

## LETTERS

## EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION

## European Monitoring Centre for Drugs and Drug Addiction has a vital role in the UK's ability to respond to illicit drugs and organised crime

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Much attention has been devoted to the consequences of the European Medicines Agency's departure from London because of Brexit.<sup>1,2</sup> Yet exclusion from other EU agencies, including the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), will also have serious consequences for public health in the United Kingdom.

Founded in 1993 in Lisbon,<sup>3</sup> the EMCDDA derives its mandate from Regulation (EC) No 1920/20063, which involves surveillance, establishing best practice, facilitating exchange of knowledge and data, providing leadership on new psychoactive substances, and assisting with policy making in countries and in the EU. By adopting certain "red lines," including oversight by the Court of Justice of the European Union, the UK will exclude itself from full membership.<sup>3,4</sup>

The EMCDDA has provided the EU and its member states with accurate and timely intelligence and evidence based overviews of the European drug landscape that support Europe-wide drug policies,<sup>5</sup> as well as facilitating exchange of best practice and identifying priorities for research. Collaboration between the UK and the EMCDDA has been transformative, making a major contribution to national drug policy and the fight against organised crime. Exclusion from its operations poses a severe threat to both.

One priority will be to find a way to continue intelligence sharing between the EMCDDA and the UK Focal Point on Drugs, a part of Public Health England, through the Réseau Européen d'Information sur les Drogues et les Toxicomanies (Reitox) and other European agencies.<sup>6</sup> The intelligence assembled by EMCDDA and Europol has been crucial to the UK's response to organised crime and illicit trade in drugs.<sup>7</sup> The UK will also need to find some way to continue to interact with

the European Union Early Warning System on novel psychoactive substances.<sup>5</sup> This area is changing rapidly,<sup>8</sup> so up to date knowledge is vital for the UK's drug strategy. The UK also risks exclusion from the EU Drugs Action Plan, an initiative that will strengthen surveillance in three domains: drug markets, drug related crime, and drug supply reduction.<sup>9</sup> Finally, the UK will suffer from any barriers to communicating with the EMCDDA and Europol on strategic analysis of drug markets,<sup>3</sup> which are founded on the EMCDDA's datasets and Europol's intelligence on organised crime.<sup>10</sup>

Until the UK government can decide on a workable basis for its long term relations with the EU, we cannot know how any future arrangements with the EMCDDA might work. It may accept oversight from the Court of Justice of the European Union, at least in security, although this might not be acceptable to some of its MPs. If accepted, this must include the EMCDDA. Beyond that, there are concerns about the many multinational networks operating in this area in which the UK participates as an EU member state.

The EMCDDA has had an important, if understated, role in supporting drug and health policy in EU member states, including the UK. Its contributions have included developing a strategic, situational, and holistic understanding of the complex and fast moving European drug situation; identifying new threats to public health and security; and establishing best practice for effective interventions and informed policy making. The challenges associated with Brexit arrive precisely when the UK relies most heavily on the EMCDDA to tackle the rapidly evolving trade in illicit substances, especially that involving organised crime, the consequences of which are seen on the streets and in emergency departments every week.

This government has expressed its intention to ensure that the health and security of UK citizens will not be negatively affected by Brexit but has failed to provide any information on continued collaboration with the EMCDDA. This presents substantial risks to public health and safety. A solution will not be simple, demanding urgent attention to tackle the legal and political barriers to ensuring continued cooperation with the EMCDDA. We call on the UK government to show leadership in taking all necessary action to ensure continued collaboration with the EMCDDA, thereby enabling health professionals to keep ahead of the curve in a rapidly changing situation, allowing them to continue participating in surveillance systems, to respond appropriately to emerging threats, and to support policy and operational responses. Ministers have committed to ensuring that Brexit should not be allowed to undermine public health. This is an opportunity to show that commitment.

Competing interests: None declared.

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