UK General Election 2019: 
Where do the parties stand on drug policy?

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Subject³

On the 12th December 2019, the United Kingdom goes to the polls for a third general election in four years. Building on the GDPO’s popular appraisal of party drug policy during the 2017⁴ campaign, this Situation Analysis presents the party manifesto positions for 2019, including comparison of party policy shifts during the past three elections, and analysis of party positions in relation to punitive versus public health approaches.

In Brief

- The Conservative Party remains wedded to punitive prohibition
- Labour’s largely punitive approach has softened, calling for a Royal Commission into the misuse of substances, but stops short of proposing meaningful legislative change
- Liberal Democrats, Greens, & Plaid Cymru agree on legally regulated cannabis markets
- Several parties’ proposals would place the UK in technical breach of internationally binding UN conventions
- SNP declare public health emergency in Scotland, call for more powers
- Safe drug consumption rooms emerge as a trend in several manifestos

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³ NB: This is a revised version to explicitly include analysis of Labour’s plans for a Royal Commission
Analysis

Following the EU referendum in June 2016, Brexit continues to dominate the campaign discourse. Many other policy areas have taken a back seat in the campaign just as they have over the past three years, and this includes drug policy. Nevertheless, all of the major UK-wide parties have included at least one drugs-related manifesto pledge, and a number of parties place drug policy front and centre of their electoral offering.

More broadly, recent moves towards legally regulated cannabis markets at the federal level in Canada, the rollout of regulated markets in Uruguay, and divergent approaches to drugs across the EU (notably harm reduction-orientated policy approaches in Portugal and the Netherlands) are well-cited by a number of parties as potential models for future UK policy. To that end, several parties’ policies - if enacted - would also place the United Kingdom in technical breach of a number of binding international conventions.

Thematically, the analysis also assesses party pledges alongside a punitive versus public health policy framework. This is because it is difficult to imagine public health-centred approaches emerging from interior ministries with primary responsibility for policing, crime, and justice. Indeed, ministerial responsibility for UK drug control policy rests entirely with the Home Office (interior ministry). This leaves the United Kingdom as one of only three out of thirty European geographic states that construct drug policy wholly within the ministry of the interior. Although the NHS provides treatment services, the health ministry has no formal role in policymaking at the strategic level, leaving a punitive prohibitionist – rather than harm reduction – approach as the institutional default position. Analysis of data drawn from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)5 2019 describing national contacts for drug strategy and coordination reveal a more detailed picture. Of the thirty geographically European countries over half (sixteen) states have ultimate departmental responsibility for coordination of drug policy under the remit of the health ministry.7 A further ten states operate inter-ministerial responsibility in systems that include both ministries of the interior and health, either as equal partners or as part of broader multi-ministry systems.8 One state places drug policy under a single ministry that is neither interior nor health.9 Just three European states place drug policy under sole jurisdiction of interior ministries ordinarily or otherwise concerned with criminal, policing, or judicial matters. These are Romania10, Turkey11, and the United Kingdom.12 This analysis’ implicit assumption is that policy narratives dominated by those tasked with law and order policies are significantly less likely to include public health considerations. As such, party positions are marked out of ten; a low score indicates a low commitment to public health with ten being the highest possible mark in this regard.

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6 28 EU Member States including the UK at the time of writing, plus Norway (EEA), and Turkey
7 Austria, Belgium, Bulgaria, Denmark, Finland, Germany, Ireland, Luxemburg, Netherlands, Norway (EEA), Poland, Portugal, Slovakia, Slovenia, Spain, and Sweden
8 Croatia, Cyprus, Czechia Estonia, France, Greece, Hungary, Italy, Latvia, Lithuania
9 The main body responsible for drug-related matters in Malta is the Advisory Board on Drugs and Addiction. The Board is part of the Ministry for the Family and Social Solidarity
10 Drug policy in Romania falls under the National Anti-Drug Agency. The NAA is a specialised legal entity under the coordination of the Ministry of Internal Affairs.
11 According to the EMCDDA, the High Council manages drug policy in Turkey for the Fight Against Addiction. The High Council includes ministers from a number of ministries, but the Ministry of the Interior/Turkish National Police/Counter Narcotics Department dominates. The Department of Smuggling, Intelligence, Operation and Data Collection is also attached to the Ministry of the Interior and is responsible for the coordination and implementation of the national drug strategy. The Ministry of Health plays a minor role in the coordination and implementation of the strategy and the national action plan
12 See Appendix A for a full thirty state catalogue of European positions
In Detail: Party by Party

Conservatives

Harm Reduction Rating: 2/10

For the governing Conservative party, drugs remain an unerringly criminal issue at the root cause of social harms including acquisitive crime, violence, and family breakdown. The Conservatives’ continued support for a prohibitionist approach is in keeping with their 2015 and 2017 manifestos. In contrast to the progressive and evolved positions forwarded by some of the smaller parties – most notably the Green Party, the Liberal Democrats, and Plaid Cymru – the Conservatives consider drugs both as a low priority manifesto issue, and a straightforward one. The 2019 Conservative manifesto advocates a continuation of the party’s longstanding acceptance of drugs as a largely criminal issue, and one that falls wholly within the remit of the Home Office (and that department’s panoply of punitive powers). The manifesto describes drug addiction as the progenitor of crime, violence, and family breakdown without acknowledging the importance of broader social issues linked with drug use.

Accordingly, the Conservative position holds inherent the implicit assumption that a reduction of drug addiction will result in a related decrease in crime. This position is also empirically questionable. The Conservatives do consider gambling addiction as a public health issue, promising to tackle it – but not drugs – under their plan for the NHS. This is particularly stark when considered alongside the UK’s position as having the highest number – in absolute terms – of overdose deaths in Europe. There is no indication that the Conservatives will revise Home Office leadership to include high level strategic policymaking input from the Department of Health.

Labour

Harm Reduction Rating: 5/10

Labour’s 2019 position represents something of a step-change from 2015 and 2017. In 2015, then Labour leader Ed Miliband’s core drug policy pledge was to affirm his party’s full support for the ill-conceived Psychoactive Substances Act (PSA2016). By 2017, a change of leadership to Jeremy Corbyn promised a shift on drug policy: In 2000, he was one of just 14 MPs who backed an Early Day Motion which supported Local Authority-licensed cannabis cafes. And, during the 2016 Labour leadership election, he suggested that he “would decriminalise medicinal uses of cannabis.” Mr Corbyn had also previously indicated his support for ending the “horrors of the drugs war that’s going on in Central America.” However, having won the leadership, Labour’s 2017 manifesto offered little in the way of meaningful drug policy. In 2019, the Labour Party promises to establish a Royal Commission to develop a public health approach to substance misuse which focuses on harm reduction rather than criminalisation. The document makes no legislative claims, including the lack of a repeal of PSA2016, 13

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13 Conservatives Manifesto, 2019. P. 18 [https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf](https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf) Accessed: 05/12/2019


15 Op Cit. Conservatives Manifesto, 2019, P. 11

16 Psychoactive Substances Act (PSA) 2016.


18 Ibid.

and offers a pledge of new money for ‘drug treatment centres.’ Accordingly, Labour’s current position appears to recognise the drug issue as at least related to public health, alongside considerations of crime and justice. Problematic drug use is placed alongside alcohol and tobacco use, with Labour advocating drug rehabilitation programmes in the community in addition to a pledge to expand of state provisioned ‘addiction services.’ Labour’s position also questions whether prisons are necessarily the best place to address drug addiction; echoing calls by scholars highlighting the challenges of conducting drug rehabilitation in this environment.

More broadly, Labour’s manifesto represents a (slight) discursive shift compared with previous years; moving toward framing drugs as a public health issue, with an explicit promise to ‘address drug-related deaths.’ Supporting a Royal Commission into harm reduction does suggest a theoretical openness to shift responsibility from the Home Office to the Department of Health and Social Care. However, it stops short of making the pledge, and this idea has been criticised as ineffective in dealing with such complex policy questions.

Furthermore, the party seems to accept the tacit criminalisation of drugs, mentioning cross-border drug supply in the same breath as child abduction, people trafficking, smuggling of guns, terrorism and modern day slavery. Moreover, Labour explicitly decries a fall in the number of drug-related prosecutions, bemoaning the de-facto decriminalisation ‘in practice’ of some offences, as a negative consequence of Conservative ‘underfunding’ of law enforcement agencies. As with the Conservatives, there is also no indication that Labour will revise Home Office leadership to include high level strategic policymaking input from the Department of Health.

**Liberal Democrats**

**Harm Reduction Rating: 8/10**

By contrast, the Liberal Democrats - the UK’s third largest long-established nationwide party – offer a complete rejection of long-standing UK Government policy. Liberal Democrat promises include a call for a full and legally regulated cannabis market similar to the emerging Canadian system, and an evidence-based approach to policy with a focus on social and medical harms associated with problematic drug use. The party also pledges to end all prison sentences for the possession of drugs for personal use, instead diverting those arrested for possession into rehabilitation and civil penalties - mirroring the Portuguese system.

Perhaps unsurprising given the nature of their proposals – and in contrast with the Conservatives and Labour - the Liberal Democrats do intend to move ministerial responsibility to the Department of Health. This is a commendable move. There can be little doubt that the Liberal Democrat proposals are bold – not least because their promise to create legally regulated cannabis markets would breach several longstanding international conventions. That said, the party’s 2017 promise to repeal PSA2016 has been quietly dropped.

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20 Op Cit. Labour Manifesto 2019, P.34
21 Ibid. P.46
24 Op Cit. Labour Manifesto 2019, P.45
25 Ibid. Labour Manifesto 2019, P.42
Plaid Cymru
Harm Reduction Rating: 6/10

The parties of the devolved nations offer a mixed picture. In Wales, Plaid Cymru remain largely in line with their 2015 and 2017 policies; support for decriminalisation of cannabis for medicinal use, and broader support for a harm reduction orientated approach. In 2019, Plaid reject prohibition as prejudicial and ineffective, and call for a National Commission on reforming drug law, fundamentally agitating for a Portuguese-style system. Plaid see drug use as a public health issue.27 Plaid’s plans on cannabis would also leave the UK in technical breach of the relevant UN conventions. Having said that, any government in Wales would require further devolution (or independence) of powers to enact Plaid’s plans as these are not currently located in Cardiff.

The Scottish National Party
Harm Reduction Rating: 6/10

Westminster’s third largest party by seats, the Scottish National Party (SNP) continues to poll well in Scotland and are widely expected to retain or improve upon their 2017 electoral performance. Scotland’s unenviable position of having the highest drug-death rate in the Europe28 is increasingly well reported. Indeed, EMCDDA’s most recent data29 shows that 1,187 drug-related deaths were reported in Scotland in 2018, an increase of 27% compared to 2017. A particularly dramatic spike in deaths has occurred since 2011.30 Today, Scotland’s absolute number of overdose deaths per annum is similar in number to Germany, despite a Scottish population of 5.5million compared with 83million Germans. In particular, 90%31 of Scottish overdose deaths are associated with opioids. The SNP blame the recent record number of drug-related deaths in Scotland as a consequence of a lack of devolved powers, for which the manifesto pledge is to call for devolution of drug policy32 to the Scottish Government or at the least a repeal of the Misuse of Drugs Act 1971. Declaring the Scottish drug crisis a ‘public health emergency.’33 The SNP also promise the creation of safe consumption rooms to reduce personal harms34 if power to do so is devolved.

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29 Ibid.
30 Ibid.
31 Ibid.
33 Ibid. Scottish National Party Manifesto, 2019. P.19
34 Ibid. P.14
Green Party
Harm Reduction Rating: 10/10

Drug Policy is a prominent and detailed pillar of the Green Party’s 2019 election offering. The Greens reject what they see as the ‘two core assumptions’ at the centre of longstanding UK policy: that enforcement against the supply of drugs has any impact on availability and use, and, that the criminalisation of drug users is an effective deterrent. Instead, the Green Party unashamedly reject the prohibitionist approach, laying the blame for profitable criminal drug enterprises firmly at the door of ‘50 years’ of the war on drugs. The Greens will start by repealing the key pillar of UK drug policy, the Misuse of Drugs Act 1971. They will also repeal the Psychoactive Substances Act of 2016. Legally regulated markets would be created for all drugs, not just cannabis. In a retrospective decriminalisation move, all individuals convicted of the possession and the ‘small-scale supply’ of drugs will be pardoned, and their criminal records wiped clean.

Instead of a punitive approach, the party advocates a ‘radically new system grounded in harm reduction’ and informed by an evidence-based approach. Harm reduction measures will be paid for by taxation generated by a government-licensed drug market.

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36 Ibid
37 Ibid
38 Ibid
The Green Party’s Tax and Fiscal Working Group calculate that taxation revenue derived from legalised drug markets would benefit the UK economy by £8 billion\textsuperscript{39} per annum, as well as a claim that ‘ending the war on drugs’ would eventually save a further £1 billion per year.\textsuperscript{40}

The Green Party also propose the to treat ‘problematic’ drug use as a public health issue, citing successful approaches pioneered elsewhere in the world. As part of these measures, heroin will be available on prescription after medical assessment by a doctor and drug consumption rooms provided for injecting drug users. Finally, cannabis will be labelled according to strength – similar to alcohol by volume – and subject to minimum unit pricing, reminiscent of pigovian approaches to reducing alcohol abuse.

In essence, the Green Party’s plans – like the Liberal Democrats – to construct legally regulated markets for a range of substances will put the UK at odds with the longstanding international drug control apparatus.

**Brexit Party**

**Harm Reduction Rating: 1/10**

Standing in around half of the available seats, the fledgling Brexit Party firmly considers drugs as a criminal issue, and one of limited relevance. Their Justice promise to ‘target the menace of County Lines drug dealers, gangs and the growth of knife crime’ is short on detail, and is also the only mention of drugs in party’s ‘contract with the people.’\textsuperscript{41}

**Overview**

Summarily, where the Conservative Party remains firmly wedded to a purely punitive perspective, Labour’s largely punitive approach has softened, opting for a Royal Commission into substance misuse, although it is unclear whether this is a positive movement or merely kicking the issue into the long-grass. By contrast, the Liberal Democrats, Greens, & Plaid Cymru all agree on legally regulated cannabis markets. However, their proposals would place the UK in technical breach of internationally binding UN conventions. Faced with the highest overdose death rate in Europe, the SNP’s declaration of a public health emergency in Scotland is a first step on a long road to a harm reduction approach. The SNP and Green’s calls for safe drug consumption rooms are particularly positive moves in this regard.

More broadly, a number of parties share compatible approaches to drug policy. In particular, the Liberal Democrats, the SNP, the Greens, and Plaid all share a vision of the ‘drug problem’ as a public health issue and - to a greater or lesser extent - support a harm reduction approach over purely punitive measures. Labour show that they are open to this as a possibility, but do not rule out a punitive approach, which the Conservatives currently accept without question.

On cannabis, the Liberal Democrats, Plaid, and Greens would all create legally regulated cannabis markets. As mentioned throughout, such a system would place the UK in technical breach of a suite of three key international drug conventions. The conventions mandate states to restrict and monitor the production, supply, and consumption of illegal ‘scheduled’ substances. In particular, the United Nations’ 1961 Single Convention on Narcotic Drugs states that “the production, manufacture, export, import, distribution of, trade in, use and possession” of cannabis be strictly limited “exclusively to medical and scientific purposes.”\textsuperscript{42} Further,

\textsuperscript{39} Ibid. P.86.
\textsuperscript{40} Ibid. P.66.
all states are required to sign and ratify each of the three conventions as an essential precondition of UN membership; and this would also apply to any independent Scotland or Wales; they would be required to sign and ratify the treaties if they wished to join the United Nations. In particular, the provisions of the Single Convention remain perhaps the most significant influence on drug laws around the world. UK political parties appear largely ignorant of the existence of international legal considerations. In particular, the Greens, Liberal Democrats, and Plaid Cymru’s proposals to introduce legally regulated cannabis markets would be in direct breach of the international conventions. This is not to say that regulated market proposals aren’t laudable policies from a harm reduction perspective, rather they would require to be considered in terms of international legal obligations.43

Neither Labour or the Conservatives agree with cannabis legalisation, and in the event of coalition negotiations, it seems likely that smaller parties would give way on this point in favour of concessions elsewhere. More broadly, a Labour-led coalition with any of those parties scoring highly for harm reduction might well see a shift/softening of Labour’s position on the punitive / harm reduction point including (perhaps) a shift in departmental responsibility. Given the fixed nature of their ideological position and core voter demographics, any Conservative coalition seems less likely to give ground in this regard. There are signs that many of the UK’s parties increasingly acknowledge the need to preference a public health approach over purely punitive measures if the social and personal harms of problematic drug use are to be tackled head on. The governing Conservative party – and to a (marginally) lesser extent – the opposition Labour party both appear to support the maintenance of the punitive status quo. Barring a shock election result, the UK therefore looks set to remain – along with Romania and Turkey – one of an increasingly limited number of European states with no formal high-level strategic health ministry involvement in drug policy.

43 For more information, see: https://www.swansea.ac.uk/gdpo/projectpages/cannabispolicyintheusimplicationsandpossibilities/
## Appendix A.  
National Coordination Mechanisms, EMCDDA reporting states, 2019

<table>
<thead>
<tr>
<th>State</th>
<th>Body</th>
<th>Ultimate Departmental Responsibility for Coordination of Drug Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Multiple - Federal Drug Coordination Office and the Federal Drug Forum</td>
<td>Health - Federal Ministry of Labour, Social Affairs, Health and Consumer Protection</td>
</tr>
<tr>
<td>Belgium</td>
<td>Multiple - General Drugs Policy Cell (GDPC)</td>
<td>Health - Federal Public Service of Health, Food Chain Safety and Environment</td>
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<tr>
<td>Bulgaria</td>
<td>Bespoke - National Drug Council</td>
<td>Bespoke Body - Chaired by Health</td>
</tr>
<tr>
<td>Croatia</td>
<td>Joint – Expert Council of the Office for Combating Drug Abuse</td>
<td>Joint</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Joint - Interministerial Drugs Committee</td>
<td>Joint – President of the Republic - comprises six ministers, from the Ministries of Health; the Interior; Justice and Public Order; Education and Culture; Labour, Welfare and Social Insurance; and Defence</td>
</tr>
<tr>
<td>Czechia</td>
<td>Joint- Government Council for Drug Policy Coordination</td>
<td>Joint – GCDPC is presided over by the prime minister and includes all ministries involved in the delivery of the national drug policy and representatives of other significant stakeholders, including NGOs and professional associations</td>
</tr>
<tr>
<td>Denmark</td>
<td>No special body with the sole task of coordinating drug policy</td>
<td>Ministry of Health is responsible for central coordination of drug policy, and legislation governing controlled substances</td>
</tr>
<tr>
<td>Estonia</td>
<td>Government Committee on Drug Prevention</td>
<td>Joint - The Minister of the Interior chairs the committee, which has members from all relevant ministries; The Department of Public Health within the Ministry of Social Affairs is the permanent coordination unit for drugs policy</td>
</tr>
<tr>
<td>Finland</td>
<td>National Drug Policy Coordination Group (NDPCG)</td>
<td>Health – NDPCG is attached to the Ministry of Social Affairs and Health and is composed of representatives from all relevant ministries involved in the area of drug use. The National Institute for Health and Welfare (THL) supports the Coordination Group and is a research and development institute under the Ministry of Social Affairs and Health</td>
</tr>
<tr>
<td>France</td>
<td>Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA)</td>
<td>Joint - Interministerial Mission prepares all government decisions on drug issues. MILDECA reports to the Prime Minister.</td>
</tr>
<tr>
<td>Country</td>
<td>Body Name</td>
<td>Description</td>
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<tr>
<td>Germany</td>
<td>The Office of the Federal Government Commissioner on Narcotic Drugs (OFGCND)</td>
<td>Health - OFGCND is attached to the German Federal Ministry of Health.</td>
</tr>
<tr>
<td>Greece</td>
<td>Interministerial Committee on the Drugs Action Plan</td>
<td>Joint – Interministerial committee including health and interior, chaired by Prime Minister.</td>
</tr>
<tr>
<td>Hungary</td>
<td>Interministerial Coordination Committee on Drug Affairs</td>
<td>Joint - Chaired by the Secretary of State for Social Affairs and Social Inclusion. Includes representatives from all relevant ministries and national institutions, and the Council on Drug Affairs includes representatives of civil society.</td>
</tr>
<tr>
<td>Ireland</td>
<td>Health Ministry</td>
<td>Health - Minister for Health has overall responsibility for Ireland’s national drug strategy.</td>
</tr>
<tr>
<td>Italy</td>
<td>Bespoke Department - Department for Anti-Drug Policies (DADP)</td>
<td>Joint – DADP is a department of the Presidency of the Council of Ministers.</td>
</tr>
<tr>
<td>Latvia</td>
<td>Drug Control and Drug Addiction Restriction Coordination Council</td>
<td>Joint – The Council is chaired by the Prime Minister and includes ministers from all key policy areas and several national expert.</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Bespoke Department - Commission for Prevention of Addictions</td>
<td>Joint</td>
</tr>
<tr>
<td>Luxemburg</td>
<td>Interministerial Commission on Drugs (ICD)</td>
<td>Health – The ICD is chaired by the National Drug Coordinator, who is appointed by the Minister of Health.</td>
</tr>
<tr>
<td>Malta</td>
<td>Advisory Board on Drugs and Addiction</td>
<td>Social Affairs - Ministry for the Family and Social Solidarity.</td>
</tr>
<tr>
<td>Netherlands</td>
<td>Health</td>
<td>Health - The Ministry of Health, Welfare and Sport is tasked with coordination, while the Ministry of Justice and Security is responsible for law enforcement and matters relating to local government and the police</td>
</tr>
<tr>
<td>Norway (EEA)</td>
<td>Ministry of Health and Care Services</td>
<td>Health - Ministry of Health and Care Services is responsible for the strategic and operational coordination of alcohol and drug policy, while each ministry is responsible for the areas falling within its own remit. The Directorate of Health is responsible for the overall day-to-day coordination of alcohol and drug policy and is the government’s primary adviser on health and social affairs matters</td>
</tr>
<tr>
<td>Poland</td>
<td>The National Bureau for Drug Prevention</td>
<td>Health - National Bureau for Drug Prevention is a state budget unit subordinated to the Ministry of Health and is responsible for coordinating the implementation of the national drug strategy.</td>
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<tr>
<td>Country</td>
<td>Body Name</td>
<td>Health</td>
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<tr>
<td>Portugal</td>
<td>The Council for Counteracting Drug Addiction</td>
<td>The National Bureau for Drug Prevention is a state budget unit subordinated to the Ministry of Health</td>
</tr>
<tr>
<td>Romania</td>
<td>The National Anti-Drug Agency (NAA)</td>
<td>The National Anti-Drug Agency (NAA)Interior – NAA is a specialised legal entity under the coordination of the Ministry of Internal Affairs.</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Government Council for Drug Policy</td>
<td>Chaired by the Minister for Health, the Government Council for Drug Policy is responsible for interministerial coordination. The Department of Drug Strategy Coordination and Monitoring of Drugs is based within the Ministry of Health</td>
</tr>
<tr>
<td>Slovenia</td>
<td>The Commission on Narcotic Drugs of the Government of Slovenia</td>
<td>The Commission’s secretariat is the Ministry of Health</td>
</tr>
<tr>
<td>Spain</td>
<td>Government Delegation for the National Plan on Drugs is the national drug policy coordinator</td>
<td>Delegate’s office is a directorate of the Ministry of Health, Social Services and Equality</td>
</tr>
<tr>
<td>Sweden</td>
<td>Comprehensive Strategy for Alcohol, Narcotics, Doping and Tobacco (ANDT)</td>
<td>The Public Health Agency of Sweden has the overall responsibility for supporting the implementation of</td>
</tr>
<tr>
<td>Turkey (not EU)</td>
<td>The High Council for the Fight Against Addiction</td>
<td>The High Council includes ministers from all relevant ministries involved in delivering the objectives of the national drug strategy. It is tasked with high-level strategy development, the development of inter-institutional coordination and monitoring of strategy implementation. The High Council includes ministers from a number of ministries, but these are dominated by Ministry of the Interior/Turkish National Police/Counter-Narcotics Department. The Department of Smuggling, Intelligence, Operation and Data Collection is also attached to the Ministry of the Interior and is responsible for the coordination and implementation of the national drug. The Ministry of Health plays a minor role in the coordination and</td>
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<tr>
<td>Country</td>
<td>Organization</td>
<td>Action</td>
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</tr>
<tr>
<td>United Kingdom</td>
<td>Home Office</td>
<td><strong>Interior</strong> - Home Office has lead responsibility for the coordination of the delivery of all drug strategy on behalf of the government and is supported by the Drug Strategy Board, chaired by the Home Secretary.</td>
</tr>
</tbody>
</table>
About the Global Drug Policy Observatory

The Global Drug Policy Observatory aims to promote evidence and human rights based drug policy through the comprehensive and rigorous reporting, monitoring and analysis of policy developments at national and international levels. Acting as a platform from which to reach out to and engage with broad and diverse audiences, the initiative aims to help improve the sophistication and horizons of the current policy debate among the media and elite opinion formers as well as within law enforcement and policy making communities. The Observatory engages in a range of research activities that explore not only the dynamics and implications of existing and emerging policy issues, but also the processes behind policy shifts at various levels of governance.

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