How are the problems associated with different psychoactive substances, illicit drugs, alcohol and tobacco described? How is the nature of the “problem” shaped by research evidence, media coverage, cultural mores and social, economic and political considerations? To what extent does policy reflect a consistent approach to different psychoactive substances? What objectives do policies on drugs, alcohol and tobacco pursue? Do the structures in place support the co-ordination and/or integration of these policies?

The issue of psychoactive substance policies (and beyond) is currently at the forefront of policy making in a number of countries, including those participating in this study, together with the issue of how such a policy may be implemented in a coherent manner. Continuing the work carried out in two previous publications, From a policy on illegal drugs to a policy on psychoactive substances (2008) and Towards an integrated policy on psychoactive substances: a theoretical and empirical analysis (2010), this work attempts to put into perspective the salient points of what may be termed a coherent policy on psychoactive substances and beyond. It proposes six indicators, around which the concept of coherency is articulated: conceptualisation, policy context, legislative and regulatory framework, strategic framework, responses/interventions, and structures and resources.

The results of this study may be a surprise to some in the field, and tie in with broader efforts by the European Union and the Organisation for Economic Co-operation and Development in the sphere of policy coherence for development.
2. Policy coherence: notes towards a concept

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2.1. Definitions

According to the Oxford English Dictionary, coherence means “the action or fact of cleaving or sticking together”, while coherency means “the quality of being coherent or hanging together in any respect” – one is an action; the other is a quality. In this chapter, “coherence” is used when referring to policy coherence as a policy tool, because it connotes a process of becoming more, or less, coherent; “coherency” is used for the goal, the final state to be achieved by implementing the policy coherence instrument, a set of fully coherent policies.

Following the characterisation of “policy coherence” given in the previous chapter, a more formal definition of the concept is now proposed. Policy coherence refers to the extent to which different public policies complement or support each other. At best, policy coherence creates synergies between different public policies; it leverages capacity to realise a common policy goal. At a minimum, it ensures that different policies do not undermine one another or cancel each other out.

A consequence of this layered definition (layered in that there are gradations, namely, ever greater degrees of coherence) is that policy coherence depends on alignment and consistency not only across policies directly related to a specific goal or set of goals, but also across other unrelated policies that may have an impact on directly related policies. A further consequence is that coherence at different levels, from international to local, also needs to be considered.

2.2. Measuring policy coherence

Six possible indicators of the degree of coherence between different policies are proposed.

- Conceptualisation of the problem: how are problems associated with different psychoactive substances (illicit drugs, alcohol and tobacco) described, and how do research evidence, media coverage, cultural mores or social, economic and political considerations shape the nature of the “problem”? To what extent do these elements converge? (This indicator is comparable to mapping the profile of policy influencers outlined in phase 1 of the project.)
− Policy context: where are psychoactive substance policies located within the overall policy environment, e.g. in criminal justice, in the medical context or within the context of a value set such as social inclusion, human rights or equality? To what extent is there a consistent approach across different psychoactive substances?
− Legislative/regulatory framework: how are various psychoactive substances controlled and regulated? To what extent are the controls and regulations complementary and supportive of the desired outcomes?
− Strategic framework: what are the goals and aspirations, the objectives, of drug, alcohol and tobacco policies? How far do they overlap with one another?
− Responses/interventions: are interventions logically consistent and mutually supportive, in line with overarching policy goals and aspirations?
− Structures and resources: to what extent does the organisation of structures and resourcing support the co-ordination and/or integration of drug, alcohol and tobacco policies? (The structural aspect of this indicator was explored in phase 2 of the project.)

In Chapter 5, Ireland’s national policies on illicit drugs, alcohol and tobacco are assessed against these six indicators. The outcome of this pilot test suggests that, though the assessment may not lead to precise measurement of the various policies against an external benchmark, the process does facilitate identification of options for strengthening the impact of different policies relating to the misuse of psychoactive substances.

2.3. Making policies coherent

Some questions need to be answered in order to test the validity of this conceptual model and to translate it into a practical policy tool.
− How sensible or useful is it to spend time wondering about abstract concepts such as “policy coherence”? Does it add value? Does it ensure our policies on psychoactive substances are more relevant and effective?
− How feasible is it for different countries, each with their own unique set of policy priorities, to agree a common policy goal or goals?
− How possible is it to devise systems, structures and processes to support the adoption of a policy coherence model?

2.3.1. Reality check

How relevant is the concept of policy coherence? Will it contribute to desired policy outcomes? Has “policy coherence” been used in any other policy areas? To answer the last question first, yes, the concept of policy coherence has been tried elsewhere. With leadership from the Organisation for Economic Co-operation and Development (OECD), in conjunction with the United
Nations (UN), the concept has been applied to the formulation of policy on international development aid and to assist in managing the diverse policies that come together in this area, including agriculture, environment, transport, energy, finance, fisheries, migration, science, technology, intellectual property rights, security and trade.\(^3\)

The International Labour Organization has also made use of the concept to assist countries in formulating and adopting policy portfolios that support coherence between the objectives of economic growth and the generation of decent work for all. Elements of this approach are (a) a better balance between objectives such as sustainable growth, equity, employment and “decent work”, (b) a more comprehensive policy mix and better sequencing to obtain these objectives, and (c) the creation of more policy space to implement national policy.\(^4\)

So far, so good, but how relevant and viable is the concept of policy coherence in psychoactive-substances policy? There are notable parallels between the psychoactive-substances policy domain and these other policy domains, which suggest the concept is both relevant and viable: a global market, a global problem, close links with other policy domains and the complication of different models, cultures and ideologies.

Psychoactive substances are deeply implicated in the political economy of globalisation. The markets for them comprise suppliers and consumers spread around the world, who are part of a complex web of trade relationships and interdependencies.

The global markets in psychoactive substances encompass under-developed, developing and developed regions of the world. In 2008, the Latin American Commission on Drugs and Democracy published the conclusions of its year-long deliberations on the problems associated with illicit drugs on the South American continent. The authors made a plea for a global policy on drugs controlled under the UN conventions to ensure coherence between the policies of these different global regions:\(^5\)

The question is not to find guilty countries and allocate blame for this or that action or inaction, but to reiterate that the United States and the European Union share responsibility for the problems faced by our countries, insofar as their domestic markets are the main consumers of the drugs produced in Latin America. It is, thus, pertinent for us, Latin Americans, to ask them as partners to design and implement policies leading to an effective reduction in their levels of drug consumption and, as a consequence, in the overall scope of the narcotics criminal activities.

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3. For full details visit [www.oecd.org/department/0,3355,en_2649_18532957_1_1_1_1_1,00.html](http://www.oecd.org/department/0,3355,en_2649_18532957_1_1_1_1_1,00.html).
5. The report was downloaded on 16 August 2011 from [www.drogasedemocracia.org](http://www.drogasedemocracia.org).
In 2011, in Recommendation 10 of its final report, the Global Commission on Drug Policy similarly called for coherence in what is a global problem:6

The United Nations system must provide leadership in the reform of global drug policy. This means promoting an effective approach based on evidence, supporting countries to develop drug policies that suit their context and meet their needs, and ensuring coherence among various UN agencies, policies and conventions.

As in the case of policy on international development aid, policy on psychoactive substances is closely interlinked with a number of policy domains – health, education, social inclusion, regulation and law enforcement. To integrate such disparate policy domains would be a huge challenge; ensuring that they complement and support one another appears to be a more easily achieved solution.

Finally, policies on psychoactive substances are often infused with conflicting ideological, moral and cultural assumptions and attitudes, which result in different policy preferences; but, if policy coherence is the objective, this need not be a stumbling block in the search for a common outcome.

These parallels suggest that the concept of policy coherence is as relevant in the area of psychoactive substances as in the area of international development aid. Although I have not explored such parallels in the areas of alcohol and tobacco, I expect that similar parallels exist there.

Regarding viability, the policy coherence framework and tools developed in the past 10 to 15 years in the domains of international development and international labour policy appear capable of being used to find workable and useful solutions in the face of conflicting and competing interests, which are unlikely ever to be fully resolved. It would seem reasonable to suggest that similar approaches may also be useful in developing tools to build greater coherency in the psychoactive-substances policy domain, where differences are also not readily amenable to compromise.

2.3.2. Common goals

The adoption of health as an over-arching policy goal, within which policy on a variety of licit and illicit psychoactive substances can be combined, was identified in phase 1 of the project, and confirmed in phase 2. In the final phase, the need for a common over-arching goal, to provide the focal point around which policies can cohere and to justify investment in seeking greater coherency, was agreed – and again health was identified as the likely goal.

So just where could common goals acceptable to a wide variety of countries come from? The answer we arrived at is the goals and aspirations of the international organisations established in the wake of the Second World War.

and afterwards, such as the United Nations, the Council of Europe and the European Economic Community, precursor to the European Union. Many countries belong to these various bodies. Given that the Pompidou Group, which set up the expert group on policy coherence, is a constituent part of the Council of Europe, the expert group adopted a pragmatic approach: the health-related goals articulated by the Council of Europe provide the necessary and sufficient objectives; the expert group did not undertake any a priori investigation or justification of the choice of goals.\footnote{The following account of the Council of Europe’s articulation of health-related goals has been taken from an unpublished survey by the Pompidou Group Secretariat, led by Thomas Kattau. Acknowledging the important role of jurisprudence in clarifying and defining the right to health, and demonstrating its close association with and dependence on other human rights, the Secretariat also listed the Council of Europe instruments in which these rights are set out, including the Convention for the Protection of Human Rights and Fundamental Freedoms, the Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data and the Convention on Human Rights and Biomedicine.}

The primary aim of the Council of Europe is to create a common democratic and legal area over the whole continent, ensuring respect for fundamental values like human rights, democracy and the rule of law. These values are regarded as the foundations of a tolerant and civilised society, and indispensable for European stability, economic growth and social cohesion. On the basis of these fundamental values, members of the Council of Europe try to find shared solutions to major problems like terrorism, organised crime, corruption, cyber crime, bioethics, cloning, violence against children and women, and trafficking in human beings.

More specifically relevant to promoting a public health approach to the issues associated with psychoactive substances is Article 11 of the Council of Europe’s European Social Charter. Article 11 provides for the right to protection of health and stipulates that, with a view to ensuring the effective exercise of the right to protection of health, the parties to the social charter undertake to take appropriate measures designed, \textit{inter alia}, to remove as far as possible the causes of ill-health, to provide advisory and educational facilities to promote health and encourage individual responsibility in matters of health, and to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Even though the right to health has been included in a considerable number of human rights treaties at the international, regional and national levels, it has been found difficult to pinpoint exactly what it entails. Jurisprudence dealing with the right to health, even though limited, has helped to clarify and define the right, and has demonstrated that it is a right closely related and dependent on other human rights, such as the rights to life, non-discrimination, privacy, access to information and freedom from torture or inhuman and degrading treatment.
2.3.3. Systems, structures and processes

Not only has the OECD published guidelines on how to strengthen policy coherency, but the EU and national bodies have also taken up the challenge. In 2005 the European Council adopted the European Policy Coherence on Development (PCD), which provides for strengthening PCD procedures, instruments and mechanisms at all levels in the EU. The European Commission has since published two progress reports on PCD in the EU.\(^8\) At national level, in the Netherlands the government has established a dedicated Policy Coherence Unit. In Ireland the Institute for International Integration Studies in Trinity College Dublin (TCD) has set up a Policy Coherence Unit which manages a website devoted to exploring the many dimensions of Irish policy coherence for development. In the following brief overview I draw on the work of the OECD and the TCD-based unit.

Operationalising policy coherence (that is, turning the concept into a set of tangible objectives, in relation to which actions can be identified) might focus on four main objectives and related action areas.\(^9\)

1. Seek to eliminate policy inconsistencies – the elimination of inconsistencies is the starting point for policy coherence. The ideal end point for this stage is for all policies to be at least neutral in their effect on the supply of and demand for psychoactive substances.

2. Identify opportunities for policy enhancement – which involves a deliberate decision to make policies unrelated to psychoactive substances also work for objectives in the psychoactive-substances policy domain. This includes taking opportunities to tweak policies not related to psychoactive substances to achieve pay-offs at relatively little cost, or using resources to leverage the positive impact of policies on psychoactive substances policy.

3. Develop mitigation policies to overcome the adverse effects of policies not related to psychoactive substances – by developing alternative policies and programmes, by which the adverse effects, whether intentional or otherwise, of non-psychoactive-substances-related policies may be offset.

4. Ensure consistency in advocacy – use the national voice at international forums to put forward arguments and policy options consistent with the objective of a coherent policy on psychoactive substances.

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Implementing policy coherence might depend on carrying out four related tasks, forming part of a continuous cycle.\textsuperscript{10}

1. Set and prioritise objectives: determine which policy objectives take priority in pursuit of the overall policy aim, either annually or over a longer period. Impact assessments can help to prioritise competing options. Political commitment and policy statements are other key tools in this stage of the cycle.

2. Co-ordinate policy and its implementation: work out how policies and implementing them can be modified to maximise synergies and minimise incoherence. As well as departmental and other statutory policy co-ordination mechanisms, parliamentary oversight by committee (Oireachtas committees in Ireland) and an annual parliamentary debate could be considered. Non-governmental organisations (NGOs) could be encouraged to assess coherence issues and contribute to the knowledge base on policy coherence in relation to psychoactive substance policies.

3. Monitor, analyse and report: the impacts of policies, separately and in combination, need to be monitored and analysed, and the findings fed back to policy makers and those with the task of holding policy makers and their political masters accountable. Policy coherence indicators should be independently published bi-annually to ensure legitimacy.

4. Build capacity and capability: training (explicitly on policy coherence) officials and others working in the area of psychoactive substances and initiating a research programme (within the context of overall aims and short-term policy priorities) to assess a range of coherence issues, will help to build capacity (resources) and capability (knowledge).

\textbf{2.4. Conclusion}

One other issue, beyond the remit of the expert group, but which policy makers need to bear in mind, is the need to maintain a historical perspective on policy coherence and/or integration, and on the dynamics of the system whereby the building blocks (the underlying beliefs, principles and assumptions) continue to alter and shift over time, upsetting any balance that may have been temporarily achieved between competing policy demands.\textsuperscript{11}

\textsuperscript{10} This implementation framework is based on the “policy coherence cycle” outlined in \textit{Understanding policy coherence for development: building blocks for policy coherence for development}, OECD 2009, Chapter 2 (downloaded 17 August 2011 from www.oecd.org/department/0,3355,en_2649_18532957_1_1_1_1_1,00.html) and on the “Model of PCD Support for Ireland” outlined in Barry, King and Matthews (2009), \textit{Policy coherence for development: the state of play in Ireland}, op. cit. Dublin: TCD, pp. 28-31 (downloaded 17 August 2011 from www.tcd.ie/iiis/policycoherence/).

\textsuperscript{11} These final remarks are based on observations by a member of the expert group, Irmgard Eisenbach-Stangl.
Policy on psychoactive substances and beyond

When an appropriate mix of policy initiatives has been achieved, when an acceptable degree of coherency between policies has been realised, policy makers cannot relax. Policy makers need to be constantly vigilant and continuously monitor developments – in international regulatory frameworks, in national cultural and social reactions, and in the evidence base and notions of good practice in relation to addressing the issues associated with psychoactive substances – and reflect on how such developments, however insignificant, may impact on the overall balance and coherence between policies.

The goal of policy coherency is a never-ending quest.