



## Health Reform Monitor

Brexit threatens the UK's ability to tackle illicit drugs and organised crime: What needs to happen now?<sup>☆</sup>

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## ABSTRACT

**Background:** The decision by the UK government to leave the European Union comes at a time when parts of the UK are experiencing a marked rise in reported gun and knife crimes. The health effects of Brexit will have serious consequences as to how the UK tackles this upsurge in drug-related crime.

**Health policy processes:** The UK's future participation with the EU's specialised agencies will depend on the detail of any agreement reached on future collaboration with the EU and its drug agency, the EMCDDA. **Context:** The EMCDDA provides the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support debates on drugs policies. It also supports early warning initiatives and coordinates measures at national and supranational levels with Europol and supranational enforcement agencies.

**Expected outcomes:** While these arrangements might continue throughout any transition period, those working within the sector require guidance and assurances from the British government about its long-term intentions after any transition.

**Conclusions:** The scale of collaboration between the UK and European institutions is extensive. It is not clear how this might be replicated after Brexit. Yet an alternative framework of collaboration between the UK and the EU is clearly needed to facilitate shared and agreed approaches to data sharing and drug surveillance after Brexit.

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## 1. Background

The decision by the UK government to leave the European Union (EU) comes at a time when parts of the UK are experiencing a marked rise in reported gun and knife crimes, including many fatalities [1–4]. The health effects of Brexit have attracted growing, if belated, attention with concerns about the supply of health workers, medicines, and radioisotopes with many other areas being under recognised. As we argue here, one is the UK's ability to tackle this upsurge in drug-related crime. This is an issue in the context

of Brexit because many of these crimes are linked to gangs fighting for control of parts of the illicit drug markets, particularly the lucrative £11 billion cocaine market [1–3,5–9], with new models of distribution involving recruitment of young people as couriers (the “county lines” phenomenon), a development that police forces link to increasing violence. While the EU plays an important role in assembling the evidence and intelligence to tackle drug-related harm linked to serious and organised crime, continued access to its resources is not guaranteed after Brexit. This work is crucial in reducing harm in for example cocaine use, that has been expanding rapidly in many metropolitan areas. Bristol now ranks fifth among European cities for per capita use, surpassing Amsterdam, Berlin, and Paris [4,10]. The effects of this expansion are visible in its contribution to the rise in Drug-Related Deaths (DRDs) and its effects on public health across the UK [11,12]. In 2015 there were 3,070 deaths classified as DRD, a 13% increase from 2014 (n = 2,717). Sev-

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enty percent (2,162) were in England, 21% in Scotland (637), 5% (167) in Wales, and 3% (104) in Northern Ireland. Each of these countries experienced an increase between 2014 and 2015, with 13% more in England, 11% in Scotland, 14% in Wales, and 36% rise in Northern Ireland [13]. This trend has continued across the UK. For example, in 2017 there were 934 DRD's registered in Scotland, 8% (66) more than in 2016, according to figures released by the National Records of Scotland (NRS) with cocaine implicated in 176, 53 more than the previous high of 123 in 2016 [14]. In 2017 in England and Wales there were 3,756 deaths related to drug poisoning [15]. These were the highest figures since the beginning of the time series, and show a small increase in the 2016 level 2016 (3,744 deaths) [15]. Looking ahead, there is concern about the growing use of synthetic opioids such as fentanyl, with a 29% increase in mortality linked to this drug in 2018, and the involvement of organised crime in the production and distribution of traditional drugs and new psychoactive substances (NPS) [12,16,17]. At a time when drugs policy is under scrutiny and pressure for change is intense, informed debate is essential [18].

## 2. The UK's health policy processes in substance abuse

Traditionally, illicit drugs have been regarded as an issue for the criminal justice system but that has been changing in recent years. The Commissioner of the Metropolitan Police has joined calls for a public health, rather than criminal justice response to the issue [19]. She has drawn on the success of the Violence Reduction Unit (VRU) in Scotland, created in 2005, which confronted what was then the second highest murder rate in western Europe by establishing collaborations between education, social services, child and adolescent mental health teams, and community groups [4,20–23]. Collaboration between the police and public health community is vital [24] and depends on access to accurate and timely intelligence on the market for illicit drugs, including street price, prevalence of use, toxicity and poisonings, volumes of seizures, and the activities of organised crime networks. However, this local intelligence is of limited value if it is not linked to information from abroad, including, crucially, other parts of Europe. The illicit drugs market does not respect international borders. Paradoxically, while there may be major challenges in importing legal drugs, such as insulin, across the UK's newly enforced border arrangements, those who move illicit drugs have a wealth of experience in circumventing even the tightest border controls. Yet, as we now explain, Brexit threatens access to this vital information from elsewhere in Europe, so it is essential that the United Kingdom's government develop plans for whatever happens next. This is especially important as organized crime networks might be encouraged by the exclusion of the UK from other forms of European collaboration, including the sharing of police intelligence and the European Arrest Warrant. Rational arguments on the risks, unintended consequence and benefits of structural changes in policy depend upon a functional and functioning monitoring system [18].

The UK's future participation with the EU's specialised agencies will depend on the detail of any agreement reached on future collaboration with the EU. [25] While most attention has been focused on the departure of the European Medicines Agency (EMA) from London, [26] several other EU agencies have important implications for public health. In the context of this paper, the most important is the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Established in 1993, the EMCDDA has its headquarters in Lisbon [27]. Its mandate derives from Regulation 1920/2006 of 12 December 2006 [28], which requires it to undertake certain activities in the areas of monitoring, establishing best practice and knowledge exchange, maintaining information exchange systems,

responding to NPS, and supporting policy at national and EU levels. As with all EU agencies, its operation is based on European Treaties, accountable to the European legislative institutions (Commission, Council, and Parliament), and subject to the judicial oversight of the Court of Justice of the European Union (CJEU) [4,27,28]. These are all provisions that, at the time of writing, the UK government has ruled out of any future agreement. Thus, if the UK did wish to participate in the future, it would first have to accept these provisions, which would cross some of the "red lines" the government has adopted so far, and would then have to apply to join, most likely in some form of associate arrangement such as for example Norway.

## 3. Context of the EU's and EMCDDA drug policy framework

In practical terms, the EMCDDA provides the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support debates on drugs policies. It also supports early warning initiatives and coordinates measures at national and supranational levels with Europol and supranational enforcement agencies [27]. It offers policymakers the data they need for drawing up informed drug laws and strategies and helps professionals and practitioners working in the field to identify best practice and scope new areas of research.

The experience in Scotland shows why access to specialist expertise and intelligence is important [21,22,29]. Evidence-based interventions, based on locally conducted research, have been associated with a marked reduction in incidents of assault-related sharp force injury, with the reduction being greatest in street-based violence, typically involving young males, with a concurrent increase in cases of domestic violence, which were not given the same attention. Illicit drugs flow in convoluted and concealed pathways across international borders, conveyed by sophisticated organised crime networks [30,31]. The UK's exclusion from its ongoing work with EMCDDA, is a matter of concern, so finding ways to mitigate the problems in a post-Brexit world is a crucial issue. The key to this is the UK Focal Point on Drugs and the alignment of its functions to the broader work carried by EMCDDA.

The UK Focal Point on Drugs is based in Public Health England (PHE) [13]. Working closely with the Home Office, other UK government departments, and government departments of the other countries (Northern Ireland, Scotland, Wales), it provides information to the EMCDDA and, in return, receives intelligence on emerging developments across the EU compiled from the Réseau Européen d'Information sur les Drogues et les Toxicomanies (Reitox) surveillance network and other European agencies such as Europol, Europe's crime and intelligence-sharing agency, the European Centre for Disease Prevention and Control (ECDC) and the EMA [13]. This information exchange is only possible because of existing EU legislation, especially in the sphere of data protection.

## 4. Expected outcomes of brexit on drug policy

While these arrangements will continue throughout any transition period, assuming one is agreed, those working within the sector require guidance and assurances from the British government about its long-term intentions after any transition. There are no grounds for complacency, as can be seen from the experience of Denmark. After a 2015 referendum the Danish government opted out of certain provisions on data sharing, including large parts of the EU's criminal justice and home affairs system. It was able to do so after negotiating certain reservations in 1993 when these measures were brought within the ambit of the EU, having previously been organized on an inter-governmental basis [32]. As a consequence, Denmark lost access to Europol and was denied access to EU-wide databases such as European Dactyloscopy (EURODAC)

**Table 1**  
Brexit Consequences by International Partnerships.

Partnerships	Characteristics of the collaboration	Institutions and participants	Possible Brexit consequences	
			Soft Brexit	Hard Brexit
EU institutions and Agencies	The EMCDDA works closely with the European Union institutions and agencies. This active cooperation means that the Centre can provide constant assistance in defining a drug strategy by supplying the Member States and the Community with more reliable and comparable information. In return, the Centre's contributions in the field of information on drugs is broadly disseminated at European level.	European Parliament, Council of the European Union, European Commission, Europol, ECDC, EMA, Eurojust, CEPOL	In case of a soft Brexit, EU membership will cease but a collaboration framework could be implemented to continue current ongoing activities. Membership of Europol and EU-wide databases such as European Dactyloscopy (EURODAC) for finger-print information on asylum seekers and illegal migrants, or the European Criminal Records Information System (ECRIS) for third-country citizens will be difficult.	Loss of all intelligence and data sharing agreements currently in place until new collaborative framework are negotiated and implemented.
International partners	The EMCDDA collaborates with numerous international partners, often within the framework of formal cooperation agreements supplemented by practical joint work programmes. Cooperation ranges from the exchange of information and methodologies, via ad hoc technical collaboration on specific supranational projects, to close participation in the EMCDDA's routine data collection activities. The overall objective of this cooperation is to develop a better understanding of the changing drugs phenomenon worldwide.	UNODC, UNAIDS, WHO, Pompidou Group, MAOC-N, Interpol, WCO, CICAD, ESPAD	The UK is a member of all the listed International Organisations and will have to take charge of the functions and engagement currently being conducted by EU agencies.	The UK is a member of all the listed International Organisations and will have to take charge of the functions and engagement currently being conducted by EU agencies.
Third countries	For many years, the EMCDDA has cooperated with candidate and potential candidate countries to the EU. The current enlargement agenda of the European Union covers the countries of the Western Balkans (Albania, Bosnia and Herzegovina, North Macedonia, Kosovo, Montenegro, Serbia) Turkey and Iceland. The European Neighbourhood Policy (ENP) aims to forge closer ties with countries to the South and East of the European Union (EU). This ENP framework is open to the EU's 16 closest neighbours. A Strategic Partnership based on four Common Spaces is the framework for relations with Russia, which is not part of the ENP. It is important to note that it cannot be assumed that provisions for candidate countries, that are actively aligning their laws with the EU, cannot be assumed to apply to a post-Brexit UK, which may seek to diverge.	Candidate and potential candidate countries: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestinian Territory, Syria, Tunisia, Ukraine, and Russia.	Engagement with EMCDDA and other EU agencies could provide a means of collaboration to allow third country engagement. Tension between EU objectives and the UK's "red lines" should be expected.	The UK should start a new process of engagement and cooperation with third countries with the new devolved powers coming from EU agencies. This might be possibly costly in time and resources and it is not clear how this will take place nor what will be the scope of this engagement.
Reitox Network	Reitox is the European information network on drugs and drug addiction created at the same time as the EMCDDA. The abbreviation 'Reitox' stands for the French 'Réseau Européen d'Information sur les Drogues et les Toxicomanies'. Members of the Reitox network are designated national institutions or agencies responsible for data collection and reporting on drugs and drug addiction. These institutions are called 'national focal points' or 'national drug observatories'. The Regulation governing the EMCDDA's work requires that each EU Member State or other country participating in the work of the Centre shall establish or designate one national focal point (NFP). This designated national focal point then becomes a member of the network, which currently includes each of the 28 EU Member States plus Norway, the European Commission and the candidate countries.	EU 28 Member States plus Norway and candidate countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway Poland Portugal Romania Slovakia Slovenia Spain Sweden Turkey United Kingdom European Commission	The national focal points (NFP) are the cornerstone of the European drug monitoring and reporting system. On an annual basis, a NFP should collect information and produce comparable and scientifically sound data on a national drug situation that will feed into monitoring the situation across Europe. In the UK this is done through the NFP at PHE. In case of a softer Brexit some agreement could take place for continued information and intelligence sharing, with the NFP at PHE continuing to play a role.	Reitox directly contributes to the EMCDDA's core task of collecting and reporting consistent, harmonised and standardised information on the drug phenomenon across Europe. In the case of a hard Brexit, with rejection of European Court of Justice oversight, and thus participation in data sharing arrangements, a new data framework will have to be negotiated. This could be challenging as it could restrict the UK's stated aim of agreeing other trade relationships, such as with the USA, which may lead to conflicts.

which is an information system containing finger-print information on asylum seekers and illegal migrants, or the European Criminal Records Information System (ECRIS) for third-country citizens crucial in responding to organized crime [4,32]. Europol also operates the European Information System (EIS), its central criminal information and intelligence database, which covers all of Europol's mandates, including terrorism. It is inconceivable that the UK would be granted access to these databases without accepting the provisions of EU law. Yet, given the role of organized crime in the illicit drug trade, some form of British cooperation with the EMCDDA and Europol would seem essential.

A particular concern is access to intelligence on newly developed drugs. Again, this is an area where European institutions play an important role. This began in 1997, following the launch of a EU Joint action concerning the information exchange, risk assessment and control of new synthetic drugs [33]. This has evolved into the European Union Early Warning System on new psychoactive substances (EU EWS), in which Europol and EMCDDA play a major role [27]. It provides a means to detect new psychoactive drugs, assess their characteristics, and share information to inform decisions of member states on measures that they might wish to take. Exclusion from this process would undermine a crucial part of the UK's current drug strategy.

Other risks arise from exclusion from the EU's Drugs Action Plans. The 2013–16 Plan sought to scale up monitoring activities for illicit drug supply in Europe, developing key indicators in three domains: drug markets, drug-related crime and drug supply reduction [34]. This involves work with Europol to develop data collection mechanisms to track synthetic drug and cannabis production sites and secondary cocaine extraction laboratories, where cocaine is chemically removed from carrier materials such as plastics or to identify the locations of new batches of synthetics opioids such as fentanyl within the EU. The UK also risks exclusion from the EMCDDA collaboration with Europol on implementation of Operational Action Plans (OAPs). These arose from EU action on organized and serious international crime in 2014–17. They are overseen by the European Council's Standing Committee on Operational Cooperation on Internal Security (COSI) [35]. The two agencies also work together to provide threat assessments and strategic analysis of drug markets, reported in a series of joint EMCDDA-Europol publications [36]. These have included in-depth studies on methamphetamine, fentanyl and synthetic opioids, synthetic cannabinoids and synthetic cathinones, cocaine and amphetamine. They have also produced a series of strategic analyses of the EU drug market that provide an overview of drug production, trafficking and consumption in Europe, combining the EMCDDA's structured data sets with the latest intelligence on organised crime from Europol [36] (Table 1).

As the preceding paragraphs reveals, the scale of collaboration between the UK and European institutions in the field of illicit drugs is extensive, even if it has attracted very little media or political attention. It is not at all obvious how it might be replicated after any transition period given the UK government's position on key elements of any future relationship. Yet an alternative framework of collaboration between the UK and the EU is clearly needed to facilitate shared and agreed approaches to data sharing and drug surveillance after Brexit. Beyond the formal institutional arrangements, there are many other collaborations whose loss will create problems indirectly in this area [25], such as potential exclusion from the EU research programmes and the ERASMUS scheme, with consequences for those researching the health implications of illicit drugs. There is also a threat to other mechanisms that enable exchanges of personnel and information by statutory and civil society groups, the potential loss of skilled EU nationals working in this area in the EU, and the potential reduction in funding for these activities in the light of economic projections by the Office for

Budget Responsibility [37]. However, it is not possible to develop meaningful solutions until the UK can make credible, workable proposals for its future relationships with European institutions and, in particular, its willingness to accept oversight of the Court of Justice of the European Union. Crucially, the problem goes beyond the UK's engagement with the EU. Just as in international trade, where the UK's exit from the EU will remove it from an estimated 750 agreements with countries in the rest of the world, the UK benefits from a series of international collaborations with EMCDDA. New provisions will be required for the UK to continue to participate in these arrangements and these will take time to agree. A recent report on the severe challenges facing government departments in the Brexit process so far gives no grounds for optimism that this can be achieved [38].

## 5. Conclusions and overall assessment

So what needs to happen? Firstly, we have set out a case for the UK government taking due account of the importance of European networks for surveillance and action on criminal and drug related activity, and of the impacts on UK civil society if this is not resolved satisfactorily. In particular the UK Government should begin to explore how it can continue to participate in the Reitox network of national focal points (NFP's).

Once these concessions have been made, the UK Government can begin to explore how it can continue to participate in the Reitox network of national focal points (NFPs). The Norwegian and Turkish arrangements offer a useful model for this, although this is only possible because they do not insist on the "red lines" of the UK government and have much closer agreements with the EU than envisaged by the UK's current (as of March 2019) proposals. However, if such arrangements prove impossible, the mechanisms for co-operation with countries of the Western Balkans and some other neighbouring countries may offer a partial solution. Of course, this would mean that the UK will be excluded from any decision-making processes, but this is a wider problem created by Brexit in everything from financial services to intelligence sharing.

The EMCDDA has played a crucial role in enabling EU Member States to (a) have a strategic, situational and holistic understanding of the European drugs situation and its implications for public health and security; (b) anticipate, identify and respond at an early stage to new threats and developments; (c) adopt and implement effective interventions informed by sound evidence about the situation and what works; (d) build and evaluate national and European policies and strategies. The UK has helped, in no small part, to develop these competencies and capabilities over the last 25 years.

Given the enormous challenges posed by Brexit to almost every aspect of life in the UK, with attention focused on the seemingly intractable issues of trade, citizens' rights, and the Irish border, it is easy to overlook some of the more specialized areas, of which policy on illicit drugs is one. Yet at a time when European trade in illicit drugs is changing rapidly and when the often-fatal consequences of this trade are seen on the streets of some British cities every week, this would be a mistake. Government ministers have expressed their hope that the UK will continue to participate in European security arrangements. However, contrary to the impression given by tabloid headlines, the threat posed to the UK goes beyond terrorism, with far more people dying in the UK from drug-related causes.

Those with day-to-day responsibility, such as the Commissioner of the Metropolitan Police, have stated clearly that this is also a public health issue. The Government should listen to her. It has committed, in Parliament, that Brexit will not be allowed to undermine health. By setting out clear, workable plans to continue collaboration with the relevant European institutions it has

an opportunity to demonstrate that it is serious about that commitment.

### Statement of related interests

MM is one of the founders of Healthier in the EU, a grassroots movement campaigning for the UK to remain a member of the EU. He is a member of the EU's Expert Panel on Effective Ways of Investing Health, Research Director in the European Observatory on Health Systems and Policies (in which the European Commission is a partner) and holds research grants from the EU. However, as he holds British and Irish citizenship, he is partially safeguarded from a few of the most severe risks of Brexit.

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