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Selected issue 1

European drug policies — extended beyond illicit drugs?

Introduction

It has been noted in several publications (e.g. EMCDDA, 2004; Zobel et al., 2004) that the scope of drug strategies in EU Member States, originally confined to illicit drugs, is increasingly being extended to encompass a variety of psychoactive substances and even behaviours that might engender some sort of addiction. For example, drug strategies in both France and Germany consider all drugs, both licit and illicit.

At EU level, although the EU drug strategy 2005–12, which was adopted at the end of 2004 by the Council of the European Union, and the EU drug action plan 2005–08, endorsed by the Council in June 2005, are directed at illicit drugs, both mention the combined use of illegal and legal psychoactive substances.

The EU drug strategy makes clear its expectations in the area of demand reduction: 'Drug demand reduction must take into account the health-related and social problems caused by the use of illegal psychoactive substances and poly-drug use in association with legal psychoactive substances such as tobacco, alcohol and medicines'. Furthermore, one of the more than 80 actions of the EU action plan 2005–08 states that Member States should ensure that 'comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as poly-drug use, are included in school curricula or are implemented as widely as possible'.

The previous EU drug strategy 2000–04 ([1]), adopted in 1999, also made it very clear that prevention of drug abuse should address both licit and illicit drugs, emphasising the need for national preventative actions and strategies to address risk behaviour and addiction in general, and including not only illegal drugs but also alcohol, tobacco, medicines and substances used for doping in sports.

At the same time, both basic and clinical scientific research is increasingly addressing the issue of addiction and addictive behaviour, irrespective of substance, accompanied by increasing recognition of the need to match treatment options with clients' profiles and patterns of use. For instance, Ehrenberg (1998) has pointed out that previous distinctions between the roles of alcohol, illicit drugs and psychotropic medicines are slowly vanishing: a growing body of research has identified that psychoactive substances are used for various reasons, irrespective of their legal status; for example, medicines may be used to 'get high', whereas heroin may be consumed to cope with psychiatric disorders or cocaine to improve sporting performance. According to Ehrenberg, framing the issue according to the legal status of drugs and their stereotypical functions/purposes (psychotropic medicines to care, illegal drugs to have fun or to escape from reality, legal drugs to socialise, etc.) is no longer relevant and more research is needed on the reasons for, and the public health impact of, the growing use of a wider range of psychoactive products, whether legal or illegal, in modern society.

It would appear, then, to be interesting to launch a more in-depth analysis of national drugs strategies or policies that aim to draw attention to all substances or to addictive behaviours.

This selected issue on policies extending beyond illicit substances aims to present a first insight into an emerging phenomenon. It has three objectives:

1. to clarify which countries in the EU have adopted a wider approach in their drug strategies/policies, beyond illicit drugs, in particular which areas (substances and/or disorders) have been addressed and by which measures and to what extent; special attention is given to the official aspects of drugs policies, analysing the drug strategies and/or action plans and their normative/cognitive framework;
2. to understand the rationale behind this broadening of scope of drug strategies/policies;
3. to identify the potential repercussions of an expanded drug strategy, at operational level, on drugs services, responsible bodies and their competences.

Twenty-five Member States, as well as Romania and Norway, responded to a request for information, providing a good insight into the current European situation.

([1]) European Union drug strategy 2000–04. Cordrogue 64 Rev 3 (12555/3/99), 1.12.1999.

As the dataset comprised national strategies and action plan documents, the absence of such documents at national federal level led to some problems. Italy, Malta and Austria are not considered in this report as they do not have a national drug strategy. However, to maximise the relevance of the analysis, references to the reports from these countries are included where relevant.

The in-depth analysis of the reports presented below reveals that, although illicit drugs strategies do not always refer explicitly to licit drugs or addictions, prevention programmes and, in some countries, treatment measures apply to both licit and illicit drugs, and usually give priority to children and young people.

Variation in European drug strategies

The national focal points (NFPs) in some countries report that there is an increasing body of opinion which believes that licit drugs should be included within the national drug strategy ([2]). However, the majority of these countries still clearly differentiate between licit and illicit drugs and continue to adopt separate strategies to address licit drugs. For the sake of brevity and clarity, in this selected issue all official documents, national drug strategies, action plans, national programmes, etc. will be referred to as 'national drug strategies' (see also EMCDDA and European Commission, 2002, pp. 11–13).

Three types of drugs strategies may be distinguished depending on the extent to which licit drugs are considered: (a) those that address fully both licit and illicit substances and refer to the concept of addiction; (b) those in which consideration of licit drugs is confined to the areas of prevention, treatment and drug coordination; and, finally, (c) those that address illicit drugs exclusively, referring to licit drugs only in their public health policy.

Strategies explicitly addressing all substances

Eight countries (Belgium, the Czech Republic, Germany, Spain, France, Cyprus, Romania and Norway) out of 27 surveyed reported that their national drug strategies address all types of substances (Table 1). As Austria does not yet have a national strategy, only provincial drug strategies can be considered. However, as strategies in six of the nine Austrian provinces are oriented towards an extended range of substances, Austrian policy will be considered in this section. Reference will also be made to Northern Ireland, where alcohol and drug strategies — originally split into separate strategies in 1999 and 2000 — have recently been merged into an inter-agency local action plan and a plan 'New strategic direction for alcohol and drugs, 2006–11', which covers both drug and alcohol use as well as use of prescription-only medicines, over-the-counter medicines and volatile substances.

This phenomenon of extension of the scope of drug strategies is clear from the titles of the national drugs strategies, such as the 'Action plan to combat drug and alcohol-related problems' (Norway, 2002), 'Action plan on drugs and addiction' (Germany, 2003) and 'Government plan for the fight against illicit drugs, tobacco and alcohol 2004–08' (France, 2004), but it is also apparent in the general objectives of some strategies (e.g. in Belgium, the Czech Republic, Germany and Norway).

The general objective of the Belgian 'Federal drug policy note' is to advise against drugs, to reduce drug consumption and to reduce the number of new drug users through

Table 1: Substances or behaviours targeted in national drugs strategies

	Illicit drugs	Alcohol	Tobacco	Medicines	Other substances or addictions
Belgium	+	+	+	+	+
Czech Republic	+	+	+		
Germany	+	+	+	+	+
Spain	+	+	+	+	
France	+	+	+	+	+
Cyprus	+	+	+	+	
Romania	+	+	+	+	
Norway	+	+		+	

Sources: Reitox national focal points.

([2]) The majority of national drug strategies can be downloaded from the EMCDDA website (http://www.emcdda.europa.eu/?nnodeid=1360).

prevention, addressing both licit and illicit drugs. In the Czech Republic, three of the six specific objectives of the 2005–09 national strategy involve issues related to licit drugs: to halt the increasing experimental and occasional use of licit and illicit drugs, to stabilise or reduce the consumption of licit and illicit drugs in society, especially among adolescents, and to reduce the availability of licit and illicit drugs among the general population, and especially among adolescents, via more efficient implementation of existing legislative and institutional instruments. In Germany, the new strategy, 'Action plan on drugs and addiction', adopted in 2003, places addiction at the centre, and its general goals apply to both licit and illicit substances (specific targets include a reduction in tobacco consumption and the proportion of people who consume alcohol). One of the main strategic objectives of the Norwegian action plan is to prevent all types of substance abuse, particularly among children and young people. Finally, in Spain, one of the 10 aims of the drug strategy clearly takes into consideration all substances and, in France, the government plan outlines the principal strategies for dealing with each substance.

The licit substances referred to are almost always the same: all eight countries refer to alcohol, and all except Norway refer to tobacco. All except the Czech Republic and Spain refer to medicines. Upper Austria, Tyrol and Carinthia also include addiction not related to substances, such as gambling and eating disorders. Styria goes further and also encompasses behaviours that might result in addiction. But it is clear that these strategies or action plans are based on a comprehensive addiction concept; in Romania 'the strategy reflects the government's concept on the prevention of drug use and abuse'.

A broader scope combined with action plans on licit drugs

Some countries, in addition to having extended the scope of their national drug strategies, have specific alcohol and tobacco plans. Belgium has a federal anti-smoking plan (launched in 2004), and a national plan on alcohol should be drafted soon. In France, the 'National plan for the fight against cancer 2003–07' aims to reduce tobacco use. In the Czech Republic, one of the objectives of the health policy document *Health for all in the 21st century (Health 21)* includes specific references to alcohol, tobacco and illicit drugs.

The same direction but with different rationale

Interestingly, the analysis of the drug situation used to justify broadening the scope of drugs strategies varies between Member States, i.e. although the direction is the same, the rationale may be different. Belgium, for example, based its new approach on the recommendations of a parliamentary working group and the evaluation report on the follow-up of these recommendations. The starting point was that drug use is a public health issue and that, from a health perspective, the distinction between licit and illicit drugs is irrelevant. The same reasons underlie the extension of drugs strategies in the Czech Republic and Spain: licit substances can cause addiction and thus constitute a major health and social problem.

Another major reason for widening the scope of drugs strategies is that the prevalence of smoking and alcohol consumption is high both among the adult population and among children and young people. The broadening of the national strategies to include licit substances that occurred in France in 1999 was based on scientific knowledge and in particular on recommendations included in reports published in 1994 and 1999. The approach is based upon a medico-scientific consensus that takes into account the causes and consequences of addictive behaviours regardless of the legal status of the substance involved. While acknowledging differences in the pharmacological effects and social roles of different substances, it places greater emphasis on common behaviours than on substances. In Germany, an important reason for including licit drugs in the drug strategy is the difficulty of differentiating between target groups owing to the increasing prevalence of polydrug use. In the case of Cyprus, excepting alcohol, which is a more complicated issue, the reason cited for this extension is harmonisation with the objectives and measures foreseen within the European Union's action plans.

In addition to a broadening of scope in the texts of drugs strategies, a practical change, in terms of the competences of the bodies in charge of the drug coordination within the governments of these countries, can also be observed.

Extending the responsibility of the entity in charge of coordination of drug policy

Most countries did not state whether or not alcohol, tobacco and gambling fall within the remits of the national drug coordination bodies. Nevertheless, it is possible to conclude that, in the case of the Member States whose strategies specifically address both licit and illicit substances, the entities responsible for coordinating drug policy are responsible for both types of substance. In Spain and Norway, for example, the ministries of health are responsible for coordination of the extended drug policy, and in Norway this requires the coordination of seven ministries that are directly involved in alcohol and drug policy. In France, the sphere of activity of the MILDT (Interministerial Mission for the Fight Against Drugs and Drug Addiction) has been extended to incorporate licit substances. One of the main objectives of France's 'Government plan for the fight against illicit drugs, tobacco and alcohol 2004–08' is the interministerial coordination of prevention, treatment and harm reduction.

The plan embraces action against tobacco, alcohol and illicit drugs and involves about 20 ministerial departments.

The new system in France also has consequences for the social and health systems, as well as at local level, where 'drugs and drug addiction project managers' are now expected to coordinate the actions of local services in all areas of the field of drugs. In Belgium, it is the responsibility of the federal authority to collect all information regarding health issues and to coordinate the measures taken, but whether this is undertaken by a specific body was not reported. In Germany, the drug commissioner of the federal government is responsible for the coordination of activities relating to addiction within the federal government. In some countries, the bodies responsible for drug coordination have been renamed. For example, in Austria in 2000, all nine provinces had drug coordinators and drug advisory boards. Six provinces now have 'addiction coordinators' and addiction advisory boards, while the remaining three provinces (Salzburg, Vienna and Vorarlberg) maintain the distinction between licit and illicit substances.

The above findings show that a new conceptual and strategic framework is slowly being implemented within some European countries that have extended the scope of their illicit drugs strategies to include licit drugs, addictions or behaviours.

In addition to these countries, a considerable number of other countries refer in their national drug strategies exclusively to illicit drugs, but with clear references and links to other substances. These are discussed below.

Drug strategies with links to licit drugs in the context of prevention and/or treatment

Strategies that address only illicit drugs but which include links to licit drugs in the context of prevention and/or treatment are reported in 11 Member States (Denmark, Estonia, Greece, Ireland, Lithuania, Luxembourg, Hungary, the Netherlands, Portugal, Slovakia and Finland) as well as in Northern Ireland and Scotland. In such drugs strategies, acknowledgement of the close links between licit and illicit drugs takes two broad forms: first, via specific provisions of the drug strategy in the area of prevention or treatment targeting both types of substances and, second, through links between the drug strategy and other strategies such as alcohol or tobacco strategies.

Links to the implementation of prevention and treatment programmes focusing on licit and illicit drugs

In Estonia, for example, the 'National strategy on prevention of drug dependency 2004–12' focuses on illicit drugs but also acknowledges the connection between licit and illicit drugs in that the first chapter, on primary prevention, focuses on the relation between drug use and alcohol consumption. In Denmark, although the drug strategy 'Fight against drugs — action plan against drug use' is aimed specifically at illicit drugs, the management of drug prevention and of alcohol and tobacco problems are considered together, especially in discussion of young people as the target group.

In Greece, a link between licit and illicit drugs is made when discussing not only prevention, but also treatment and research. Although nine Member States link licit and illicit drugs in the field of prevention, only four (Denmark, Greece, Hungary and Slovakia) mention such a link in the context of treatment. In Luxembourg, the drug strategy states that efforts to be developed in the field of prevention and treatment should focus on the fight against drugs and drug addiction. The national anti-drug strategy 2005–09 gives clear priority to illicit drugs but recognises that polydrug use renders artificial the distinction between licit and illicit drugs as far as treatment and harm reduction are concerned.

To conclude, some national drugs strategies state that their prevention or treatment activities are aimed at both licit and illicit substances, while some Member States also have a specific action plan or strategy regarding alcohol and/or tobacco use that links to their drug strategy.

Links between illicit drugs strategies and licit drugs strategies

It is important to emphasise that most countries reported the existence of, in addition to a national strategy or policy document aimed at illicit drugs, some other action plan or strategy or general policy aimed at tobacco, alcohol or doping problems (Table 2). Some countries reported strong links between such supplementary policy documents and the main drug strategy, to the extent that they might be considered an indirect extension of the illicit drug policy documents.

In Ireland, 'Building on experience: national drug strategy 2001–08' refers mainly to illicit drugs, and in particular opiate misuse. However, there are links between the national drug strategy and national alcohol policy in terms of prevention approach. These links aim 'to ensure complementarity between the different measures being taken' in the field of prevention. In the 1995 Dutch policy document 'Continuity and changes', the final target is 'the prevention of health risks and negative social consequences'. In principle, the targets of illicit drugs policy are also valid for licit risk substances such as alcohol and tobacco, even if separate policy frameworks are operational for licit substances. In general, national policy documents do not focus specifically on the combined use of drugs or on poly-drug use.

Similarly, in Lithuania, although the national drug strategy includes no direct reference to licit drugs, one article links the

Table 2: Strategies existing in the countries

	National drug strategy	Tobacco strategy	Alcohol strategy	Doping strategy	Public health strategy
Belgium	+	+			
Czech Republic	+				+
Denmark	+	+		+	+
Germany	+	+	+		
Estonia	+	+			
Greece	+				
Spain	+	+	+	+	
France	+	+			+
Ireland	+		+		
Cyprus	+				
Latvia	+	+	+		+
Lithuania	+	+	+		+
Luxembourg	+				
Hungary	+				+
Netherlands	+	+	+		+
Poland	+		+		+
Portugal	+	+	+	+	+
Slovenia	+				
Slovakia	+	+	+		+
Finland	+		+		+
Sweden	+	+	+		+
United Kingdom	+	+	+		
Romania	+				
Norway	+				

Sources: Reitox national focal points.
NB: Italy, Malta and Austria are not considered here as they do not have national drug strategies.

drugs programme with other national programmes including the state alcohol control programme, the state tobacco control programme, the Lithuanian health programme and addictive disorders programmes.

Finally, in Northern Ireland, two specific links are visible. First, the drug strategy and the alcohol strategy are cross-referenced through the Northern Ireland drugs and alcohol campaign, a joint campaign enabling regional and local action plans to be developed. Second, in 2003, a regional drug and alcohol strategy coordinator was appointed in charge of the implementation and delivery of the combined drugs and alcohol strategies, leading to the development of a new strategy in 2006, which combines drug and alcohol misuse.

The same authority in charge of different strategies

In those countries that have separate licit and illicit drug strategies, implementation of drugs policies, in terms of the coordination bodies responsible, falls into two main types: either the same ministry is in charge of both licit and illicit drugs strategies or separate ministries or departments are responsible for the different strategies.

In England and Scotland, it is now common for drug action teams to coordinate local action on alcohol as well, and

they are frequently designated drugs and alcohol action teams. Also in England, the substance misuse team at the Department of Health, working with the Home Office, is responsible for developing a framework to tackle the abuse of volatile substances. The two groups also worked together to develop an alcohol harm reduction strategy for England. In Estonia, the National Institute for Health Development (NIHD), established in May 2003, was appointed as the institution responsible for the implementation of all national health programmes under the direction of the Ministry of Social Affairs.

Countries that could also be included in the first group are Denmark, where the Ministry of the Interior and Health is responsible for illicit drugs, alcohol and tobacco measures (although doping issues are within the remit of the Ministry of Education), and Greece, where the Ministry of Health and Social Solidarity is responsible for the coordination of alcohol and tobacco policy although a separate body, ESKAN (the Hellenic National Council for Combating Doping), is the primary authority responsible for combating doping. In Finland also, drug, alcohol and tobacco policy are within the remit of the same ministry (Ministry of Social Affairs and Health) whereas anti-doping activities are the responsibility of the Ministry of Education. Finally, in the Netherlands, drugs policy is coordinated by the Ministry of Health, Welfare and Sport (VWS).

What is interesting about the above examples is that, even where there are separate strategies, a common drugs and alcohol coordinator is responsible for policy in both areas. Even if the national drug strategy is not extended to include licit drugs, the coordination bodies that deal with licit and illicit drugs are often the same.

Other countries report that the coordination and implementation of strategies regarding licit and illicit drugs are separated. In Ireland, two different departments are in charge of the implementation of the national drug strategy and the alcohol policy although the national drug strategy calls for complementarity between alcohol and drugs measures to be achieved by a close cooperation between the two departments. To this end, the national drug strategy team regularly meets the coordinators of the national alcohol policy and a member of the drugs team sits on the body charged with the coordination of the national alcohol policy.

Even where no formal extension of drug strategy exists, links between the different strategies, the implementation of joint prevention and treatment programmes and the existence of common coordination authorities are clear indicators of a trend to coordinate policies regarding licit and illicit substances.

Strategies addressing exclusively illicit drugs

In three EU Member States (Latvia, Poland and Sweden), the national drug strategies refer strictly to illicit drugs. These three documents contain no objective aimed at licit drugs, and no reference to licit drugs is made, even in the fields of prevention and treatment. Responses to the illicit drug problem and to the licit drug problem are developed separately: Sweden and Latvia have an alcohol strategy and a tobacco strategy or programme and Poland has an alcohol policy.

However, even within this third group, we can distinguish variations. In Poland, drugs and alcohol are clearly distinguished and are dealt with by two parallel administrative structures with separate laws; in addition, there are separate treatment systems and even different non-governmental organisations to handle these problems. However, at local level, preventive and informational activities, especially those aimed at children and young people, cover both alcohol and drug abuse.

In Latvia and Sweden, the situation is slightly different. In both cases the national drug strategy refers only to what would be considered illicit drugs, and alcohol, tobacco, gambling and other addictions are not mentioned in these documents. The objective of the Swedish drug policy is a drug-free society.

However, and importantly, in both cases there is a link between the national drug policy and the public health strategy, with the latter referring to objectives that address both licit and illicit substances. For example, one of the objectives of the Swedish public health strategy is 'reduced use of tobacco and alcohol, a society free from illicit drugs and doping and reduction in the harmful effects of excessive gambling'. The Latvian 'public health strategy', adopted in 2001, includes an objective that refers to the 'reduction of harm caused by alcohol, narcotic and psychotropic substances and tobacco'.

The above is an analysis of the texts of the national strategies or policy documents. However, there may also be evidence of extension of such strategies in the practical workings of the prevention and treatment systems in each country. The next section examines these systems for such evidence.

Broadening of the scope of the European drug policies in practice

An analysis of national drug strategies reveals the policy underlying the specific approach taken by Member States in relation to broadening the scope of their drug policy. However, all countries reported that traditional prevention programmes and activities are aimed at misuse of both licit and illicit drugs, and are increasingly associated with the

prevention of addictive behaviour, i.e. with addiction per se, rather than with specific substances.

In the following sections, a brief overview of current prevention and treatment interventions dealing with both licit and illicit substances will be followed by a review of the reasons for an alternative approach.

Prevention and treatment: what is actually happening in the field?

It is in the area of prevention that the aim of extending the scope of the national drugs policies to other substances is most often apparent. In the other areas, such as treatment, it is still very rare for provisions to target licit and illicit drugs together.

Prevention

The EU action plan on drugs 2000–04 ([3]) asked Member States and the Commission 'to encourage the inclusion in school curricula of the prevention of licit and illicit drugs in schools and to set up programmes to assist parents'. In addition, the plan called on the Commission and Member States, as far as they are able, and when appropriate, to address risk behaviour, and addiction in general, related to the use not only of illicit drugs, but of alcohol, medicines, substances used for doping in sport and tobacco, with the aim of significantly reducing, over the next five years, the prevalence of drug use, as well as new recruitment to it, particularly among young people under 18.

The EU drug strategy 2005–12 sets an objective that 'drug demand reduction measures must take into account the health-related and social problems caused by the use of illegal psychoactive substances and of polydrug use in association with legal psychoactive substances, such as tobacco, alcohol and medicines'. The EU drug action plan asks Member States to ensure that comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as polydrug use, are included in school curricula or are implemented as widely as possible.

In practice, universal prevention activities in all Member States address licit and illicit drugs together, and prevention interventions that focus exclusively on illicit drugs are very rare. The trend towards an extension of traditional prevention programmes and activities aimed at illegal drugs to cover licit substances such as alcohol and tobacco can be identified in the national drugs strategies of almost all EU countries. Prevention of drug use is increasingly associated with prevention of addictive behaviour involving a wide range of substances, both licit and illicit. The main objective is usually to prevent or delay initiation into the use of legal drugs, because the early use of licit drugs is the most important risk factor associated with initiation into and problem use of illicit drugs in the future. Tobacco and alcohol use depend strongly on cultural factors such as the acceptability of use and availability of these drugs.

In Hungary, a general prevention programme is in place because, according to the national strategy, prevention of illicit drugs cannot be separated from school prevention of the use of licit drugs. A subprogramme of the public health programme, called 'alcohol and drug prevention', aims to combat and prevent alcohol and drug use and the associated health and social harms and complements prevention measures undertaken under the auspices of national drug strategy and national alcohol policy.

Complementarity between, and coordination of, the prevention of alcohol and tobacco use and the prevention of drug addiction are also envisaged in one article of the national drug prevention and drug control programme for 2004–08 in Lithuania, although the drug strategy refers only to illicit drugs. In Slovenia, licit drugs are included in educational preventive activities. In Spain, interventions cover illicit drugs, alcohol and tobacco. The main interventions foreseen are the provision of information about risks, the implementation of control measures governing the advertisement of alcoholic drinks and tobacco, and the development of programmes and protocols aimed at the early diagnosis of problems related to the use of tobacco, alcohol and illegal drugs. In France, the common prevention purpose is to prevent or delay experimentation with all potentially addictive substances, especially tobacco and alcohol.

In the Estonian drug strategy, the chapter on primary prevention focuses on the relation between drug use and alcohol consumption and emphasises the need for prevention activities. In Northern Ireland, although there are separate strategies for drugs and alcohol, prevention programmes aimed at schoolchildren and young adults cover medicines, alcohol, tobacco and solvents.

However, in most countries prevention programmes mainly involve interventions targeting illicit drugs and alcohol.

Treatment

In contrast to prevention programmes, the extension of treatment programmes to licit drugs use is only occasionally reported in the EU.

Many Member States refer to complementary measures to deal with substance abuse, which can encompass everything from drug prevention to treatment. For example, in Finland, the 'Drugs policy action programme 2004–07' mentions

([3]) Cordrogue 32, 7.6.2000.

complementary measures and the need to bring together interventions in the field of licit drugs and alcohol: 'these types of action aim to support and rehabilitate young people with alcohol and drug problems'. In Ireland, treatment services for drug use and alcohol use are not officially linked, although in practice many drug services also treat clients with alcohol dependence. The reason for this is that one fifth of those treated for problem alcohol use also misuse drugs.

Many Italian regions have formulated an expansive approach to addictions as part of integrated public–private systems of a departmental nature. The addiction departments (or programmes) call for broad attention to addictions to legal and illegal substances and to non-pharmacological addictions and most of them include alcoholism services, others have set up therapeutic and rehabilitation programmes for tobacco smokers, and a few of them have set up strategies for addictions to prescription drugs.

Considering the context of non-pharmacological addictions, several addiction departments in Italy have developed therapeutic and rehabilitation strategies for bulimia and anorexia and others have also developed therapeutic and rehabilitation programmes for gamblers.

The most commonly reported development regarding treatment is the integration of treatment centres for licit and illicit drugs or the establishment of joint treatment centres. This trend is particularly visible in Belgium, Germany, Spain and France, countries which have extended the scope of their drug strategy to licit substances.

In France, since the triennial plan 1999–2001, which recognised the notion of harmful use and broadened its scope to licit substances, a general policy of care for drug users and addicts has been implemented and joint centres have been created. Centres for treatment, assistance and prevention of addiction have replaced outpatient alcoholism treatment centres and specialist centres for drug addicts and provide combined treatment for several types of addiction simultaneously or treatment for problems with alcohol or tobacco alone.

In Hungary, too, although the national drug strategy does not set out specific aims in relation to alcohol and tobacco use, in several aspects of prevention and treatment it is impossible to distinguish between alcohol use, smoking, inhalation of volatile substances and abuse of medicines. The national treatment network assists both drug and alcohol users. And this approach is not uncommon: in a recent EMCDDA study, in response to the question, 'Does the main bulk of drug-related treatment take place in settings for addicts in general or specifically problem drugs users?', 17 countries reported that treatment services were available to addicts in general, while 10 replied that treatment was aimed specifically at problem drug users. In the same way, in Slovakia, the specific drug treatment facilities (centres for the treatment of drug dependency) treat those with alcohol problems as well as those with (illicit) drug problems. Finally, it should also be noted that in Sweden the same treatment system addresses both alcohol and illicit drug problems.

Reasons for extending prevention and treatment programmes to licit and illicit drugs

It is one of the best-known paradigms of drug prevention that the longer that initiation to tobacco and alcohol use can be delayed, the greater the reduction in later substance abuse problems. Therefore, all evidence-based universal prevention programmes targeting primary schoolchildren focus first on alcohol and tobacco, and sometimes only on alcohol and tobacco, while all international guidelines on prevention cite 'to target all substances' as an essential ingredient of evidence-based prevention strategies (Pentz, 2003).

The reasons for this are virtually the same in all countries and include changes in socioeconomic factors, new consumption patterns and emerging psychoactive substances. An epidemiological study conducted in Denmark in 2002 clearly suggested 'a clear correlation between extensive use of alcohol, experimental use of illicit drugs and smoking among a minor group of young people'.

There is also a common belief that addiction is a fundamental problem and a common concept of drug-related harm. Thus, for example, in Estonia, the previous drug strategy, which aimed to establish a drug-free society, has been replaced by a new approach that, while still referring only to illicit drugs, also aims at the reduction of drug-related harm.

In most countries, the extension of treatment programmes is the result of the increasing numbers of polydrug users. In Luxembourg, it is believed that 'the concept of polydrug use renders the distinction between illicit and licit drugs artificial as far as treatment and harm reduction are concerned'. This is also the case in Denmark, where a different legal framework exists for alcohol treatment and for the treatment of drug use. However, the most recent report on treatment, published in 2002, states that the most marginalised drug users are often polydrug users, and local practice has been developed in the direction of integrating alcohol and drugs treatment intervention (tobacco interventions are carried out under the auspices of other services). Denmark reports that the treatment of alcohol and drug abuse is a regional responsibility. Most counties have a joint organisation that handles the treatment of abusers, with no distinction being made between alcohol and/or drug problems.

Environment

In Luxembourg and Cyprus, the national approach towards addiction prevention focuses on the individual and his or her environment rather than on drugs and drug addictions. To be more precise, in Cyprus, the 'Action plan on drug demand reduction' considers three environmental aspects of alcohol and tobacco use: the working environment, the recreational environment and the school environment.

Environmental approaches are prevention measures that operate at the level of social and cultural norms. While universal prevention intervenes at a population level, selective prevention at (vulnerable) group level and indicated prevention at an individual level, environmental approaches operate at societal level, mostly by attempting to shape attitudes and values regarding legal drug consumption.

The importance of environmental measures for drug prevention is twofold.

Norms, normality and values regarding substance abuse in general

One of the main cognitive elements that condition adolescents' substance use behaviour is the perceived 'normality' of substance use in their reference population. Accordingly, one of the most efficient components of drug prevention programmes is challenging these normative beliefs (Hansen, 1992; Paglia and Room, 1999; Cuijpers, 2002). They focus on correcting — typically exaggerated — estimates of the drug use of peers and the perceived or presumed acceptance of the use of the substance among the social environment, specifically peers (Ajzen and Fishbein, 1980).

In this context, the perceived and publicly promoted acceptance of legal drugs plays a key role, and the impact of any universal prevention strategy is strongly jeopardised if its normative messages (i.e. self-control and a critical attitude towards substance use at large) are not underpinned by appropriate structural conditions in the social environment, e.g. attitudes and norms regarding (uncontrolled) use of legal substances.

Universal prevention efforts face a more challenging task in a society in which, for instance, binge drinking and smoking in public spaces are widely accepted and have positive value associations such as extroversion and fun (in the former case) and civil liberty (in the latter case). This weakens the credibility of prevention measures, because it appears to adolescents that disapproval of illicit drug use, and attempts to prevent it, stem only from legal concerns and not from a real social commitment to avoid harmful substance use.

Following this line of thinking, several countries (France, Finland, Sweden, Romania and Norway) include in their strategies on alcohol or tobacco their rationale for seeking to influence norms, culture and the social acceptance of legal substance abuse. Slovakia explicitly promotes non-smoking as 'normal' behaviour through competitions such as the 'Quit and win' competition, established in 1994. In addition, mass media campaigns in some Member States and by the EU aim to highlight the normality of non-use rather than targeting drug use behaviour. The same rationale was behind the issuing by the EU of the tobacco advertising directive 2003 ([4]).

It is clear that for schools the local normative setting has an important impact. As Butters (2004) puts it, 'the likelihood of adopting a certain behaviour may depend on the extent to which that behaviour already exists in a particular environment. Therefore, attending a school with a pervasive subculture and user networks may create an environment in which the temptation or pressure to use becomes overwhelming.' This illustrates why some Member States insist that all schools have in place drug policies (see 'New developments in prevention' in EMCDDA, 2005) that define procedures and rules about consumption, availability and trafficking of legal and illegal substances in and around school premises. These are also important environmental measures to support intervention at group or individual level.

Tobacco and alcohol as predictors for later drug problems

Early adolescent smoking and heavy alcohol use are among the most relevant problem behaviours in youth and strongly predict later drug and social problems (Gil et al., 2002; De Vries et al., 2003; Orlando et al., 2005; Paddock, 2005). Tobacco use in early adolescence prepares the ground for the use of other drugs, especially cannabis (Duncan et al., 1998; Vázquez and Becoña Iglesias, 2000; Oman et al., 2004), and seems to have a bigger impact on long-term substance use behaviour than does use of other drugs.

Control policies on legal drugs, aimed at affording a higher level of health protection, are in place in several Member States, but only Denmark, Germany, France, Italy, the Netherlands and Norway cite as an additional reason the explicit aim of reinforcing prevention of illicit drug use, based on the escalation and gateway theories. In other Member States where smoking bans are in place (Ireland, Scotland) or have been mooted (England), such a rationale is not publicly stated.

Obviously, it is not only policy — but also culture and tradition — that influence attitudes towards legal and illegal drugs and the related social behaviours, but the Irish, Italian and Nordic experiences indicate that the public

([4]) European Union and Council Directive 2001/37/EC on the approximation of the laws, regulations and administrative provisions of Member States in relation to the production, presentation and sale of tobacco products.

understands and is willing to support such policies. Mass media campaigns can help in this respect. It has been shown that such campaigns raise awareness but do not change behaviour. As a result, they are helpful in supporting, underpinning and explaining this kind of environmental strategy to the population at large (Norwegian example in EDDRA), although they are of little benefit in convincing people not to take drugs. For example, several German *Länder* have sent letters to parents or held information events/parents' evenings about the dangers of 'alcopops'.

The level of enforcement of anti-smoking policies in Member States correlates well with the level of adolescent smoking (Aspect Consortium, 2004). This underlines the importance of environmental prevention strategies, especially for the use of legal drugs. In several Member States, for instance, without implying causality, there seems to be a degree of correspondence between lenient anti-tobacco policies and a higher prevalence of tobacco smoking amongst young people, and it is interesting to observe that several countries with high rates of adolescent smoking and lenient tobacco policies also have a high rate of cannabis consumption.

Conclusions

Four main conclusions can be drawn. First, there is no single format of drug strategy in the European Union. Though some common features can be identified, the scope of drugs strategies — in the written documents at least — can vary greatly between Member States.

Second, and most importantly, while a broadening of the scope of drug strategies is not always highly visible, strategic or institutional integration of licit and illicit drugs is increasingly common, even in those countries where the drug strategies refer only to illicit drugs. In this respect, Greece, Ireland, Luxembourg and also Northern Ireland all report the establishment of working groups or steering committees to examine the possibility of forming a combined strategy or of implementing an integrated policy against both licit and illicit drugs. Portugal is also considering a combined strategy for licit and illicit drugs in the area of treatment and rehabilitation (as is already the case regarding prevention).

A combined strategy is also apparent in countries which do not yet have a drug policy or strategy at present but which are working on one. For example, in Malta, the National Commission on the Abuse of Drugs, Alcohol and Other Dependencies (within the Ministry for the Family and Social Solidarity) met the policy development unit of the ministry in 2005 and outlined a drugs policy that includes illicit drugs and medicines. There will, however, be a separate policy for alcohol.

A third conclusion is that, although approaches vary greatly from country to country, there are some common features in strategies in which licit and illicit drugs are dealt with together. The majority relate to drug prevention. Some relate to drug treatment. In particular, programmes targeting young people are increasingly taking polydrug use into account.

Finally, the fourth conclusion is that, although domestic strategies may differ greatly between countries, a common trend can be seen across Europe: prevention programmes and, increasingly, treatment programmes and bodies are now taking into account both licit and illicit drugs.

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The EMCDDA collects, analyses and disseminates objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The Centre's publications are a prime source of information for a wide range of audiences including policymakers and their advisors; professionals and researchers working in the field of drugs; and, more broadly, the media and general public.

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