the field of drug epidemiology is wastewater analysis. This technique has been spearheaded by a network operating at city level around Europe and has the potential to become an important element in monitoring drug use trends (EMCDDA, 2014h).

Both policymakers and those tasked with providing responses at street level rely on the insights that can be derived from monitoring data. One of the challenges in this context at city level is the need for reporting systems to produce data in a more timely way. This is crucial for effectively designing and targeting responses, given the range of drugs now used in local drug scenes and the speed with which new substances can emerge, bringing with them new risks. City-level monitoring systems provide an opportunity to gather up-to-date information on drug trends and contribute to a more strategic use of resources and targeting of responses.

### | City-level drugs policies

The development of drugs policy at various levels, international, national and local, is shaped by the type of drug problems being experienced and the actions of those who respond to them. Policies take a different shape from country to country and city to city, but they are all constructed through a policy process involving multiple stakeholders with different views (EMCDDA, 2011, 2013b, 2014b, 2014g; Hill, 1997). One result of this is that problems are defined and responses set out in strategic planning documents. It is in these drugs strategy documents that we can find some of the main principles, priorities, objectives, actions and actors in the official response to drug issues. While the adoption of drugs strategies at national level has become a standard feature of the public administrative response to drug problems in Europe (EMCDDA, 2014c), a more unclear and complex situation exists at city level (see box 'Defining city-level drugs policy'). This section of the paper takes a look at the presence and type of strategy documents in a selection of European cities.

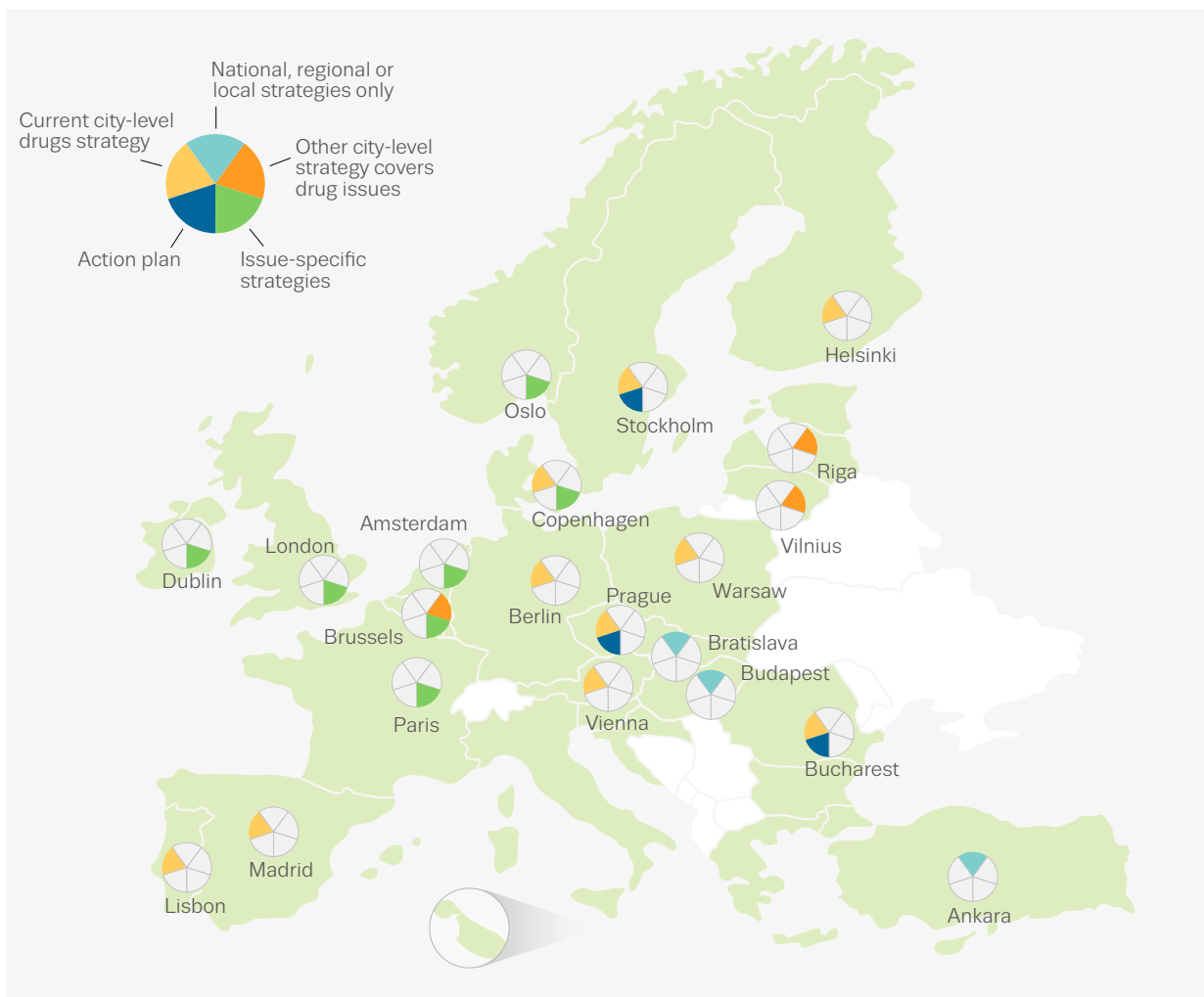
## Defining city-level drugs policy

Drugs policies can be developed and implemented at different levels of administration, from the international and regional to the national, provincial, local and municipal. A city-level policy can be defined as the measures taken by local policy actors to address all or some aspects of drug problems in a specific urban location. These policies can mirror or depart from the concerns of national ones. Such policies are commonly, but not always, expressed in the form of unified or separate issue-specific strategy documents. They can also be found in key reports on drug problems, which may not be officially endorsed documents. City policies are subject to varying degrees of coordination and cross-sector stakeholder involvement.

Countries within the European Union vary dramatically by population, from 82 million inhabitants in Germany to 0.42 million in Malta. Some contain many large cities (of at least 300 000 inhabitants), and some cities have populations greater than some entire countries. These demographic variations bring with them differing needs for strategic planning in the drugs policy area. Around Europe, cities vary in terms of how they set out their drugs policies (see Figure 2).

Many European cities have had an official drugs strategy document at one time or another. This study found ten capital cities (Berlin, Bucharest, Copenhagen, Helsinki, Lisbon, Madrid, Prague, Stockholm, Vienna and Warsaw) with a strategy document that could be considered currently active. This was the most common approach to expressing city-level drugs policy. A strategy may be accompanied by an action plan, which sets out the details of the measures to be taken. In some large cities, such as Budapest, Bucharest and

FIGURE 2  
Drug issues and city-level strategy documents



Stockholm, individual districts have their own action plans aimed at implementing the city's strategy.

In many cases, city-level drugs strategies have a similar focus and structure to the documents adopted by the region and country in which the city is located <sup>(1)</sup>. Stockholm's Tobacco, Alcohol and Narcotics programme reflects the concerns and scope of Sweden's national and regional strategies. It is primarily aimed at helping people to live a drug-free lifestyle, use alcohol moderately in adulthood and seek treatment when necessary. Helsinki's 2000 drugs strategy does not have a defined time frame and mirrors the focus of Finland's 1997 national drugs policy document on a range of harms, including drug-related deaths, infectious diseases and crime. Since 1990, Lisbon has adopted a number of city-level and issue-specific strategies, which reflect the principles and approach of national policy. In 2006, for example, Lisbon City Council adopted the Municipal Intervention Strategy for Addiction, which addresses both addiction and social exclusion. Warsaw's drugs strategy aims to reduce the prevalence of drug use and its harms, as does its national-level counterpart, through treatment, harm reduction and rehabilitation, as well as post-rehabilitation care and the provision of social welfare. While Austria does not have a federal-level drugs strategy document, the principles and approach of its drugs policy are found in its legislation, for example in the Narcotic Substances Act (EMCDDA, 2014a). Vienna's drugs policy reflects this; the city's strategy document was originally adopted in 1999 and updated in 2013. The Addiction and Drug Strategy takes an integrated approach and addresses behavioural addictions and licit and illicit drugs. Similarly, Berlin's programme for combating drug abuse has evolved since it was established in 1977 to encompass illicit drugs, alcohol and other addictions. This is also the approach adopted in the Federal Strategy on Drug and Addiction Policy. Madrid's Plan on Addictions 2011–2016 builds on the city's first drugs strategy, from 1988, and addresses prevention, treatment and community engagement, with a transversal focus on developing and ensuring quality service provision.

In several cities, drugs policy is expressed in a more thematic way. This approach can be seen in the use of issue-specific strategies, which are tightly focused on a key drugs policy issue. For example, Copenhagen (which also has a city strategy) and Oslo have strategies targeting open drug scenes, while Amsterdam has had individual strategies and coordinators covering issues such as coffee shops, nightlife and social relief for the homeless. Brussels also addresses drug problems through issue-specific strategies such as its harm reduction plan, *Le plan Bruxellois de réduction des risques liés à l'usage de drogues*. Similarly, Paris has a 2013

strategic plan addressing crack use that, as part of an approach designed to promote access to care, called for the use of transitional accommodation for homeless crack users. In other cities, issue-specific expressions of policy and attempts to influence it can be found in different types of documents. These include specific state-of-play research reports or strategy documents that have come from a level below the municipal authorities. Both types of strategic documents have been used in relation to crack cocaine in London and Paris, and crack cocaine and substance misuse and antisocial behaviour in Dublin (Connolly et al., 2008; Greater London Alcohol and Drug Alliance, 2004; Jamouille and Fournie, 2007).

Other means of expressing city-level drugs policy can be found around Europe. These include the inclusion of key issues in other city-level strategic documents, which ultimately function as reference points for those working in the drugs area. This approach is evident in both Riga and Vilnius in the north-east of Europe. In Vilnius, the 2012 Socialisation Programme for Children and Youth, as well as the 2012 Healthcare Protection Programme, implements a range of prevention and drug treatment measures. The main strategy document addressing addiction in Riga is the Public Health Strategy 'A healthy Riga in a healthy Riga' for 2012–2021. It makes provision for addressing prevention and harm reduction issues. As well as having issue-specific strategies, Brussels also addresses drug problems through the city's policing plan *Le Plan zonal de sécurité Bruxelles Capitale*.

Throughout Europe, most countries' national drugs strategies are complemented by supporting documents at regional and local levels. While the district division encompassed within a local drugs policy area may include a city located there, these strategies are typically focused on a wider area, not just the city. Nonetheless, such documents provide a useful source of direction for city-level policy when there is no major difference between the types of problems and responses being addressed at the subnational level and in the city. Consequently, several cities around Europe, including Ankara, Bratislava and Budapest, have adopted this as the primary model for expressing their drugs policies. In the United Kingdom, for example, the strategies of drug and alcohol teams often cover cities and the surrounding regions.

Nearly all city-level strategy documents have been developed in collaboration with a range of stakeholders. These documents represent the outcome of a multidisciplinary consultation process that seeks to provide a means for concerned policy actors to have a voice in the design of policy and its expression in strategy. In this respect, developments at city level reflect trends in much of Europe's strategic planning at both EU and national levels, where key features of 'new public management' are evident in the use of such documents and open consultation processes are used in their creation.

<sup>(1)</sup> Information on national drugs strategies and coordination mechanisms can be accessed here:

<http://www.emcdda.europa.eu/policy-and-law/national/strategies>  
<http://www.emcdda.europa.eu/publications/country-overviews>

However, other features of this style of public administration, whereby business management concepts are used in the public service, are not prominent at city level. Chief among these is the use of evaluation as a standard component of strategy design. This stands in contrast to the situation at national level in Europe, where evaluation has become an established feature of national drugs strategies over the last decade, to the point that two-thirds of EU Member States have conducted evaluations (EMCDDA, 2013c).

A minority of cities had strategy documents that built in evaluation as a core element. However, in some cities the use of evaluation in a strategic planning style to judge and design strategies was evident. For example, Oslo's first strategy on open drug scenes was subject to an evaluation in 2005, which found that the strategy had helped to improve service provision for drug users but had not dispersed the open drug scene. The evaluation was subsequently used in the design of the follow-up strategy on open drug scenes. Warsaw's Drug Strategy 2012–2015 reflects the approach taken in large cities throughout Poland and builds in a range of indicators, specifying the actors who are to implement measures, time frames and target populations. In Stockholm, one of the city's districts evaluated the prevention measures implemented under the Alcohol, Narcotics, Doping and Tobacco (ANDT) Strategy in 2011.

Other cities have established monitoring and evaluation practices covering the programmes and services they implement. While not constituting an evaluation of a city-level strategy document, the presence of this approach is indicative of the focus on quality service delivery and governance in the post new public management era (OECD, 2010). This trend is exemplified by Madrid's approach to evaluation. The city's Addictions Plan 2011–2016 places an emphasis on evaluation of the delivery of services. A system has been implemented by the Addiction Institute to monitor activities at different levels. This includes the use of large-scale information technology systems to manage an addiction registry, supervise the treatment provided through automated methadone dispensing and analyse prevention interventions by geolocation and category. The Integral Management Team at the Addiction Institute collects information from a range of tools, including a survey of drug service clients, a suggestions and complaints system, and treatment results. Vienna's Addiction and Drug Coordination (SDW) utilises a dynamic documentation system (DOKU NEU) to assist with strategic planning and facilitate evaluation of the services offered to drug users. This system, like Madrid's, functions as part of the city's local monitoring system.

While formal evaluation is incorporated in city-level strategy documents only to a limited extent, evaluations of national-level strategies and programmes frequently cover the activities taking place in key cities. Consequently, rather than

strategy evaluation only taking place to a limited extent at city level, in many cases assessments may be carried out at a higher administrative level.

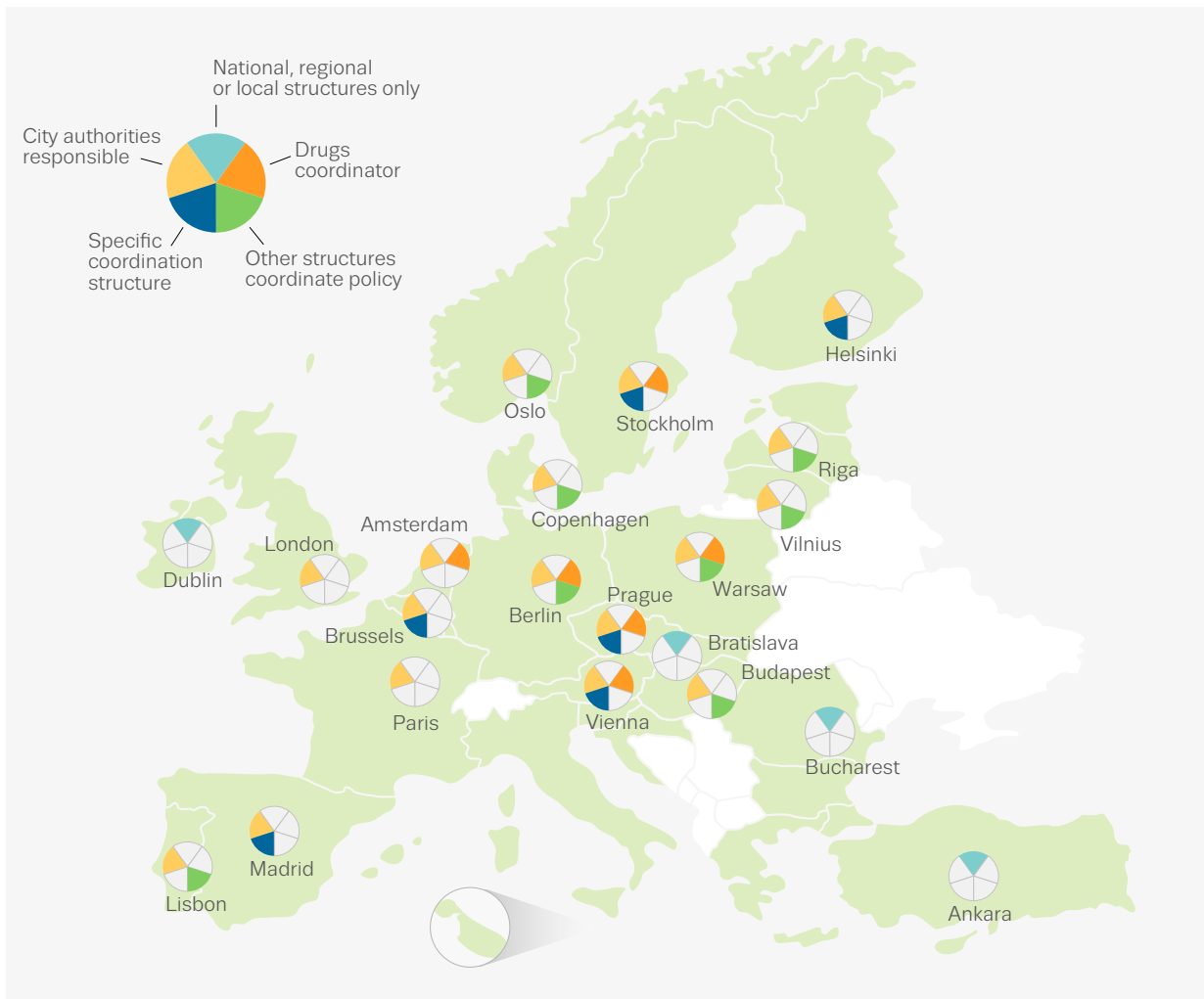
## Coordinating and funding city-level drugs policy

At city level, the complexities of delivering an effective response to drug problems come into focus. Here, a range of stakeholders are involved in providing services to address the various drug problems that are found in cities. Whether comprehensive policies like those found at national level or more issue-specific strategies are adopted, a variety of concerns spanning different policy fields and areas of activity are typically addressed. As a result, the formal arrangements put in place to coordinate those involved in implementing policy are important in delivering effective responses (see Figure 3). Singleton and Rubin (2014, p. 2) describe the governance of drugs policy as 'the mechanisms, processes and structures through which policy is informed, made, implemented and assessed'. This section of the paper looks at some of the coordination arrangements, such as official structures and policy networks, found in European cities.

Generally, city authorities are formally responsible for the coordination of drugs policy in the municipality. In some cases, as in Helsinki, Madrid and Warsaw, this designated responsibility is established in law. Where city authorities are responsible for drug issues, they differ in terms of using either a dedicated drugs policy unit or a generic policy unit with a range of other responsibilities to manage their drugs strategy.

In Prague, the Drug Commission is a dedicated structure attached to the city council and is the main body responsible for drugs policy. Both Madrid's Addiction Institute and Vienna's SDW are specialised agencies connected to the city and are responsible for coordination. In Helsinki, two substance abuse prevention units, one for adolescents and one for adults, help coordinate the city's response to drug problems. The Social Affairs Administration, which is part of the city authorities in Stockholm, is a dedicated structure responsible for drugs policy coordination. In Paris, the city authorities are responsible for drugs policy, and in 2013, together with the department of Seine-Saint-Denis, they established the Metropolitan Mission for the Prevention of Risk Behaviour. The Mission coordinates policy implementation in the areas of risk prevention and addictive behaviours (Metropolitan Mission for the Prevention of Risk Behaviour, 2014). In Brussels, the ultimate responsibility for coordination of the policing plan rests with the office of the mayor. The harm reduction agency Modus Vivendi and the organisational networks Local Coordination on Drugs Brussels

FIGURE 3  
Coordinating drugs policy at city level



(CLDB) and the Brussels Federation of Institutions for Drug Addiction (FEDITO BXL) together form a coordination structure responsible for implementing the city's harm reduction plan. In most cities, a social policy unit with a wide remit is used to coordinate drug issues. In London, the city authorities have responsibility for drugs policy, and the health team attached to the mayor's office at the Greater London Authority is involved in coordination. Typically, such units are responsible for social affairs or welfare policy at the city council.

All cities have a range of responsibilities with regard to the development and implementation of drugs policy. Irrespective of whether dedicated structures have been established to facilitate this activity, city authorities are involved in multiple direct and indirect ways. In cities where no formal coordination structures exist at city level, other national-, regional- or local-level structures are ultimately responsible for implementing drugs strategies. This arrangement, where cities are covered by national-level policies or their local

implementation structures, was found in Ankara, Bratislava, Bucharest and Dublin.

Senior civil servants often function as drug coordinators by default, as a consequence of their position and tasks. However, in some cities, designated drug coordinators have been appointed by the city authorities. Berlin, Prague, Vienna and Warsaw have an officially designated drug coordinator, while Amsterdam appoints several issue-specific civil servants as coordinators. In practice, coordination of city-level drugs policy and strategy implementation is a diverse task that involves actors from different levels of government, as well as various other private and voluntary sector groups and the general public.

It is at city level that some of the main problems arising from drug use can be most acutely felt. Over time, this has pushed various groups to mobilise and develop responses. Initially, this impetus may come from outside the city's administrative authorities, only later gaining municipal support and



resourcing. There is a tradition of advocacy in the drugs policy area throughout Europe, and it is often organisations operating at the front line of service provision that have pushed for new measures to be implemented (EMCDDA, 2013a; O'Shea, 2007). Local activism has a range of effects. In many cities, local communities have organised in opposition to the location of drug treatment facilities or needle and syringe exchanges in their area, a form of activism referred to as Nimbyism (not in my back yard) (Cusick and Kimber, 2007; Davidson and Howe, 2013; Tempalski et al., 2007). The dynamic tension that characterises agreement on drugs policies internationally and nationally is also evident at city level.

Whether formal coordination arrangements exist or not, stakeholders at city level have always organised themselves into policy networks. These structures have been present on a European scale and nationally. Such networks can be driven by ideological concerns about drug issues, the desire of authorities to engage civil society, and issue-driven concerns of business, the community and voluntary sectors, and the general public at local level.

In the early 1990s, support for more liberal drugs policies and the development of harm reduction practices, as well as for the prohibition of illicit drugs, was evident in European cities. For example, in 1990 civic leaders from the cities of Amsterdam, Frankfurt, Merseyside and Zurich came together to establish European Cities on Drug Policy (ECDP) (Stadt Frankfurt am Main, 1991). This pro-harm-reduction platform resulted in the Frankfurt resolution and drew attention to criticisms of existing policy while exploring what the way forward could be in responding to problem drug use. Reflecting a different perspective on many issues, European Cities Against Drugs (ECAD) was founded in 1994 with the signing of the Stockholm Resolution. It supported the international drug control system established through the UN drug conventions and the prohibition of illicit drugs. In some ways, debates at city level have mirrored some of the classic struggles at national level over what the response to illicit drug use should be.

Around Europe, cities have come together to develop policy and state their support for key issues through different networks and declarations (see Table 1). For example, two Democracy, Cities and Drugs projects were run between 2005 and 2011 by a network of 300 European cities, with the support of the European Commission. The projects aimed to develop and share best practices on responding to drug issues at city level (Coppel, 2008; Leclercq, 2008; EFUS, 2011). The projects also led to the development of the Nightlife Empowerment and Well-Being Network (NEW Net), involving various NGOs addressing health issues in recreational settings (Ventura et al., 2013). Similarly, in 2007, a European network of front-line stakeholders responding to drug

TABLE 1

**City-level policy milestones**

1990	Frankfurt Resolution/European Cities on Drug Policy (ECDP)
1994	Stockholm Resolution/European Cities Against Drugs (ECAD)
2005	Democracy, Cities and Drugs Project 1 (2005–2007)
2007	EXASS Net
2008	Democracy, Cities and Drugs Project 2 (2008–2011)
2010	Prague Declaration Vienna Declaration
2013	Athens Declaration

problems (EXASS Net) was set up to provide experience and assistance for cross-sectoral cooperation. Operating under the auspices of the Pompidou Group of the Council of Europe, EXASS helps to connect cities, as well as organisations and individuals, to share and develop best-practice responses to drug problems. In 2010, a number of European cities signed the Prague Declaration. It underlined the need for strategic drug planning at city level. The Vienna Declaration, also launched in 2010, called for evidence-based drugs policies and an end to the criminalisation of drug users. Similarly, in 2013, the Athens Declaration drew attention to the importance of maintaining sufficiently resourced geographical coverage of harm reduction services in the context of economic austerity.

These developments reflect the increased opportunities for cities and service organisations to work together and build support for certain approaches on drug issues. Nonetheless, cities remain a site where ideologically charged and radically differing perspectives on what drug problems are and the responses to them should be are worked out between multiple stakeholders. This has far-reaching implications for policy and underscores the value of developing a shared strategy in unifying those involved, while highlighting the complex achievement that city-level drugs strategies are.

Structures and networks are one way in which policy actors come together to define and take action on drug issues. Access to financial resources plays a key role in animating and sustaining these structures and the work they support. Comprehensive information on public funding for the implementation of drug strategies, however, is rarely available at national level in Europe (EMCDDA, 2008, 2014c). This is also true at city level. In addition, many cities have active community and voluntary organisations that play a key role in the delivery of services such as treatment and harm reduction, often receiving a mixture of public and private funding. This makes the task of defining what a city-level budget for a drugs strategy might be, and estimating what has actually been spent, very difficult.

A number of European capital cities have a dedicated budget attached to their drugs strategies. The available expenditure figures range from EUR 6.5 million annually in Berlin to EUR 29.4 million in Madrid in 2011. The variation between these amounts can be explained by the fact that they were used to fund specific measures by agencies used to implement the city strategy (Berlin) and to fund entire agencies that play a key role in responding to drug issues (Madrid).

Funds are allocated from different sources and in some cases as a result of a legal requirement. For example, in Warsaw a budget of EUR 1.2 million (PLN 5 million) was allocated to the strategy. These funds were solely derived from the 'cork tax', or alcohol licensing revenue, that communes have been entitled to use to fund drugs strategies since the 2005 Act on Counteracting Drug Addiction became law.

Vienna's SDW is allocated a budget to implement drugs strategy on the basis of a performance agreement with the municipal authorities responsible for public health. In Prague, a range of services from prevention to treatment are funded from the city's overall budget each year. In Ireland, EUR 20 million was allocated to local drugs task forces (LDTFs) throughout the country in 2011. While not representing a budget for Dublin city's response to drug issues, the amount allocated to the three LDTFs covering the city totalled EUR 6.2 million. In Vilnius, drugs policy interventions implemented under the Healthcare Protection Programme received a total of EUR 187 000 in 2012. In Helsinki, EUR 50 million was spent by the Social Services Department on services for drug users in 2010. A total of EUR 22.1 million was spent by the municipality of Copenhagen in 2011 on implementing its Plan on Drug Abuse (2011–2014).

These figures can give an indication of the amounts of funds that are earmarked for implementing city-level drugs strategies or of how much it costs to purchase certain services such as drug treatment. However, these very different sets and types of figures do not provide a European-level picture of drugs strategy-linked expenditure. In many cases, there is patchy information available at city level; in others, none at all is available, as funds are allocated from central sources and breakdowns are not obtainable.

## Conclusions

At city level, drug use is a complex phenomenon that shifts between legal and illegal behaviours. An array of substances is used by different types of drug consumers in a variety of settings. The use of drugs damages the fabric of the city for some, while for others the city provides anonymity for

problematic use or recreational hedonism. Equally, these different substance-using phenomena may harm some businesses and services, while others thrive on the profits. The multidimensional nature of city-level drug problems calls for integrated responses that are designed with the input and support of all stakeholders.

Given the presence of diverse risk environments within cities, understanding and using the structural features of these urban locations is central to reducing drug-related harms (Rhodes, 2009; Ventura et al., 2013). It is within the many settings and social contexts found in modern cities that different types of drug users negotiate and 'script' risk behaviours (Mayock, 2005; Ventura et al., 2013). The concentration and scale of different drug-using environments present in cities, whether they are associated with problematic or recreational use, often creates an impetus for action. This pressure to provide responses tends to move initially from front-line service providers and local businesses and communities to municipal policymakers.

In some cities, the use of substances in civic spaces has been associated with problems of public nuisance (Bless et al., 1995; Connolly, 2006b). The term 'drug-related public nuisance' spans a set of activities ranging from street-based drug injecting to concentrations of alcohol-intoxicated patrons in the vicinity of nightlife venues (EMCDDA, 2005). Problems related to drug use, with varying public order and public health implications, are experienced by most cities. Indeed, the structural features of modern cities may facilitate drug use.

At city level, there is a range of policy and practice responses aimed at tackling a variety of drug-related situations. For example, Europe's cities have adopted a set of now widely accepted treatment and harm reduction measures to deal with the more problematic forms of drug use, including injection. Among these measures are the provision of opioid substitution treatment and needle and syringe exchange schemes. In some cities, supervised drug consumption facilities are also provided, as a means to reduce injection-related harms and drug overdose deaths.

As new drug problems often first emerge in large cities, these urban areas will continue to be drivers of change in defining what constitutes adequate responses to drug use. Likewise, the data that can be gathered on drug use at city level from various sources, such as hospital emergency data and wastewater analysis, offer the possibility of developing forms of monitoring that allow a more intimate and up-to-date view of the state of drug problems, old and new.

Strategic planning at city level is difficult because of the number of stakeholders and their diverse interests.

Nonetheless, a trend exists towards the use of city-level drugs strategies, whether for drug use generally or to target specific issues. While strategies provide those working in the area with a joint operating statement, cross-sectoral collaboration is hindered by a lack of designated coordination structures that have achieved stakeholder validation and participation. This is further compounded by funding for services and other responses coming under pressure during a time of ongoing austerity in the European Union, while there is no evidence of a trend towards the allocation of dedicated budgets for city-level drugs strategies.

Most city-level drugs policy responses involve diverse groups of stakeholders working together. This results in the delivery of a wide range of services at multiple levels of intervention for different drug problems. In this way, examples of health, community sector, municipal and police services working together to deliver and to facilitate the operation of needle and syringe exchange programmes, drug consumption facilities

and substitution treatment programmes show the potential that cities have to respond to drug problems. However, this cooperation is something that will continue to be tested as European cities become more densely populated, with an increase from the current 73 % of the population that reside in cities to 82 % (or 30 million new residents) by 2050 (European Commission, 2015). At the same time drug problems will persist and become more centred on complex polydrug-using practices and the attendant health problems that these bring.

In this context, services at the front line, such as those offering low-threshold access, will continue to come under operational pressure. It is these services that are first to respond to changes in drug use and drug scenes, whether it is at the recreational or problematic end of the spectrum. Delivering interventions in response to emergent and dynamic drug problems will depend on continuing cooperation and resource prioritisation between city authorities and the various stakeholders involved in drugs policy.

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## About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction is the hub of drug-related information in Europe. Its mission is to provide the European Union and its Member States with 'factual, objective, reliable and comparable information' on drugs and drug addiction and their consequences. Established in 1993, it opened its doors in Lisbon in 1995, and is one of the European Union's decentralised agencies. The Centre offers policymakers the evidence base they need for drawing up drug laws and strategies. It also helps professionals and researchers pinpoint best practice and new areas for analysis.

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