



Drugs policy and the city in Europe

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A window on new drug trends

The European Union is one of the most urbanised areas in the world and its cities are set to become more densely populated. Currently 73 % of the EU population resides in cities and this is projected to increase to 82 % (or 30 million new residents) by 2050. The EMCDDA analysis *Drugs policy and the city in Europe* shows how modern cities play host to a diverse set of drug-using populations and related health, social and security problems.

emcdda.europa.eu/publications/emcdda-papers/drug-policy-and-the-city

Urban spaces and drug use

FIGURE 1 | Open drug scenes in European capital cities



Eight capital cities report current 'open drug scenes'. These vary from the 'concentrated' (up to hundreds of users per day) to the 'dispersed' (multiple smaller gatherings), with many fluctuating from one type to the other. Common features exist: the presence of polydrug use (often involving heroin, prescription medications and alcohol); health issues linked to injecting (infection with HIV and hepatitis B and C viruses); and problems relating to congregations of users (criminality, public nuisance). Current responses include needle- and syringe-exchange programmes, drop-in centres, drug consumption rooms and measures to reduce drug-related litter (e.g. sharps bins, needle-exchange machines).

Businesses and recreational drug use

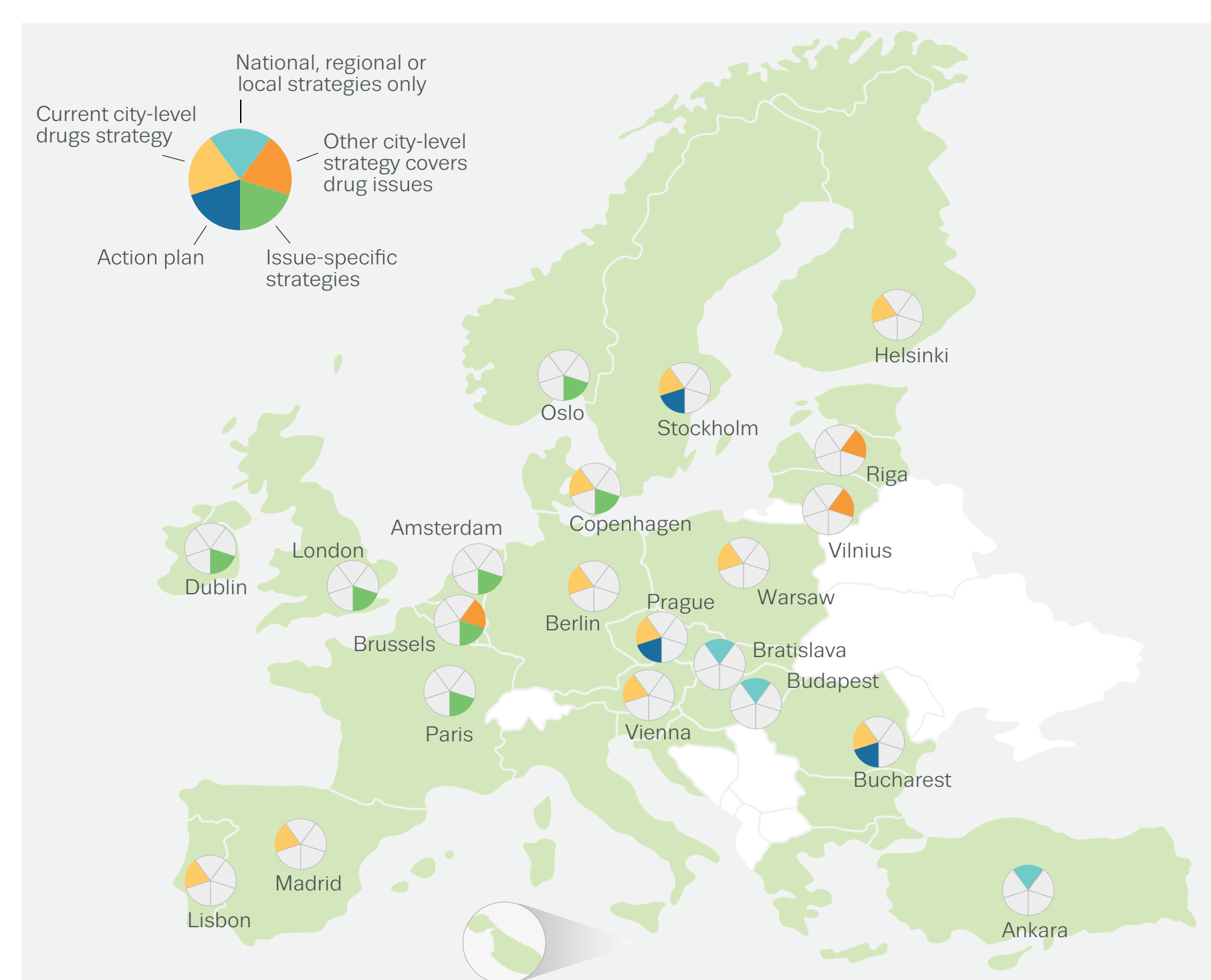
Cities often have a high density of premises where psychoactive substances are sold and consumed. Frequently, specific areas exist where many of these businesses are clustered together. This can give rise to zones where drug use and intoxication are tolerated, if not accepted. Given the diversity of the drug problems found in such areas, a spectrum of responses are implemented. These range from prevention and harm-reduction initiatives in recreational settings (e.g. information campaigns, pill-testing) to legislative measures targeting new psychoactive substances and street-based outlets for their sale.



City-level drug policies

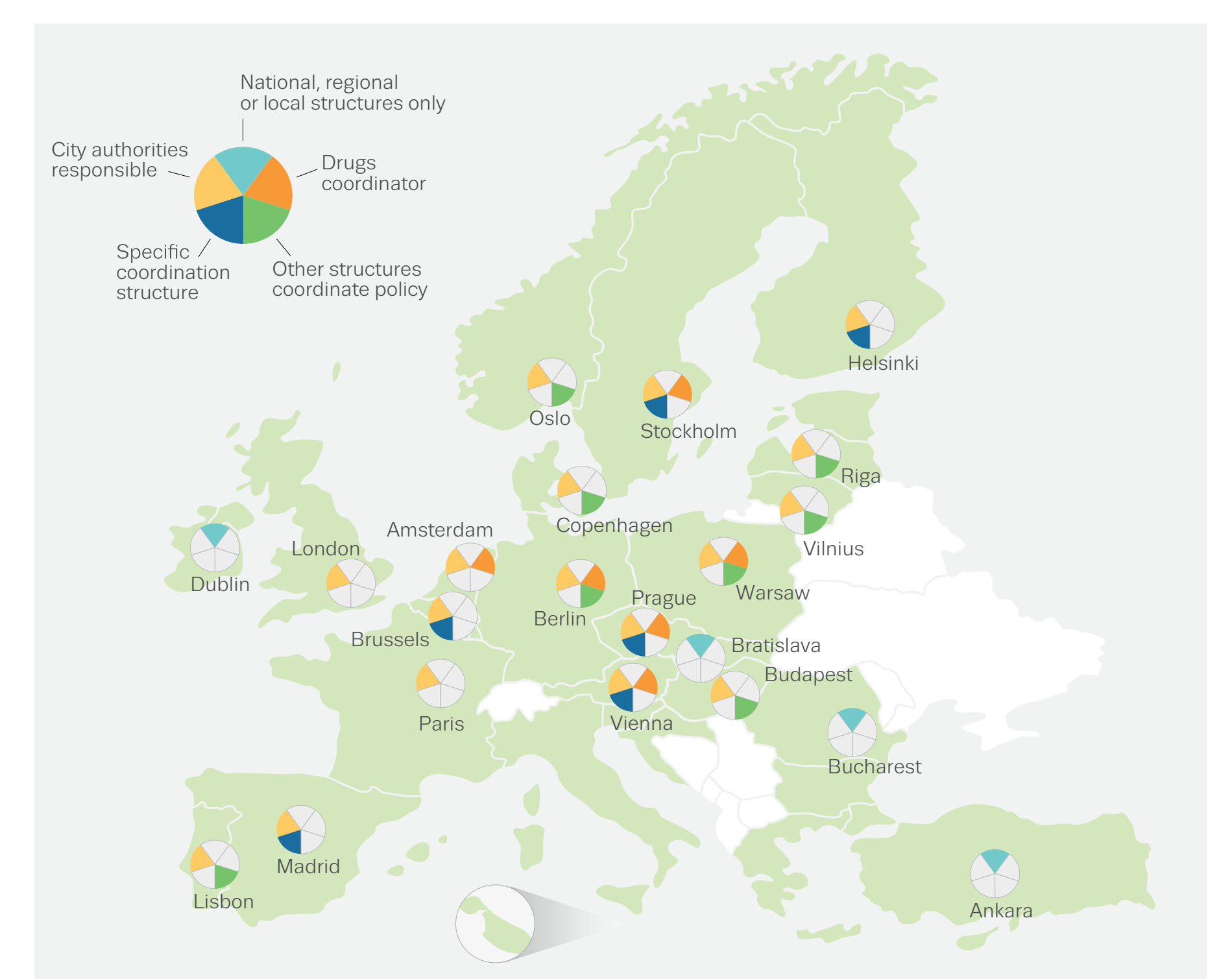
Strategies frequently mirror the focus of national and regional level documents (Berlin, Helsinki, Lisbon, Madrid, Stockholm, Vienna, Warsaw). Other cities adopt a more thematic approach, addressing specific issues such as open drug scenes (Copenhagen, Oslo), antisocial behaviour (Dublin) and crack cocaine (London, Paris). Elsewhere (Brussels, Riga, Vilnius), drug issues are included in other city-level strategic documents, such as those focusing on crime or public health. Dedicated local drug monitoring systems exist in some cities, while others use ad hoc methods to monitor drug use.

FIGURE 2 | Drug issues and city-level strategy documents



Coordinating and funding city-level policies

FIGURE 3 | Coordinating drugs policy at city level



City authorities are responsible for coordinating drug policy, sometimes this being established by law (Helsinki, Madrid, Warsaw). Some cities have dedicated drug policy units (Helsinki, Madrid, Paris, Prague, Stockholm, Vienna), while others address drug issues via generic policy units (e.g. London). Officially appointed 'city drug coordinators' exist in some capitals (Berlin, Prague, Vienna, Warsaw). Where no formal coordination structures exist at city level, national-, regional- or local-level structures are responsible for strategy implementation (Ankara, Bratislava, Bucharest, Dublin). A number of Europe's capitals have dedicated drug strategy budgets that fund entire agencies or services provided by agencies. The available expenditure figures range from EUR 6.5 million in Berlin to EUR 29.4 million in Madrid in 2011.

