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NOTE

by :	Services of the Commission
to :	Horizontal Working Party on Drugs
Subject :	Presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission

Please find herewith aforementioned report prepared by the EMCDDA and Europol on the presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission.



E.M.C.D.D.A.

European Monitoring Centre
for Drugs and Drug Addiction



European Union strategy on drugs 2000 - 2004

**Report by the European Monitoring Centre for Drugs and
Drug Addiction and Europol.
Presentation of the first baseline for an evaluation of the
European Union Strategy on Drugs (2000-2004) by the
Commission.**

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Introduction

As recommended in the initial report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol on the 'identification of criteria for an evaluation of the European Union strategy on drugs (2000-2004) by the Commission'¹, this joint document compiles the main core data on the situation regarding drug addiction and drug trafficking in 1999, prior to the implementation of the European Union Action Plan on drugs (2000-2004).

The six targets of the strategy are:

- Target 1: To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- Target 2: To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
- Target 3: To increase substantially the number of successfully treated addicts.
- Target 4: To reduce substantially over five years the availability of illicit drugs.
- Target 5: To reduce substantially over five years the number of drug related crimes.
- Target 6: To reduce substantially over five years money-laundering and illicit trafficking of precursors.

Chapter one focuses on the first three targets. This chapter is a collective piece of work: the EMCDDA reviewed, Member State by Member State, the 1999 data available on the basis of selected parameters. Much of the information compiled comes from the national reports produced by the Reitox national focal points of the EMCDDA and from the European analysis produced for the 2000 *Annual report on the state of the drugs problem in the European Union*².

Chapter two focuses on the three remaining targets of the European Union strategy on drugs (2000-2004). This chapter was based upon national reports by Member States' law enforcement agencies, the Europol 1999 Organised Crime Situation Report and the Europol 1999-2000 European Union Situation Report on Drug Production and Drug Trafficking. Some indicators in target 4, which relate to abuse of drugs (drug market information) and target 5 (statistical, strategic and social information on drug related crime) have been provided by the EMCDDA and/or its partners.

As regards some parameters, the baseline is not complete as the parameters listed in Cordrogue 65 represent an ideal situation, independent of the real availability of some parameters, as explained in that document³. This has limited the capacity of the EMCDDA and Europol for a full coverage of each target.

In both chapters, to facilitate access to the information, it is presented in a similar format for all Member States. In some cases the information was not available for 1999 for all Member States. This particularly relates to Target 6.1 (Money laundering) and 6.2 (Precursors), where no information was available at Europol. Even when available, aggregated data may not be fully comparable between Member States. For example, in some cases only regional data was available. It is of the utmost importance to read the 'Explanatory notes' for a proper understanding of the figures compiled.

Nevertheless, this document is to be considered as a support for conceiving national baselines in the context of the evaluation of the European Union Action Plan on drugs (20-00-2004). It should allow for the monitoring of trends over time, as baseline data refer to the initial value against which a context or impact indicator is subsequently measured.

The second report, based on information available in 2003, will cover the same parameters and the same sources and so will limit the impact of the bias. In addition, when preparing the 2003 situation review, the EMCDDA and Europol will finetune the parameters and consolidate as much as possible the 1999 baseline information. When analysing the trends over time, it will be of utmost importance to avoid any performance comparisons between countries on the basis of the parameters selected. This product will need to be integrated in the wider evaluation protocol implemented by the European Commission.

In addition to the 15 national profiles, the report includes a chapter dedicated to evaluation, which is aimed at providing guidance on the development of the evaluations in the context of the European Union Action Plan on drugs (2000-2004).

¹ Cordrogue 65 of 14 November 2001.

² ISBN 92-9168-097-4 © European Monitoring Centre for Drugs and Drug Addiction, 2000.

³ When making use of the present document, the reader should refer to the document Cordrogue 65.

PART ONE

- Target 1: To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- Target 2: To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
- Target 3: To increase substantially the number of successfully treated addicts.

Explanatory notes

To avoid misinterpretation of the data compiled in this report, it is of utmost importance to read first the following section which provides, when necessary, additional definition or specifications on the data-collection methods, the level of availability of the data and the potential bias or limits of the information made available through the snapshot exercise.

Drug use in general population

Recent use cannabis, cocaine, amphetamine and ecstasy (Last year)	<ul style="list-style-type: none">• ‘Last year’ (= Last 12 months) has been used as a more common indicator of recent use. ‘Last month’ gives very low figures, and is used as indicator of ‘current use’ or, with limits, some approximation to ‘regular drug use’.• ‘Young adults’ (15–34 years) has been used, which is the age group where drug use is concentrated, and changes (increase or decrease) will be detected better and are more relevant. Some small deviations: Denmark (16–34), Germany (18–34), United Kingdom (16–34).• Some countries did not conduct surveys in 1999. The immediate previous survey was taken (Greece, 1998; Ireland, 1998; Netherlands, 1997/98; Finland, 1998; Sweden, 1998; United Kingdom, 1998). In Denmark, 2000 (previous survey in 1994). In Germany, 2000 (there was a survey in 1997, but East/West was reported independently). This data will be consolidated as data for the whole of Germany is now available.
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Drug use in general population

Age first use of cannabis, cocaine, amphetamine and ecstasy	Information on ‘age first use’ is available in some countries (although not in all countries with surveys) but it is not collected by EMCDDA standard tables.
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Drug use among 15 to 16-year-olds in school surveys

<ul style="list-style-type: none">• Lifetime prevalence (Cannabis, heroin, cocaine, amphetamine, ecstasy, LSD or other hallucinogens, tranquilisers or sedatives without prescription, crack, inhalants).• Availability perceived as “very or fairly easy” of (cannabis, heroin, cocaine, amphetamine, crack, ecstasy).• % of people who were 13 years old or under when they first used (cannabis, ecstasy, tranquilisers or sedatives, inhalants).	<ul style="list-style-type: none">• All the data, except those relating to Belgium, Spain and Luxembourg, are based on ESPAD 1999 surveys.• In Belgium, Spain and Luxembourg, cocaine includes crack cocaine.• In Belgium and Luxembourg LSD does not include other hallucinogens.• The Spanish school data are based on 1998 survey data.• The proportion of children who first used the drug when they were 13 years old or less was used as an indicator.• At 15 to 16 years, drugs are more likely to have been experienced recently.• Monitoring adolescent drug use is very sensitive to age – over a 12-month period up to around 10 % may use drugs – mainly (primarily cannabis) for the first time.• After 15 or 16 years, a diminishing proportion of students are covered by school surveys. This makes it harder to measure reliably what happens during the period of rapid change between 15 and 18, the transition from adolescence to adulthood.
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Prevalence of problematic drug use

'Problematic drug users' per 1 000 population aged 15–64	Changes over time should only be followed per individual method and only if the method has not been changed. This can only be done at national level if a study that estimates data for 2003 includes a careful comparison with 1999, using exactly the same sources per method. Comparing national estimates in the format the EMCDDA receive them, between 1999 and 2003, is not possible at present and any attempt to do this would give misleading results. The current figures, however, give a reasonable picture of the national situation in 1999 ('snapshot') that allows a rough comparison between countries, and differences in prevalence are only more or less reliable as far as these differences are large.
Changes over time – drug use incidence	Incidence is not 'changes over time', incidence is estimated number of new problem drug users in a given year. Relative incidence is the estimated number of new users in a certain year that will appear in drug treatment a couple of years later, i.e. it is not the total number of new users in a particular year, but it is useful to follow trends over time in numbers of new problem users appearing. Changes over time can also be followed for prevalence, i.e. changes in the total number of problem drug users, but the methods are more cumbersome and trends are not likely to be reliable due to the wide uncertainty in prevalence estimates.

Primary prevention in schools

Prevention included in school curricula	In order to assure that prevention activities in schools take place at all, it is an important structural prerequisite that prevention is included explicitly in the school curriculum. There are different levels too – whether there are mandatory guidelines or just an indicative orientation and whether this includes concrete drug-prevention measures or just health education.
Number of schools covered by prevention programmes	This is a raw indicator on the degree of implementation of concrete prevention measures. A confounding factor is the definition of 'programme' i.e. what level of structure and duration makes an intervention a 'programme'.
Number and degree of detail of available programme material	The availability of programme materials is an indicator on the level of structure, detail and diversification of prevention interventions. If programmes with materials providing detailed guidance and contents for each session are carried out, a much tighter implementation of prevention efforts can be assumed in contrast to interventions which are entirely left to the teachers motivation and skills.
Number of minimally evaluated programmes with their outcomes	The number of programmes contained in the Exchange on Drug Demand Reduction Action (EDDRA) database. As EDDRA requires a minimal evaluation design for programmes, this gives an approximate indication on the level of design and evaluation of programmes in countries. It indicates, however, more directly the level of cooperation of the respective country in the EDDRA exercise.

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	The number of programmes contained in the EDDRA database. As EDDRA requires a minimal evaluation design to be included in it, this gives an approximate indication on the level of design and evaluation of programmes. It indicates, however, more directly the level of cooperation of the respective country in the EDDRA exercise.
Concept of 'community programme'	'Community programme' does not have the same meaning in all countries, which makes comparison difficult. An important departure point is, however, to know what is meant in each country by 'community programme', e.g. whether it means prevention IN a certain community or carried out BY the most relevant actors of the community.

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	Figures in brackets are local data.
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	Figures in brackets are local data.
AIDS incidence rates related to injecting drug use in the general population	Cases per million population, source EuroHIV.

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	<ul style="list-style-type: none">• National figures are based on national definitions and methods of data collection. Direct comparisons between countries should be avoided. The analysis can be done computing proportional changes (in percentages) between 2003 and 1999.• If possible, the final evaluation could be based on EMCDDA standards.• In general, mortality statistics are published with significant delays. As a result, it was not possible to use 1999 data for many countries as it is only transmitted in 2002.
Mortality rate (all causes) among groups of problem drug users	<ul style="list-style-type: none">• Overall (all causes) mortality rates among drug users recruited in treatment centres, for the most recent year available, have been used.• Taken from the EMCDDA study on mortality among drug users, except the Luxembourg study (conducted in the context of key indicator 'prevalence of problem drug use'). There may be other national studies not reported to the EMCDDA.

Outreach work

Concepts and approaches existing in Member State	Outreach work has different meanings and involves different concepts (see EMCDDA <i>Insights Series</i> , N° 2). As a departure point for comparison, a definition of concepts and meanings is crucial and informs about the conditions in which interventions are carried out.
Typology of on-site pill-testing interventions	Pill testing is methodologically heterogeneous which has created some confusion in the past, as usefulness and impact differ substantially depending on test methods (marquise which is cheap, unspecific and non quantitative versus chromatography which is expensive, specific and quantitative) and on intervention site (directly during the events, facilitating direct contacts versus done in offices).

Needle exchange

None

Demand for treatment

Proportion of problem drug users admitted to treatment	Not available – will be available in 2003.
Retention of clients in treatment	Not available – will be available in 2003.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	Not available – will be available in 2003.
Profile of clients starting treatment (age, gender, drug, injection)	FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)

Availability of treatment facilities

Services offered and their characteristics	SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots
Objectives	Whether or not national guidelines exist on objectives for drug treatment (both drug-free and substitution), and if so what they state.
Admission criteria	Whether or not national guidelines exist on admission of problem drug users to either drug-free or substitution treatment, and if so what they state.
Coordination between services	Mention of the central drug coordination body if such a body exists. Furthermore, a brief outline of how treatment services are coordinated .e.g division of public and private services providers.
Evaluation of treatment services	Presentation of findings from evaluations of treatment services. When these do not exist at national level, findings from regional or local level are presented.
1999 EDDRA entries	Indicates the number of projects inserted in the reference year in the EMCDDA EDDRA database.

Belgium 1999

Target 1

Drug use in general population

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
24%	1%	2%	7%	4%	4%	n.a.	n.a.	4%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.		
% of people who were 13 years old or under when first used								
cannabis	ecstasy	tranquilisers or sedatives	inhalants					
n.a.	n.a.	n.a.	n.a.	n.a.				

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	1.5–6.9 (IDUs only, 1996)
Changes over time – drug use incidence	257–300 (French Community, yearly relative incidence 1994–1996)

Primary prevention in schools

Prevention included in school curricula	n.a.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	<p>New package for primary schools, theoretical documents (for teachers): 'Guide de prévention primaire des toxicomanies à l'usage des enseignants'.</p> <p>German Community: exercise books; 'Gesünder und bewusster leben', 'Rauchfrei'.</p> <p>Flemish Community: 'Bevraging van de Leerlingen in het kader van een Drugbeleid op school' (a tool for schools to evaluate their drug policy); 'Een drugbeleid op school' (A drug policy at school: global framework for schools to develop policy: manuals and training); 'Een beleid van tabakspreventie in de schoolomgeving' (Manual on smoking policy in schools); 'Leefsleutels voor jongeren' (Life skills programme for 12 to 14-year-olds, training programme for teachers, manual, students' materials); 'Als dat niet geweldig is' (video and manual on alcohol prevention for 14 to 16-year-olds); 'De Uitdaging' (social skills programme for 16 to 18-year-olds (training programme for teachers and manual); 'Sleuteltreinen' (programme for trips with school children); 'Motivational interviewing' (training programme for teachers, school health services to support experimental drug users in school setting). An inventory has been drawn up to provide an overview of all materials that can be used in a school setting.</p> <p>French Community: 'Drôles de Nectars' (strange Nectar) included in the French Community school package in 1994; 'Des grilles au pays des merveilles'; 'Fichier de jeux et activités'; 'Mes amis, mon jardin' (based on a Canadian programme which aims to develop good health-oriented behaviour); 'Génération sans Tabac', a health promotion programme especially targeted against tobacco consumption.</p>
Number of minimally evaluated programmes with their outcomes	4

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	4
Concept of 'community programme'	n.a.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0.5–1.9%; 1998/1999
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(38–52%; 1997/1998)
AIDS incidence rates related to injecting drug use in the general population	0.51 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	Cases (n.a.)/population rates (n.a.)
Mortality rate (all causes) among groups of drug users	n.a.

Outreach work

Concepts and approaches existing in MS	n.a. Insights: Youth Work and Public Health model. Target: 'old' and 'new' drugs users. All cities with acknowledged problems.
Typology of on-site pill-testing interventions	On condition that research is the principle purpose of pill testing, pill-testing projects – specifically Modus Vivendi – are accepted by the Federal Ministry for Public Health. It is not yet clear, however, whether feedback to potential consumers of illicit substances is legal, since to date local authorities have not issued official acceptance of the project. Local police do not approve of the project and discourage users to come to the testing by showing massive physical presence. The test procedure is based on colour reaction (Marquis test) and GC-MS. Marquis tests take place in a tent on the camping site of the respective festival. Pills sent to the laboratory and tested there are given back the next day of the festival. Free of charge.

Needle exchange

Estimated number of syringes distributed	300,000 per year, Brussels and Liège.
Mode of distribution	8 specialised programmes in Brussels/Liège. Some exchange programmes through pharmacies. About 30% of pharmacies willing to sell to IDUs.

Target 3

Demand for treatment

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	7,834
Annual number of new admissions ('first treatments') to drug treatment	2,939
Profile of clients starting treatment (age, gender, drug, injection)	Mean age – FT: 25.7; AT:28.4 Sex – FT: M/F 74/26; AT M/F 75/25 Drug – FT – H: 19.6; Co: 6.0; Ca: 37.6; S: 20.2 Drug – AT: H: 43.0; Co:6.5; Ca:22.6; S: 15.4 CI – FT: 6.9; AT: 9.0

Availability of treatment facilities

Services offered and their characteristics	SATU-OPT: 60 SATU-IPT: 28 DATU-OPT: 21 DATU-IPT: 16 (2000) STS: 7,000 (1996)
Objectives	No uniform, national objectives for drug treatment.
Admission criteria	No uniform, national admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	n.a.
Evaluation of treatment services	n.a.
1999 EDDRA entries	2

Denmark 1999

Target 1

Drug use in general population

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
13.1%	2%	3.1%	1.2%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 16 to 19 year olds in secondary schools								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
24%	2%	1%	4%	3%	1%	5%	1%	7%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
57%	18%	18%	29%	17%	31%			
% of people who were 13 years old or under when they first used								
cannabis	ecstasy	tranquilisers or sedatives	inhalants					
5%	0%	1%	2%					

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	3.6–4.3 (1996)
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Drug information constitutes part of the curriculum in the primary and lower secondary school and falls under the compulsory subject 'Health, sex and family'. No firm guidelines have been laid down for the form, contents and scope of a drugs curriculum. Drugs classes are often introduced in the 7 th to 9 th grade. Normally, it is up to each class teacher to organise the teaching of this subject.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	Assisted by the National Board of Health, the county alcohol and drug consultants prepare their own material and curriculum. Local county centres/educational centres have educational and film material at the disposal of teachers instructing drug classes in the primary and lower secondary schools. Teachers are invited to information meetings about the most up-to-date material and findings within the area.
Number of minimally evaluated programmes with their outcomes	2

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	n.a.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	(1.5%); 1996/1997
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	75–85%; 1997
AIDS incidence rates related to injecting drug use in the general population	1.16 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	237 cases (45 per million inhabitants)
Mortality rate (all causes) among groups of drug users	(1999) 13.7 deaths/1,000 person years

Outreach work

Concepts and approaches existing in MS	Mostly streetworker based. In addition to the outreach work targeted at the young group experimenting with narcotic substances, an increasing number of municipal and county counselling centres (specialised centres in treatment of adult drug addicts) hired regional and local streetworkers. Model applied: Youth Work. Target: 'new' drugs users. All cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	n.a.
Availability and typology of secondary prevention interventions	n.a.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	3,429
Annual number of new admissions ('first treatments') to drug treatment	1,026
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 28; AT: 31 Sex – FT: M/F 74/26; AT: M/F 75/25 Drug – FT – H: 42; Co: 2; Ca: 31; S: 11 Drug – AT – H: 49; Co: 1; Ca: 16; S: 5 CI – FT: 19; AT: 29

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 32 DATS-IPT: 817 STS: 4,598 (1999)
Objectives	No uniform, national objectives for drug treatment.
Admission criteria	No uniform, national admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	Since 1996, responsibility for both social and medicinal drug treatment has been consolidated in the county drug addiction centres. These centres make referrals to all kinds of drug addiction treatment. Financing is on a fifty-fifty basis between the individual county and the municipality of residence.
Evaluation of treatment services	Between 1.1.1996 to 1.1.1999, the Centre for Alcohol and Drug Research evaluated treatment in seven of the country's largest treatment centres. Findings showed that only a small percentage of drug addicts were found to be drug free one year after discharge but, on the other hand, the majority had improved their drug use habits in terms of frequency and patterns of use.
1999 EDDRA entries	2

Germany 1999

Target 1

Drug use in general population

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
13%	1.9%	1.3%	1.6%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to16-year-olds in school surveys

Drug use among 16-19 year olds in schools in 2016								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	Tranquilisers or sedatives without prescription	crack	inhalants
n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
n.a	n.a	n.a	n.a	n.a	n.a			
% of persons who were 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives		inhalants			
n.a	n.a		n.a		n.a			

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	1.4–2.7 (1995)
Changes over time - drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Subjects related to drugs, addiction etc. (information) have been included in the curricula of all types of school.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	BZgA has developed cross-Länder training materials for different age groups, which have been approved by the Land Ministries of Cultural Affairs and Education. A new media package (educational film and accompanying booklet, teacher's aid for class, flyer) on ecstasy was introduced nationwide as well as an intervention programme to detect addiction at an early stage ('Step by Step'). At Länder level, working material, training curricula and print media are developed on a large scale. They are aimed directly at teachers to help them deal with children and teenagers in relation to drugs (e.g. Mecklenburg-Vorpommern, Bremen).
Number of minimally evaluated programmes with their outcomes	6

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	2
Concept of 'community programme'	Programmes with the specific aim of preventing addiction as well as comprehensive health promotion programmes aimed at encouraging a healthy lifestyle and environment, and thus striving towards (non-specific) beneficial effects including the avoidance of drug use.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	3.8%
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	66% (1998)
AIDS incidence rates related to injecting drug use in the general population	0.7 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	1,812 cases (22.1 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Hamburg (1998) 18.2 deaths/1,000 person years

Outreach work

Concepts and approaches existing in MS	Persons living on the streets or in public places are the targets because they have difficulties in accessing the care services provided. In addition, the law-enforcement policy is to break up open drug scenes if possible and to send people to specific help centres. Initially, outreach work was an element of youth help before it was also adapted to drug help. In general, it is oriented towards the open drug scene and is carried out by professionals. Outreach approaches involving families or self-help groups are rare. The main tasks of outreach work are to enter into contact with people, establish stable relationships and provide social support (care in emergency) crisis intervention and counselling. Tasks also involve care in institutions and the representation of interests and public relations work. Model applied: Youth Work and Public Health. Target: users of 'old' drugs. Most cities with acknowledged problems.
Typology of on-site pill-testing interventions	Testing of illicit substances is generally not allowed; acceptance of on-site pill testing carried out by prevention projects depends on the responsible public prosecutors and on agreements with the local police. Current pill-testing projects are DROBS Hanover (with a special agreement with the local public prosecutor and in cooperation with DIMS Utrecht) and Eve & Rave Berlin. On-site testing. Method: Marquis-test (colour reaction), only qualitative. Potential users have to pay €1.5 for analysis and results are provided on the spot.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	>100 places

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	15,053
Annual number of new admissions ('first treatments') to drug treatment	5,710
Profile of clients starting treatment (age, gender, drug, injection)	Mean age – FT: 26.6; AT: 27.7 Sex – FT: M/F 82/18; AT: M/F 80/20 Drug – FT – H (all opiates): 44.2; Co: 9.8; Ca: 40; S: 0 Drug – AT – H (all opiates): 64.7; Co: 7.7; Ca: 22.2; S: 0 CI - FT: 26.5; AT: 37

Availability of treatment facilities

Services offered and their characteristics	SATU-OPT: 944 SATU-IPT: n.a. DATU-OPT: 411 DATU-IPT: n.a. SATS: 9,707 DATS: 4,894 DU: 207 (1999) STS: 20,900 (1998) and 55,000 (2001)
Objectives	No uniform, national objectives for drug treatment.
Admission criteria	National guidelines for admission to substitution treatment. No uniform, national admission criteria for drug-free treatment.
Coordination between services	n.a.
Evaluation of treatment services	A reintegration programme in Frankfurt, 'training in relapse prevention', aimed at improving the (former) drug users' abilities to solve problems and to communicate. The methods used in the training included role-playing, video recordings and analysis and modification of behaviour. An internal evaluation study showed improved communication skills as well as fewer psychological problems in stressful situations.
1999 EDDRA entries	2

Greece 1999

Target 1

Drug use in general population

Recent use cannabis (Last Year)			
cannabis	cocaine	amphetamine	ecstasy
8.8%	1%	0.1%	0.3%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Life time prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
9%	2%	1%	1%	2%	1%	5%	1%	14%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
33%	16%	16%	15%	11%	21%			
% of persons who were 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives			inhalants		
1%	0%		1%			5%		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	n.a.
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Drug-specific and drug non-specific prevention programmes are not mandatory at school, but interventions in the student population are the top priority of prevention policy nationwide.
Number of schools covered by prevention programmes	No direct numbers. During 1999–2000, the number of Health Promotion programmes was 740, of which 14.5% were concerned with drug prevention issues. Interventions at secondary education level predominate, prevention programmes in primary school children are expanding continuously, and new interventions addressing university students are being introduced.
Number and degree of detail of available programme material	n.a.
Number of minimally evaluated programmes with their outcomes	3

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	3
Concept of 'community programme'	The underlying philosophy of the Greek community prevention programmes is the following: 'Prevention planners increasingly conduct programmes attuned to the context within which they operate, by taking into consideration that drug-related problems call for strategies involving all sectors of society and all the channels running through it' (Malliori et al. 1999, p.90). Hence, prevention is integrated into a wider programme of community interventions and includes joint activities for primary and secondary school students, university students, teachers, parents, mental health professionals, doctors, pharmacists, police officers, lawyers, journalists, the Church, local associations and local authorities.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0–2.2%
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	41–82%
AIDS incidence rates related to injecting drug use in the general population	0.29 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	255 cases (24.2 per million inhabitants)
Mortality rate (all causes) among groups of drug users	n.a.

Outreach work

Concepts and approaches existing in MS	Streetwork initiatives have expanded at local level. Professionals working on existing therapeutic programmes as well as drug users in treatment carried out several streetwork interventions with the aim of informing drug users about infectious diseases and other risks from drug abuse and motivating them for drug treatment. An outreach pilot programme for prevention and early intervention in juvenile delinquents addresses adolescents aged 13–17 years old, who use drugs on an occasional basis and have previous arrests for drug possession and/or use. The streetwork programmes of KETHEA and OKANA take place at drug scenes in the Athens area. Model applied: Catching Clients and Public Health Model. Target: users of 'old' drugs (HIV oriented). Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	45,000–50,000 exchanged per year, plus 8,000 distributed.
Mode of distribution	2 specialised programmes in Athens. Most pharmacies willing to sell to injecting drug users.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	1,093
Annual number of new admissions ('first treatments') to drug treatment	605
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 26.6; AT: 28 Sex – FT: M/F 82.8/17.2; AT: M/F 84/16 Drug – FT – H: 84.2; Co: 2.3; Ca: 10.7; S: 0.2 Drug – AT – H: 88.6; Co: 1.6; Ca: 6.9; S: 0.1 CI – FT: 61.6; AT: 67.7

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 8 DATU-OPT: 16 STS: 966 (2000)
Objectives	National guidelines state that the objective of both drug-free treatment and substitution treatment is total abstinence (the exception to the rule being a methadone maintenance programme running in Athens).
Admission criteria	For substitution treatment the admission criteria are 1) being over the age of 22, 2) at least two years of drug-use history, 3) having unsuccessfully tried drug-free treatment. No uniform, national admission criteria for drug-free treatment.
Coordination between services	The central coordinating public body in the field of drug treatment is OKANA.
Evaluation of treatment services	The therapeutic community, 'ITHAKE' was the first systematic attempt in specialised therapy for drug users in Greece. Through different therapeutic measures (i.e. therapeutic community, psychoanalytic and behaviouristic models, psychodrama, educational activities) drug users study and begin to understand the factors that led them to drug use. The average duration of the therapeutic programme is 12 months and the capacity is 70 treatment slots/persons. Evaluation results showed that the majority of those attending for more than 60 days (60–70%) were referred to the social rehabilitation centre. Almost one third successfully completed the programme.
1999 EDDRA entries	11

Spain 1999

Target 1

Drug use in general population

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
12.7%	2.7%	1.4%	1.7%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
19.2	21.6	n.a.	20.7

Drug use among 15 to 16-year-olds in school surveys

Drug use among 15 to 16 year olds in Great Britain

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
28%	1%	4%	4%	3%	5%	n.a.	n.a.	4%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
47.3%	20%	n.a.	28.2	n.a.	37.8			
% persons who were 13 years old or under when they first used								
cannabis	ecstasy			tranquilisers or sedatives		inhalants		
n.a.	n.a.			n.a.		n.a.		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	3.1–6.6 (1996)
Changes over time - drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Yes.
Number of schools covered by prevention programmes	5,000 schools (600,000 pupils) covered by structured, long-term drug prevention programmes. 1,520 of these are primary schools (under 11 years of age).
Number and degree of detail of available programme material	24 programmes with supporting materials – 12 include teachers' training of between 3 and 55 hours, at least 4 of which are based on very specific material.
Number of minimally evaluated programmes with their outcomes	4

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	4
Concept of 'community programme'	Many of the programmes for youngsters, families, etc. are of a community character. All activities aimed at raising awareness of the general population and based on social mobilisation are included: 'Run against drugs', 'World day without tobacco or other drugs', commonly supported by local plans against drugs.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	33.1%
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	83%; 1996
AIDS incidence rates related to injecting drug use in the general population	40.78 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	258 cases (5 big cities) (42.4 per million inhabitants of those cities)
Mortality rate (all causes) among groups of drug users	Barcelona (1998) 20.5 deaths per 1,000 person years

Outreach work

Concepts and approaches existing in MS	Special services are mobile services for the assistance of drug users (buses, vans and cars specially equipped to assist drug addicted individuals on the spot). Model applied: Public Health Model. Target: users of 'old' drugs. Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	Local and regional authorities, as well as police, are in favour of the project, the government accepts it. Method: Marquis test – only limited qualitative data. On-site testing mostly at illegal raves or in car parks outside discotheques. Clients do not have to pay for the analysis and they wait for the results on the spot. Also stationary testing, free of charge, with gas chromatography: qualitative and quantitative data.

Needle exchange

Estimated number of syringes distributed	3,618,000
Mode of distribution	1,007 active distribution points; pharmacy-based exchange programmes in 5 out of 17 regions – 6 other regions sell kits through pharmacies.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	5,0279
Annual number of new admissions ('first treatments') to drug treatment	19,426
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 28.6; AT: 30.4 Sex – FT: M/F 84/16; AT: M/F 85/15 Drug – FT – H: 53.1; Co: 30.9; Ca: 11.9; S: 2.1 Drug – AT – H: 73.1; Co: 17.5; Ca: 5.6; S: 1.1 CI – FT: 15; AT: 23

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 101 DATU-OPT: 546 STS: 72,236 (1999)
Objectives	The Spanish national drugs strategy, 'Estrategia nacional sobre drogas', states that one goal is that by 2003 there is a network in place capable of delivering drug treatment for all who request it.
Admission criteria	No uniform, national admission criteria either for drug-free treatment or substitution treatment.
Coordination between services	The central coordinating body is the Government delegation for the National plan on drugs. Autonomous communities organise drug treatment services with its support.
Evaluation of treatment services	A study from Barcelona showed that drug addicts not taking methadone suffered much higher mortality than those taking it.
1999 EDDRA entries	0

France 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
15.1%	0.5%	0.1%	0.4%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 15 to 16 year olds in schools and colleges								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
34%	1%	2%	2%	3%	1%	12%	2%	11%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
44%	9%	10%	10%	10%	13%			
% of persons 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives			inhalants		
7%	1%		4%			4%		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	3.7–4.6 ('second half of 1990s')
Changes over time - drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	In November 1999, the Direction des Lycées et Collèges and the MILDT published a new set of guidelines for the prevention of risk behaviour in schools (including elementary).
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	n.a.
Number of minimally evaluated programmes with their outcomes	4

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	There is a principle of global intervention where drug problems are seen from the perspective of urban social development. It aims to be sufficiently flexible to provide suitable responses to identified local needs, based on existing partnerships and networks in cities. It is essential to work with city networks if implementation is to be on a negotiated basis and key partners are to be mobilised within individual areas. For example, the 'Points Ecoute' specifically aim to appeal to young people who are alienated from institutions.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	15.9
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	50–63; 1998/1999
AIDS incidence rates related to injecting drug use in the general population	4.64 per million population

Drug-related deaths and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	118 cases (2 per million inhabitants)
Mortality rate (all causes) among groups of drug users	n.a.

Outreach Work

Concepts and approaches existing in MS	Services are aimed at two main groups: persons difficult to reach because they have little or no contact with the care services or with substitution schemes; and persons who are unable to accept restrictions being imposed on them. Model applied: Public Health and Youth Work Model. Target: 'old' and 'new' drugs users. Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	Although pill testing in general is illegal under French law, the government subsidises pill-testing projects such as Techno Plus, le project SINTES (Système d'Identification National des Toxiques et Substances), and Mission XTB. The SINTES project of the Observatoire Français des Drogues et des Toxicomanies may collect pills and analyse them in cooperation with organisations such as Médecins du Monde. Except for very dangerous pills, no information on content is fed back to potential consumers on the substances. On-site and stationary. Free of charge. Methods: Marquis, CCM and Merck Kit; no quantitative data.

Needle exchange

Estimated number of syringes distributed	1.8 million syringes in 1999, plus 450,000 through machines. Pharmacies: 6 million kits plus 8 million syringes sold to IDUs.
Mode of distribution	155 'human' points plus 200 machines, free distribution, most pharmacies sell kits or syringes to IDUs.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	17,124 (annual census)
Annual number of new admissions ('first treatments') to drug treatment	5,858 (annual census)
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 28.5; AT: 30.7 Sex – FT: M/F 80.1/19.9; AT: M/F 76.8/23.2 Drug – FT – H: 50.5; Co: 5; Ca: 25.3; S: 1.5 Drug – AT – H: 63.8; Co: 4.6; Ca: 13.1; S: 1 CI – FT: 13.6; AT: 15.4

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 46 DATU-OPT: 286 STS: 7,1,260 (December 1999)
Objectives	In the French three-year fight against drugs from 1999-2001, one goal is to improve care/treatment provision for drug users.
Admission criteria	No national, uniform admission criteria either for drug-free treatment or substitution treatment.
Coordination between services	The central coordinating public body in the field of drug treatment is MILDT.
Evaluation of treatment services	The evaluation of public policies is one of the priorities defined in the guidelines of the inter-ministerial plan. In order to implement this task, MILDT has commissioned the French OFDT to make an active contribution.
1999 EDDRA entries	1

Ireland 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
17.7%	2.6%	5.4%	4.9%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 16 to 19 year olds in schools and colleges								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
33%	2%	2%	3%	5%	5%	5%	2%	22%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
59%	21%	21%	28%	23%	35%			
% of persons who were 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives		inhalants			
7%	0%		1%		8%			

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	2.0–6.2 (1995–1996)
Changes over the time - drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Foreseen for 2000
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	At least two evaluated prevention programmes, with corresponding material are implemented: 'On my own two feet' and 'Walk tall'.
Number of minimally evaluated programmes with their outcomes	3

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	3
Concept of 'community programme'	Local community-based drug initiatives particularly in relation to drug awareness, organised by community groups including family support groups and the development of strategies to reduce the demand for drugs in local areas.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	(1.2%)–5.8%; 1997/1999
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(52%)–81%; 1996/1998
AIDS incidence rates related to injecting drug use in the general population	1.93 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	80 cases (22.8 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Dublin (1997) 9.6 deaths/1,000 person years

Outreach work

Concepts and approaches existing in MS	Each Health Board is developing its outreach capacity as part of overall service development in the drugs area. Outreach workers provide needle exchange, support for sex workers and referrals for methadone maintenance. The ERHA outreach programme targets intravenous drug users, women in prostitution and gay or bisexual men. It aims to reach IDUs who are not in touch with services and provide them with information on HIV and its prevention, to encourage and facilitate referrals to drug-treatment agencies and to provide information to community groups about HIV. Model applied: Catching Clients and Public Health model. Target: 'old' and 'new' drugs users. Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	n.a.

Target 3

Demand for treatment

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	4,277
Annual number of new admissions ('first treatments') to drug treatment	1,645
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 23; AT: 24.6 Sex – FT: M/F 73/27; AT: M/F 70/30 Drug – FT – H: 53.3; Co: 1.6; Ca: 29.1; S: 11 Drug – AT – H: 68.6; Co: 1.2; Ca: 16.5; S: 6.3 CI – FT: 22.7; AT: 34.5

Availability of treatment facilities

Services offered and their characteristics	SATU-OPT: 50 SATU-IPT: 27 DATU-OPT: 9 DATU-IPT: 2 (1999) STS: 5,032 (December 2000)
Objectives	No national, uniform objectives for drug treatment.
Admission criteria	The Eastern Health Board has laid down admission criteria for substitution treatment which include: 1) ICD-10 diagnosed, 2) more than 18 years old, 3) at least one year intravenous drug history, 4) at least one failed detoxification attempt.
Coordination between services	No information supplied.
Evaluation of treatment services	Aiséirí is a drug-free centre which provides a 30-day inpatient programme and a two-year aftercare system for people who are dependent on alcohol and/or drugs. One evaluation showed that as many as 60% of the clients were abstinent after completion of the 30-day inpatient programme. The evaluation also found that three quarters of those who agreed to be interviewed (n=122, representing a 58% response rate) reported improvements in quality of life.
1999 EDDRA entries	1

Italy 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
26%	4%	2%	2%	2%	2%	7%	1%	6%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
43%	9%	10%	13%	8%	16%			
% of persons who were 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives		inhalants			
3%	0%		2%		0%			

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	7.1–7.8 (IDUs 1999)
Changes over time – drug use incidence	23,653–33,705 (1994 relative incidence)

Primary prevention in schools

Prevention included in school curricula	Prevention projects have been included in the general curriculum of middle schools during compulsory schooling. Initiatives were taken to integrate preventive work within the normal schools curriculum, regardless of whether specific funds were available for such programmes. There is a directive for schools with the aim of creating a coherent framework for health education and drug prevention. It advises on the content of preventive education but Italian schools have considerable autonomy in the management and delivery of the curriculum.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	No detailed information. To avoid the problems which can arise from the presentation of unfiltered information, lessons have been formalised and experts have been used to provide specific technical information.
Number of minimally evaluated programmes with their outcomes	0

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	2
Concept of 'community programme'	n.a.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	15.1%
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	67%
AIDS incidence rates related to injecting drug use in the general population	16.11 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	1,002 cases (17.4 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Rome (1996) 27.2 deaths/1,000 person years.

Outreach work

Concepts and approaches existing in MS	The main objective has been to limit the spread of HIV infection amongst injecting drug users. This has been extended to deal with: other aspects of health and social care for habitual drug users and the emerging issue of synthetic drugs; the casual use of these substances; and the risks associated with their use. There is increased focus on reducing the risk of overdose, both through training and information and through the distribution of naloxone. Targets: drug users who are not in contact with other services or young people, especially in settings where young people gather (discotheques, music events and town squares). Outreach services also work particularly with non-Italians, not legally resident. Model applied: Public Health and Catching client models. Target: 'old' and 'new' drugs users. Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	n.a.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	n.a.
Annual number of new admissions ('first treatments') to drug treatment	n.a.
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – AT: 30.9 Sex – AT: M/F 86.2/13.8 Drug – AT – H: 83.6; Co: 4.3; Ca: 8.0; S:1.1 Other data not available.

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 1,109 DATU-OPT: 821 DATS-IPT: 24,059 STS: 80,459 (1999)
Objectives	At national level, the objective is to assist the individual drug user in moving away from the most damaging forms of drug misuse and ultimately to achieve abstinence.
Admission criteria	By regulation, the public treatment centres (SerT's) must make no discrimination in accepting clients. However, for some drug-free services there are explicitly stated admission criteria.
Coordination between services	There are two main networks of drug-treatment providers. Firstly, the public SerT's who mostly deal with outpatient treatment and secondly the private therapeutic communities that, in some cases, also run outpatient treatment.
Evaluation of treatment services	According to the Italian national report, various evaluation and customer satisfaction surveys have been carried out over recent years. The national report states that a common finding of these studies has been the importance of regular and specific information sharing and staff team development. Studies also find the need for regular training to develop both the motivation to change and to ensure that service provision utilises the most effective treatment methodologies.
1999 EDDRA entries	3

Luxembourg 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 15 to 16 year olds in school surveys								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
28%	1%	2%	3%		1%	n.a.	n.a.	4%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.			
% of persons 13 years old or under when they first used								
cannabis	ecstasy			tranquilisers or sedatives		inhalants		
n.a.	n.a.			n.a.		n.a.		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	6.6–7.7 (1999)
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Drug and addiction topics are included in more general courses such as hygiene or ethics, which may not be mandatory. At the school director's request, trained staff or staff from the specialised drug department of the police provide information courses within secondary schools.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material.	n.a.
Number of minimally evaluated programmes with their outcomes	1

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	2
Concept of 'community programme'	n.a.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	3.3%
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	37% ; 1998
AIDS incidence rates related to injecting drug use in the general population	2.35 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	17 cases (39.8 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Luxembourg (1991–1999) 24.8 deaths/1,000 person years. (NB: This study was not part of EMCDDA study but conducted in the context of the key indicator 'problem drug use'. The result is the average mortality rate for the whole period (1991–1999) originally expressed as a percentage (2.36 to 2.48), whereas here it has been expressed as deaths per 1,000 person years of observation.

Outreach work

Concepts and approaches existing in MS	Streetwork programme for drug addicts in the open scenes in Luxembourg City and the south of the country, as well as interventions aimed at prostitutes in order to establish contact and to prevent spread of infectious diseases. Outreach work is closely linked to new low-threshold services. Model applied: Public Health Model. Target: users of 'old' drugs, in a few cities.
Typology of onsite pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	174,558 distributed, increasing trend
Mode of distribution	1 programme with 'many' distribution points.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	985
Annual number of new admissions ("first treatments") to drug treatment	n.a.
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 19; AT: 27 Sex – FT: M/F 75/25; AT: M/F 70/30 Drug – AT – H: 70; Co: 11; Ca: 10; S: 2 CI – AT: 73 Other data not available.

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 3 DATU-OPT: 6 STS: 864 (1999)
Objectives	No national, uniform objectives for drug treatment.
Admission criteria	The national methadone programme applies the following admission criteria: 1) over 18 years old, 2) DSM IV diagnosed, 3) several unsuccessful detoxification attempts.
Coordination between services	The central coordinating public body in the field of drug treatment is the 'Direction de la Santé' which is part of the country's central administration.
Evaluation of treatment services	The metropolitan methadone prescription programme has jointly been set up by the Ministry of Health and the 'Jugend- an Drogenhelfer'. The care provided in the substitution programme is long term – 54% of the persons participated in the programme for more than 2 years. Two evaluations have been carried out, the first in 1990 and the second in 1992; both show a significant impact on the infection and mortality rate as well as on drug-related crime figures.
1999 EDDRA entries	1

Netherlands

Target 1

Drug use in general population

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
9.8%	1.4%	0.8%	1.8%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	Tranquilisers or sedatives without prescription	crack	inhalants
28%	1%	3%	2%	4%	n.a.	n.a.	3%	n.a.
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
41%	12%	14%	10%	11%	21%			
% of persons 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives			inhalants		
9%	1%		n.a.			n.a.		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	2.5–2.9 (problem opiate users 1996)
Changes over time – drug use incidence	204–287 (Amsterdam relative incidence 1996)

Primary prevention in schools

Prevention included in school curricula	In the Netherlands, schools are required by law to provide students with information on health issues. One of the topics often included in the curriculum is substance use. For 2000, the 'Action programme for school health' is to explore the conditions for implementing a (broader) school health programme in primary and secondary schools.
Number of schools covered by prevention programmes	About 400 preventive activities were mentioned. Analyses showed that more than 50% of the preventive activities within GGDs were school based. On the other hand, prevention of smoking, drug use and alcohol use is carried out by 90% of the GGDs and 70% of the IVZs, which indicates that school-based prevention is the core of prevention in the Dutch addiction care system. The activities are diversely defined, most pointing towards (parts of) general prevention programmes and rarely to more specific activities.
Number and degree of detail of available programme material.	An updated report (Wetser and De Jong, 1999) compiles and describes twenty existing standardised prevention activities that are considered examples of good practice. More than 50% of all secondary schools in the Netherlands participated in the project 'The Healthy School and Drugs: 1998' and implemented at least some elements of the project in their curriculum. New teaching material (a booklet 'What to expect from XTC', brochures, instruction cards and a teacher's manual) has been introduced in secondary schools for retarded and disabled pupils aged 12–18, and new material for schools with a considerable number of immigrant pupils.
Number of minimally evaluated programmes with their outcomes	2

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	Community programmes are still rare in the Netherlands. Such programmes predominantly cover neighbourhoods instead of entire regions or large urban areas.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	(0.5–25.9%); 1998/1999
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Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(73%); 1996
AIDS incidence rates related to injecting drug use in the general population	1.42 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	76 cases (4.8 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Amsterdam (1996) 9.7 deaths/1,000 person years

Outreach work

Concepts and approaches existing in MS	One new type of outreach work today is education 'on the spot' (i.e. where youngsters meet) applying peer-support techniques. Another is targeted at drug users who have been sentenced to a few months in prison. Most outreach work is carried out by low-threshold services. These services are active in street corner work offering daytime shelter. Outreach activities also feature in programmes for reducing drug-related public nuisance, which are often a joint venture between treatment and care facilities, police and civic groups. The target groups of these services are drug injectors, extremely problematic drug users, and drug users from foreign countries (not permanent residents). Models applied: Public Health and Self-Help models. Target: users of 'old' drugs. Most cities with acknowledged problems.
Typology of on-site pill-testing interventions	Since the 1990s, the monitoring project Drug Information and Monitoring System (DIMS) consists of a nationwide network of prevention organisations and pill testing is an official part of Dutch drug policy. Pill testing is mainly carried out for scientific purposes, i.e. monitoring of illegal drug markets. Liquid chromatography: qualitative and quantitative results possible (only stationary). Clients pay €2-3 for the test.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	n.a.

Target 3

Demand for treatment

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	37,974
Annual number of new admissions ('first treatments') to drug treatment	16,207
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 29.5; AT: 31.4 Sex – FT: M/F 83.6/16.4; AT: M/F 81.1/18.9 Drug – FT – H: 46.0; Co: 29.7; Ca: 13.5; S: 4.1 Drug – AT – H: 58.9; Co: 21.2; Ca: 10.0; S: 3.7 CI – FT: 8.6; AT: 9.0

Availability of treatment facilities

Services offered and their characteristics	SATU-OPT: 107 SATU-IPT: 74 DATU-OPT: 34 DATU-IPT: 8 SATS-IPT: 1,762 DATS-IPT: 87 (2000) STS: 11,676 (1996)
Objectives	Establishing a highly diversified and extensive professional network of health care and social institutions offering help to drug users.
Admission criteria	No national, uniform admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	The addiction care system is basically located at a regional and a local level. Outpatient centres and inpatient facilities are regionally structured but many of these centres have branches or sub-locations.
Evaluation of treatment services	The results of two systematic research reviews on the evidence of effectiveness for addiction care and prevention (funded by the Ministry of Health, Welfare and Sports and conducted by the Trimbos-institute), have been reported in earlier years (Van Gageldonk et al., 1997; Van Gageldonk & Cuijpers, 1998). The reports have been used for discussions about drug policy in general and specifically about issues concerning the urgency and feasibility of evidence-based demand reduction.
1999 EDDRA entries	0

Austria 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
n.a.	n.a.	n.a.	n.a.	n.a.	n.a.			
% of persons 13 years old or under when they first used								
cannabis		ecstasy		tranquilisers or sedatives		inhalants		
n.a		n.a		n.a		n.a		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	3.0–3.5 (1995)
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	In the context of the educational principle, 'health education', primary prevention has to be integrated in all subjects. In recent years, such activities increasingly commence at primary school level.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	'Step by Step', an up-to-date training tool for teachers.
Number of minimally evaluated programmes with their outcomes	3

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	The main activities in one example of good practice are to provide behavioural and structural intervention strategies supporting the work of a large group of key persons and inhabitants dealing with the problem of preventing addiction. Another key group is young residents who work as peer educators both in and outside schools.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	3.1
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(63–72)
AIDS incidence rates related to injecting drug use in the general population	2.24 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	136 cases (16.8 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Vienna (1998) 11.59 deaths /1,000 person years

Outreach work

Concepts and approaches existing in MS	Activities of street workers have been firmly established in the drug scene for some time. There is a wide variety of forms of outreach work to assist drug addicts (outreach activities, mobile units for first contacts etc.) and services focusing on specific target groups (e.g. prostitutes working for the purpose of drug acquisition, prison inmates). Outreach social work increasingly covers secondary prevention too. Outreach services were also provided in response to the high affinity to drugs among ravers. Model applied: Youth Work and Public Health model. Target: 'old' and 'new' drug users. Most cities with acknowledged problems.
Typology of on-site pill-testing interventions	A drug policy concept for the whole of Austria does not exist – but there are several drug policy concepts for the Austrian provinces. Pill testing is part of the official Vienna drug policy. No illicit substances may be touched or handled by the project members. The organisation, ChEck iT! has a good working relationship with the local police who support the preventive measures of the project. The police are present at the raves where ChEck iT! offer chemical analysis, but do not concentrate their actions on visitors of ChEck iT! On-site testing with liquid chromatography (HPLC): quantitative and qualitative data. Potential consumers do not have to pay and they wait for the results on the spot.

Needle exchange

Estimated number of syringes distributed	920,000 in most important programmes, national total not available.
Mode of distribution	17 points in 13 towns.

Demand for treatment

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	n.a. – it will be available in 2003
Annual number of new admissions ('first treatments') to drug treatment	n.a. – it will be available in 2003
Profile of clients starting treatment (age, gender, drug, injection)	n.a. – it will be available in 2003

Target 3**Availability of treatment facilities**

Services offered and their characteristics	DATU-IPT: 37 DATU-OPT: 86 STS: 4,232 (1999)
Objectives	No national, uniform objectives for drug treatment.
Admission criteria	No national, uniform admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	n.a.
Evaluation of treatment services	In order to reach young drug addicts, a short-term therapy programme named Lukasfeld was set up in 1995. Treatment content was based on a combination of psychoanalysis and social learning theory. Evaluation of the intervention showed that it had not succeeded in reaching its target group but that the subjects in the treatment programme experienced positive outcomes. The results indicated significant improvement of frustration tolerance, coping ability and lifeskills but also that depressive symptoms remained.
1999 EDDRA entries	5

Portugal 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
7%	3%	1%	3%	2%	1%	8%	1%	3%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
26%	14%	14%	19%	12%	21%			
% of persons 13 years old or under when they first used								
cannabis		ecstasy		tranquilisers or sedatives		inhalants		
2%		1%		3%		3%		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	2.7–12.8 (1999–2000)
Changes over time – drug use incidence	290–400 (Lisbon: yearly relative incidence one social service, 1996–1998)

Primary prevention in schools

Prevention included in school curricula	The prevention of drug abuse in the school setting remains a priority for the whole education system and is under the responsibility of the Ministry of Education, through its 'Health education and promotion programme', which includes the prevention of licit and illicit substance use.
Number of schools covered by prevention programmes	The 'National network of health promoting schools' comprises 670 schools. Projects there have allegedly contributed to a healthier climate at school and to improving communication skills. 77% of the schools responding to the questionnaire felt that they received adequate support from the Ministry of Education services.
Number and degree of detail of available programme material	n.a.
Number of minimally evaluated programmes with their outcomes	1

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	One example of good practice included: setting up a municipal prevention programme in close cooperation with local NGOs, schools, health centres, employment centres and others; developing specific drug abuse prevention interventions, targeted at higher risk groups, based on promoting protective factors and the minimisation of individual, family and school risk factors; developing training programmes for local agents (parents, teachers, NGO staff); supporting drug users' treatment in cooperation with the SPTT specialised treatment centres and local health centres; setting up a rehabilitation support network to help the professional reintegration of ex-drug users; and setting up harm-reduction responses.

Target 2

Drug-related infectious diseases

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	(0–48%); 1998/1999
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(45–88%); 1997/1999
AIDS incidence rates related to injecting drug use in the general population	60.95 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	369 cases (37.0 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Lisbon (1999) 42.2 deaths/1,000 person years

Outreach work

Concepts and approaches existing in MS	Outreach workers (Equipas de rua) have been active since January 1999 and support drug users, employing a harm-reduction approach and encouraging them to use the drop-in centres. A preliminary informal evaluation indicated the strong adhesion by the target population to the service, the advantages of cooperating with other services, the difficulty of maintaining the motivation of clients when they are so close to the neighbourhood and the difficulty in referring clients to other public services with temporary residential facilities. Model applied: Youth Work model. Target: users of 'old' drugs. Some cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	n.a.

Target 3

Demand for treatment

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	n.a.
Annual number of new admissions ('first treatments') to drug treatment	5,077
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 29.1; AT: 28.2 Sex – FT: M/F 80/20; AT: M/F 77.6/14.4 Drug – FT – H (all opiates): 92.2; Co: 3; Ca: 3.4; S: 0 CI – FT: 33.5 AT: 26.0 Other data not available.

Availability of treatment facilities

Services offered and their characteristics	DATU-IPT: 141 DATU-OPT: 51 DATS-IPT: 2,968 STS: 6,040 (January 2000)
Objectives	The Portuguese drug strategy from 1999 states (in chapter 6 on treatment) that the guarantee of access to treatment for all drug addicts who seek treatment is an absolute priority.
Admission criteria	No national, uniform admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	The central coordinating public body in the field of drug treatment is 'Service for the prevention and treatment of drug addiction' (Serviço de prevenção e tratamento da toxicod dependência - SPTT)
Evaluation of treatment services	n.a.
1999 EDDRA entries	1

Finland 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
6.3%	0.4%	0.4%	0.4%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 16 to 19 year olds in school surveys								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
10%	1%	1%	1%	1%	1%	6%	0%	5%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
20%	6%	6%	8%	5%	8%			
% of persons 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives		inhalants			
1%	0%		1%		2%			

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	3.3–4.8 (1999)
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	n.a.
Number of schools covered by prevention programmes	n.a.
Number and degree of detail of available programme material	n.a.
Number of minimally evaluated programmes with their outcomes	3

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	5
Concept of 'community programme'	In most cases, the entire population is included, while some strategies only embrace young people and children. 'Municipal substance abuse strategies in 1994–1998': a report on municipal written action plans concerning drug abuse (http://www.stakes.fi/neuvoa-antavat/).

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0.8–(7.9%); 1999 0.0–2.8%; 2000
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(38)–58%; 1999/2000
AIDS incidence rates related to injecting drug use in the general population	0 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	(year 1998) 52 cases (10.1 per million inhabitants)
Mortality rate (all causes) among groups of drug users	n.a.

Outreach work

Concepts and approaches existing in MS	Outreach work is carried out in only a few major cities and mainly involves street patrols. Mostly street work. Model applied: Youth Work. Target: users of 'new' drugs.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	n.a.
Mode of distribution	6 specialised programmes ; 85% of pharmacies sell to IDUs.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	1,456
Annual number of new admissions ('first treatments') to drug treatment	326
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 23.5; AT: 26.1 Sex – FT: M/F 75.5/24.5; AT: M/F 74.5/25.5 Drug – FT – H: 17.5; Co: 0; Ca: 32.7 S: 41.9 Drug – AT – H: 22.4; Co: 0.2; Ca: 19; S: 41.2 CI – FT: 43.2; AT: 49.3

Availability of treatment facilities

Services offered and their characteristics	SATU-OPT: 138 SATU-IPT: 115 DATU-OPT: 50 DATU-IPT: 43 DATS-IPT:440 STS: 240 (2000)
Objectives	The document 'Drug strategy 1997' (running from 1997 to 2001) issued by the Finnish Drug Policy Committee states, among others, that the aim of social welfare and health care is to guarantee all people an equal access to help and treatment. On substitution treatment, it states: 'The committee proposes that substitute pharmacotherapy should be provided according to the present need'.
Admission criteria	There are no national uniform criteria for substitution treatment but for the Greater Helsinki Area (where most problem drug users are to be found) the admission criteria are: 1) more than 20 years old, 2) compulsive use of opiates for at least 4 years, 3) unsuccessful long-term care. There are no national, uniform criteria for drug-free treatment.
Coordination between services	n.a.
Evaluation of treatment services	A development project on the welfare of substance abusers in prison, a joint undertaking between four organisations and about ten prisons, was established by the Finnish Slot Machine Association. The A-Clinic Foundation and the Finnish Blue Ribbon were involved in the project from 1996 and the Deaconess Institute in Helsinki and Kalliola Settlement from 1997. The project (which finished in April 1999) showed that prisons have the ability, will and multifaceted know-how to engage in rehabilitation for substance abusers – an activity which is worth developing and implementing in collaboration with outside actors.
1999 EDDRA entries	4

Sweden 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
2%	0%	0%	0%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 15 to 16 year olds in school surveys								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
7%	1%	1%	1%	1%	1%	6%	1%	8%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
26%	11%	12%	14%	11%	14%			
% of persons 13 years old or under when they first used								
cannabis		ecstasy		tranquilisers or sedatives		inhalants		
1%		0%		1%		5%		

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	4.0–5.4 (1998)
Changes over time – drug use incidence	n.a.

Primary prevention in schools

Prevention included in school curricula	Yes, no further information supplied.
Number of schools covered by prevention programmes	Close to 600 schools are participating in the network of 'Health Promoting Schools'.
Number and degree of detail of available programme material	Programmes with material, implemented nationally: DARE, 'First Aid', 'Re-Act'.
Number of minimally evaluated programmes with their outcomes	1

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	1
Concept of 'community programme'	n.a.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	2.6%; 1997
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	(92%); 1994
AIDS incidence rates related to injecting drug use in the general population	0.92 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	81 cases (11.2 per million inhabitants)
Mortality rate (all causes) among groups of drug users	Sweden (1997) 27.1 deaths/1,000 person years. (NB: this figure comes from a pilot study not validated by Swedish focal point.)

Outreach work

Concepts and approaches existing in MS	Substantial decrease in outreach and motivational work since the nineties due to cuts in public funding. However, some increase in services for women. During the 1990s, it has become more frequent that voluntary organisations are active in the major metropolitan areas (e.g. various parental groups working with younger persons hanging out late at night). Model applied: Catching Clients and Youth Work.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	227,000
Mode of distribution	2 distribution points; pharmacies are not willing to sell to IDUs.

Target 3

Demand for treatment

Proportion of problem drug users admitted to treatment.	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	7,000
Annual number of new admissions ('first treatments') to drug treatment	1,996
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – FT: 33; AT: 34 Sex – FT: M/F 70/30; AT: M/F 72/28 Drug – FT – H(all opiates): 23; Co: 1; Ca: 10 S: 18 Drug – AT – H: 32; Co: 0; Ca: 7; S: 17 CI – not available

Availability of treatment facilities

Services offered and their characteristics	SATU-IPT: 192 SATU-OPT: 391 (1999) STS: 621 (May 2000)
Objectives	In the Swedish official drug document, the ultimate goal of Swedish drug policy is to achieve a drug-free society. In October 1999, the National Board of Health and Welfare increased the number of substitution treatment slots from 600 to 800.
Admission criteria	For substitution treatment, the National Board of Health and Welfare has set the following admission criteria: 1) at least four years of documented intravenous opiate abuse, 2) to have tried drug-free treatment unsuccessfully, 3) to be at least 20 years old 4) medical record not revealing multiple drug use, 5) to have an acceptable free-choice situation (not to have been arrested, remanded in custody, sentenced to imprisonment etc). No national, uniform admission criteria for drug-free treatment.
Coordination between services	The central coordinating public body in the field of drug treatment is the National Board on Health and Welfare (NBHW).
Evaluation of treatment services	The Ulleråker methadone programme was evaluated in the late 1990s and, among others, concluded that as many as 90% of the participants stayed off heroin while participating in the substitution treatment programme and that the crime level had fallen below 10%. The evaluation also showed that the mortality rate of the participants fell drastically and that none of the participants became infected with HIV during the programme.
1999 EDDRA entries	3

United Kingdom 1999**Target 1****Drug use in general population**

Recent use cannabis (Last year)			
cannabis	cocaine	amphetamine	ecstasy
17.9%	2.5%	5.9%	2.9%
Age first use of			
cannabis	cocaine	amphetamine	ecstasy
n.a.	n.a.	n.a.	n.a.

Drug use among 15 to 16-year-olds in school surveys

Drug use among 16 to 18 year olds in school surveys								
Lifetime prevalence								
cannabis	heroin	cocaine	amphetamine	ecstasy	LSD or other hallucinogens	tranquilisers or sedatives without prescription	crack	inhalants
36%	3%	3%	8%	3%	5%	4%	2%	15%
Availability perceived as 'very or fairly easy' of								
cannabis	heroin	cocaine	amphetamine	crack	ecstasy			
52%	18%	20%	22%	20%	28%			
% of persons 13 years old or under when they first used								
cannabis	ecstasy		tranquilisers or sedatives		inhalants			
14%	2%		2%		8%			

Prevalence of problematic drug use

'Problematic drug users' per 1,000 population aged 15–64	2.3–8.9 (1996)
Changes over time – drug use incidence	

Primary prevention in schools

Prevention included in school curricula	Effective drug education in schools is being promoted through the 'Healthy Schools Standard' and the implementation of the 'Personal, Social and Health Education' framework in all schools.
Number of schools covered by prevention programmes	93% of secondary and 75% of primary schools have drug education policies, and 95% of secondary schools have policies covering drug-related incidents
Number and degree of detail of available programme material	n.a.
Number of minimally evaluated programmes with their outcomes	5

Primary prevention in local communities

Number of minimally evaluated programmes with their outcomes	3
Concept of 'community programme'	n.a.

Target 2**Drug-related infectious diseases**

Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0.33–3.3%; 1998
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	19–(52%); 1998
AIDS incidence rates related to injecting drug use in the general population	0.45 per million population

Drug-related death and mortality

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	2,943 cases (E&W) (55.2 per million inhabitants)
Mortality rate (all causes) among groups of drug users	n.a.

Outreach work

Concepts and approaches existing in MS	Model applied: Public Health and Self Help models. Target: 'old' and 'new' drugs users. Most cities with acknowledged problems.
Typology of on-site pill-testing interventions	No pill testing.

Needle exchange

Estimated number of syringes distributed	27 million per year
Mode of distribution	420 specialised points including pharmacy based; of other pharmacies, 35% selling equipment to IDUs in 1995.

Target 3**Demand for treatment**

Proportion of problem drug users admitted to treatment	n.a.
Retention of clients in treatment	n.a.
Prevalence rates (% infected) of HIV and hepatitis C among injecting drug users (IDUs)	n.a.
Annual number of admissions to drug treatment	37,681
Annual number of new admissions ('first treatments') to drug treatment	n.a.
Profile of clients starting treatment (age, gender, drug, injection)	Mean Age – AT: 27.1 Sex – AT: M/F 74/26 Drug – AT – H: 57; Co: 6; Ca: 10; S: 9 CI – AT: 45

Availability of treatment facilities

Services offered and their characteristics	(data for England and Wales only) DATU-IPT: 149 DATU-OPT: 451 DATS-IPT: 1,882 STS: 19,630 (1999)
Objectives	In the Drug Action Teams action plans 1999/2000 issued by the UK anti-drugs coordination unit, 'enabling people with drug problems to overcome them and lead healthy crime-free lives' is stated as an objective.
Admission criteria	No national, uniform admission criteria for either drug-free treatment or substitution treatment.
Coordination between services	n.a.
Evaluation of treatment services	The National Treatment Outcome Research Study (NTORS) was the first large-scale nationwide follow-up study of drug misuse conducted in the United Kingdom and began in 1995 with the recruitment of over 1,000 people who entered drug misuse treatment services (residential and community-based). One of the findings of NTORS is that treatment improved consumption patterns, lowered risk behaviour and reduced drug intake. Alongside earlier findings, the NTORS study confirms that time in treatment is predictive of outcome. The critical time in treatment was analysed and the conclusion was drawn that the 'turning point' for longer stay inpatient programmes was 90 days. The study asserted that attempts to increase clients' retention in treatment is crucial to the outcome.
1999 EDDRA entries	1

PART TWO

- Target 4: To reduce substantially over five years the availability of illicit drugs.
- Target 5: To reduce substantially over five years the number of drug related crimes.
- Target 6a: To reduce substantially over five years money-laundering
- Target 6b: To reduce substantially over five years illicit trafficking of precursors.

Strategic considerations¹.

➤ Law enforcement.

Member States' initiatives in 1999.

In 1999, Member States gave a high priority to the combating of international organised drug trafficking.

In Spain, the further deployment of Drugs and Organised Crime Units in the various law enforcement agencies continued in 1999.

In the Netherlands, a study by the Ministry of Justice into the effectiveness of combating organised crime recommended immediate intervention, acting upon concrete information at all levels of the organisation and in all stages of an inquiry rather than lengthy investigations that may last for several years. In 1999, Dutch Customs installed x-ray-scanning facilities in the port of Rotterdam and at Amsterdam airport where suspected containers were scanned based on risk analyses.

In Germany, research and strategic analysis were undertaken in order to react to new crime phenomena and to facilitate concrete investigations. With the emergence of ethnic Albanian-Yugoslav criminal groups, the Bundeskriminalamt (BKA) in Wiesbaden started, in December 1999, a research project aiming to identify their structures and members, their international contacts, mobility and logistics. The objective was to provide law enforcement agencies with qualitative data in order to support or initiate investigations.

Operation Purple was an international law enforcement initiative initiated by Germany and commenced in April 1999. It was supported by regulatory institutions and aimed at preventing the diversion of Potassium Permanganate (PP), a chemical used in the production of cocaine. The project by 31 December 1999 had expanded to bring together 23 nations, including 7 Member States, that produce, import, export, or transit the chemical, plus the International Narcotics Control Board, ICPO/Interpol and the World Customs Organization.

Initiatives at European Union-level.

On 1st July 1999, following the adoption of legal acts relating to the Convention, Europol took up its full activities. Europol supports Member States by facilitating the exchange of information and intelligence and by providing analyses, expertise, training, co-ordination and technical support.

The Drugs Group produced its 5th 'European Union Situation Report on drug production and drug trafficking. Strategic and operational projects on South American and Turkish criminal groups were further developed and a new edition of the Ecstasy-catalogue was produced.

Under the provisions of the Amsterdam Treaty, it was foreseen that Europol would be authorized to ask Member States to initiate, conduct or co-ordinate investigations and to participate in joint investigative teams. These teams would, as an initial step, combat the trafficking in drugs and human beings as well as terrorism.

➤ Political initiatives.

Member States' Initiatives.

Many new political initiatives were undertaken, both at a national and European Union-level, to address the whole spectrum of the drug problem, from production and trafficking to abuse, from repression to prevention, treatment and rehabilitation.

Developments in drug policies, both in individual Member States and at European Union-level, showed a gradual shift towards decriminalizing some behaviour linked to consuming and possessing drugs for personal use. Most Member States rejected extreme solutions such as full legalization or harsh repression but continued to prohibit illicit drug consumption, while modifying the penalties and measures applied to it.

¹ European Union situation reports on drug production and drug trafficking July 1999 and August 2000.

In Portugal, the government adopted a drug strategy that would lead to a reform of the 1993 Drug Act. Possession, use and the purchase of drugs for personal use would be decriminalized. Administrative sanctions would be introduced or, as an alternative for addicts, treatment in closed therapeutic centres. Harm reduction programs, such as syringe and needle exchanges and the substitution of drugs, would be promoted. International co-operation was to be extended by adapting national policies to the legal framework of the European Union and the Schengen acquis. The combating of drug trafficking and money laundering would be reinforced, with the emphasis on cooperation, co-ordination, analysis of information and border controls. A National Co-ordination and Intervention Unit was created in which the Criminal Police, the Republican Guard, the Public Police Service, Customs and the Immigration and Border Service would co-operate. Public spending on drug-related activities would be doubled over the following five years.

In December 1999, the government of Spain introduced a new 'National Strategy against Drugs for the period 2000-2008. This strategy built on experiences gained from a previous one that was introduced in 1985 and periodically updated since. It was to become the coordinating instrument for actions in the different aspects of the drug phenomenon. Priority was given to prevention, harm reduction, rehabilitation and reduction of demand and supply. With respect to supply reduction, the role of the National Central Narcotics Office as the institute for the co-ordination of information will be strengthened. Border control was to be intensified, with particular attention to the Strait of Gibraltar and the number of joint Police-Customs actions in the south of Spain was to increase. There would be new legislation in relation to the use of information technology by organised crime groups. The Procedural Criminal Law was amended with a view to extending the scope of controlled deliveries to include money and goods derived from organized criminal activities. The use of undercover agents was extended to all forms of organised crime.

In November 1999, the Dutch government presented a two-year progress report on its drug policy. The government intended to continue this policy on prevention, addict care, reduction of public nuisance, the monitoring and assessment of new drugs, the combating of drug-related crime and international co-operation. In September, legislation on the use of special law enforcement techniques was introduced.

In the United Kingdom, the Regulation of Investigatory Power Bill gave new rules on warrants which are required for the interception of communications. Under the new Bill, warrants would specify a person rather than a telephone number or line. This procedure would improve the ability of law enforcement to combat serious and organised crime, given the frequency with which criminals change phones and other forms of communication. A report by the Police Foundation called for decriminalisation of the possession of cannabis for personal use and reclassification of cannabis from a class B to class C drug. It also recommended that the cultivation of small numbers of plants for personal use should be treated in the same way as possession offences for other cannabis products. The proposals mirrored developments in most of the other Member States that had decriminalised possession of (soft) drugs or recommended no criminal proceedings or the imposition of fines.

Initiatives at European Union-level.

In June 1999, the heads of States and governments of the European Union, Latin America and governments of the European Union, Latin America and the Caribbean endorsed the Panama Plan of Action on cooperation in drug related matters by the 3 regions. The plan contained measures for the modernisation of law enforcement techniques and envisaged improving links between anti-drugs centres in the region through operational information sharing systems and extension of a network of liaison officers.

With a view to initiating actions in order to remove legal and practical obstacles in judicial and law enforcement co-operation, the Heads of States and Governments held an extraordinary summit on 15 and 16 October 1999. This European Council of Tampere endorsed priorities and policy orientations for the creation of an area of freedom, security and justice as provided for in the Treaty of Amsterdam.

The Council decided that the combating of organised crime, including drug trafficking, should become more effective. With respect to judicial co-operation, it endorsed the principle of mutual recognition of judgments and other decisions of judicial authorities. This also applied to pre-trial orders, for instance, to those that enable authorities to secure evidence and to seize assets. Evidence gathered by one Member State would become admissible before courts in the others. Formal extradition procedures would be replaced by the simple transfer of those who have been finally sentenced and further approximation of national legislation on drug trafficking, financial and high tech crime was envisaged, leading to common definitions, incriminations and sanctions. The Council also agreed to create Eurojust, composed of prosecutors, magistrates and police officers from each Member State, to be operational by 2001.

International law enforcement co-operation was to further improve through the establishment of joint investigative teams, reinforcement of the role of Europol and the creation of a European Police Chiefs Task Force. This body was to exchange, in co-operation with Europol, experiences, best practises and information on trends in cross border crime and would contribute to the planning of operative actions. In addition, the competence of Europol was broadened to money laundering in general, regardless of the type of offence from which the laundered proceeds originate.

The European Commission developed a scoreboard in order to keep a constant overview of progress made in Justice and Home Affairs, based on the deadlines set by the Amsterdam Treaty, the 1998 Vienna Action Plan and the Tampere conclusions.

In June 1999, the Commission presented the European Union Action Plan to combat drugs 2000-2004, containing a global, multidisciplinary and integrated approach to the drug problem. Based on the Action Plan, the European Union Drugs Strategy 2000-2004 was drafted and endorsed by the December 1999 European Council of Helsinki.

Belgium 1999

Target 4

Statistical information	Cannabis		Heroin	Cocaine	Amphetamin e	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
Seized quantity ¹ (C1)	Resin 3 286	Herbal 2 760	74	1 753	59	1 047	467 477
	Total : 6 046						
Number of seizures (C1)	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
Wholesale prices ² (C1)	Resin 1 735	Herbal 868	18 592	22 310	2 479	n.a.	1 735

Strategic information

Level of international co-operation (C1)	Belgium has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	On 17 January 1996 the Belgium Federal Parliament nominated a “ <i>Parliamentary Working Group on Drugs</i> ” to study the Belgium Policy on drugs and to come up with suggestions for actions. The recommendations were produced in 1997. In June 1997 the Federal Parliament 'Chambre des Représentants' asked the federal government to produce a federal strategy. Reflections on new measures were undertaken during 1999.
Number of OC groups involved in drugs in the EU (C1)	114

Market information

	Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
Street prices ³ (C1)	Resin 8.1	Herbal 6.8	38.4	55.8	15.5	8.1	8.2

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	17 219

Strategic information

Existence of national strategies	See above (target 4)
Priorities in law enforcement	A directive was issued on 8 May 1998. Resulting from the report of a parliamentary working group, this new directive revises the directive of 1993 focussing on the prosecution policy in the field of possession and retail sale of drugs for personal consumption. With this directive possession for use of cannabis is distinguished from possessing other drugs, and prosecutors are asked to apply the lowest penal priority to the punishment of this offence.

¹ Seized quantities of cannabis, heroin, cocaine and amphetamine are kilograms. Seized quantities of LSD are doses. Seized quantities of Ecstasy are tablets. This applies to all overviews on seized quantities in this document.

² Wholesales prices of cannabis, heroin, cocaine and amphetamine relate to Euros per kilograms. Wholesales prices of LSD relate to Euros per 1000 doses. Wholesales prices of Ecstasy relate to Euros per 1000 tablets. This applies to all overviews on wholesale prices in this document.

³ Street prices of cannabis, heroin, cocaine and amphetamine relate to Euros per gram. Street prices of LSD relate to Euros per dose. Street prices of Ecstasy relate to Euros per tablet. This applies to all overviews on street prices in this document.

Introduction of new legislation	<p>Drug trafficking is not defined in Belgian law as such. The law prohibits the production, import, export, manufacture, transport, possession, sale etc., and the basic penalties include imprisonment for a period of three months to five years and/or a fine. Depending on the gravity of these crimes penalties can be increased up to 10, 15 or 20 years in case of involvement of minors; up to 15 in relation to the consequences of the crime for third persons: an incurable disease or death; and up to 20 in relation to large scale trafficking implications.</p> <p>The directive of May 1998 also introduces a new element in the regulation of sale and trafficking offences. While the law of 1921 and modifications do not foresee the concept of selling drugs to finance one's own personal consumption, the directive of May 1998 asks prosecutors to be strong in the case of retail sale but to take into consideration (by reducing the punishment) the case in which the only purpose of the sale was to finance one's own addiction.</p>
Level of international co-operation	Belgium has ratified the three UN Conventions and the Europol Convention
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	2% (people reporting injecting drug use in prison from a daily basis to a few times per week or per month) to 50% (people reporting drug use prior to imprisonment within the last month)
Level of provision and characteristics of alternatives to prison	<p>Preventive detention can be avoided by entering treatment or other health measure. Postponement of proceedings: for offences linked to personal consumption. Release on probation: under specific conditions e.g. community work. Suspension of application of sentence: on condition of undertaking treatment. Replacement of custodial sanction. (A commission decides about probation, conditional release or confinement).</p>

Target 6 1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The penal code, modified by the law of 7 April 1995, punishes the laundering of goods of any illegal origin, with imprisonment of 15 days to 5 years and/or fine of €130 to €5 000 000. Participation and the attempt to launder money are also punishable.</p> <p>Moreover, the Law of 11 January 1993 transposes into Belgian law the European Directive 91/309. This law, among others, is applicable to laundering linked to illegal traffic of narcotics, aiming to impose certain obligations on financial bodies, such as the identification of clients and the communication of any suspicions of laundering to the responsible authorities. Following the modification of this law of 10 August 1998, these control provisions are also applicable to notaries, bailiffs, company auditors accountants and casinos.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	Belgium has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	The Belgian law regulating the trade of precursor substances is the “Arrêté royal de 26 octobre 1993 fixant des mesures afin d'empêcher le détournement de certaines substances pour la fabrication illicite de stupéfiants et de substances psychotropes”. This gives the main control to the Minister of Health, and, for infractions, allocates the same penalties laid out in the main drug law of 1921.
Level of international co-operation	Belgium has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Denmark 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin	Herbal	96		24	32	83	26 117
	14 021	30						
	Total : 14 051							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin	Herbal	White	Brown			n.a.	
	2 859	NA	72 313	53 814	40 361	8 408		8 072

Strategic information

Level of international co-operation (C1)	Denmark has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	'Fight against drug abuse - Elements and main problems – 1994' is the main drug policy paper containing the basic principles and objectives to tackle the drug phenomenon in Denmark. It is still in valid in 1999.
Number of OC groups involved in drugs in the EU (C1)	n.a.

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 6.1	Herbal NA	White 174.4	Brown 161.4	154.7	39.7	10.1	23.5

Target 5
Statistical information

Type and number of offences	n.a.
Number of arrests	9 424

Strategic information

Existence of national strategies	See above (target 4)
Priorities in law enforcement	The control activities implemented to face drug crimes are administered by the police and customs authorities. Their operations are targeted at individuals and national and international criminal organisations. On the side of drug abuse since 1969 drug consumption has been a lower priority for the police: a decree asks the police to not focus on drug users but on more serious crimes.
Introduction of new legislation	<p>The Danish Criminal Code contains provisions for regulating grave drugs offences. Section 191 singles out professional drugs crime. The penalty is imprisonment for up to 6 years, which may be increased to 10 years if the transfer involves large quantities of particularly dangerous drugs. Under extremely aggravating circumstances, the penalty may be increased by up to fifty per cent of the maximum penalty.</p> <p>The recourse to prison sentences for traffic in drugs will be likely to happen in cases involving quantities that are not regarded as insignificant. This does not, however, apply to cases involving occasional transfer of cannabis without remuneration, distribution of small quantities of cannabis to friends, and sales of cannabis in isolated cases for a small charge. Such cases are normally settled by the imposition of a fine or by simple detention, depending on the nature of the offence.</p> <p>In practice, emphasis is put on the type and quantity of drug and on whether the case concerns importation, sale or other activities of a professional kind. In cases of smuggling, sale/ transfer or possession with the aim of selling/transferring of e.g. heroin or cocaine, the case is subsumed under sect. 191 if the quantity is appr. 25 g or more, whereas the corresponding limit for amphetamine is appr. 50 g and for hashish appr. 10 kg. As for ecstasy, there is as yet no firm practice, but in one case the importation of 410 ecstasy pills has been subsumed under sect. 191.</p> <p>In 1997 a new law “the Pusher legislation” was adopted in order to hit professional drug pushers, who had until now avoided serious sanctions by carrying only very small quantities at a time. The provision, furthermore, should apply not only to actual sale, but also to possession with the purpose of sale. Furthermore, the new provision should apply both in cases when the suspect had previous sentence(s) for dealing in hard drugs, and in cases where several counts were presented for concurrent conviction and sentence. It is intended that the increase in penalties in case of repeated deals in small quantities of hard drugs should not have indirect effects, either upon milder minor violations, e.g. possession for own use, or upon more serious crimes, e.g. the smuggling of or dealing in larger quantities of narcotics.”</p>
Level of international co-operation	Denmark has ratified the three UN Conventions and the Europol Convention
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	36% (drug abusers: have used euphorants many times during the last 6 months before prison)
Level of provision and characteristics of alternatives to prison	Release on probation. Suspension of application of sentence: Experimental phase since 1995 of "Treatment instead of punishment" = suspension of 6 to 12-month sentence on condition of 1 year treatment. Replacement of custodial sanction. §49 Penal Code. Treatment order (eg. for 1st offenders of acquisitive crime). Community work order: Special forms of application of prison sentence: Sentence can be served at specialised treatment facility (Sec 78 of code of enforcement of punishment).

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>Under Danish law laundering of financial proceeds in general is not a criminal offence. However, special reference is made to section 191a of the Criminal Code concerning receipt of stolen goods etc. in connection with drugs offences. This would probably cover any intentional assistance granted for laundering financial proceeds of grave drugs offences. Further reference is made to section 284 of the Criminal Code concerning receipt of stolen goods, illegal dealings with lost property, etc. This would probably cover all types of intentional assistance for laundering financial proceeds from the types of criminal activity mentioned above. Moreover, section 303 of the Criminal Code makes certain types of gross negligence in dealing with stolen goods in connection with theft and other offences against property a criminal offence, and section 300c deals with certain types of grossly negligent dealing with stolen goods.</p> <p>It should be noted that with regard to measures of criminal procedure in connection with money laundering, section 824 of the Administration of Justice Act provides that seizure may take place of effects considered important as evidence or which should be confiscated, or which, in connection with the offence, have been removed from a person entitled to recover them. Under section 825 of the Administration of Justice Act, the court shall take the decision to seize property; however, if required, the police may seize property on a temporary basis, in which case the matter shall be considered by a court within 24 hours.</p> <p>The main provision concerning confiscation of financial proceeds is laid down in section 75 (1) of the Criminal Code under which the proceeds or an estimated equivalent amount may, where appropriate, be confiscated in part or in full.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	Denmark has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	The executive order 540-1993 concerns documentation and the issues of licences for the manufacture of and trade in precursors and implementing the Community Regulations.
Level of international co-operation	Denmark has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Germany 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 4 885	Herbal 15 022	796		1 979	360	22 965	1 470 507
	Total : 19 807							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 2 439	Herbal 2 582	White NA	Brown 23 162	37 286	6 047	2 567	3 446

Strategic information

Level of international co-operation (C1)	Germany has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	The national plan to fight narcotics, 1990 is the German strategy on drugs in 1999.
Number of OC groups involved in drugs in the EU (C1)	272

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 5.6	Herbal 6.1	White NA	Brown 42.4	64.4	15.6	8.2	9.5

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	226 563

Strategic information

Existence of national strategies	(See target 4)
Priorities in law enforcement	The German strategy focuses on demand reduction and to combat drug trafficking. The consumers of small amounts of drugs should be offered help.
Introduction of new legislation	<p>Sections 29 to 34 of the Narcotics Act comprise a catalogue of "criminal offences" and additional provisions. They include all criminal offences which have to be established as such pursuant to Article 3 of the 1988 Vienna Convention. Basically the Narcotics Act contains the following 4 categories of drug-related criminal offences.:</p> <ul style="list-style-type: none"> - ordinary <i>criminal offences</i>, which are punishable up to five years imprisonment or fine; Section 29 para 1 Nos. 1 to 14; - <i>serious cases</i> of criminal offences which are punishable by a minimum of 1 year up to 15 years imprisonment, Section 29 para 3 and Section 29a; and - <i>crimes</i> which are punishable by a minimum of 2 years (in special cases: 3 or 5 years) up to 15 years of imprisonment, Sections 30 to 30b. - <i>regulatory offences</i> (violating administrative provisions) which are sanctioned by (an administrative) fine only, Section 32. <p>The illicit trafficking, cultivation and manufacture of narcotic drugs rank among the most serious drug-related offences. The classification into one of the aforesaid three categories particularly depends on the set of factual circumstances, which are explicitly mentioned in the Act. What is aggravating in the first place are <i>not insignificant quantities</i> of narcotic drugs, e.g. in connection with illicit trafficking. Further aggravating circumstances are, <i>inter alia</i>, an adult supplying narcotics to a person under the age of 18 years (Section 29a), someone trafficking narcotics "professionally" or as a member of a gang (Sections 30, 30a) or, when committing a serious drug-related offence, carrying a firearm or other articles which by their nature are likely and intended to cause bodily harm (Section 30a). Moreover, the statutory range of punishment is the same for all kinds of narcotic drugs, i.e. the type and classification of the narcotic does not influence the <u>statutory</u> range of punishment. However, in his final sentence the judge may, shall and will always take into account the kind and the different risks of an individual narcotic drug used when committing an offence. Sentences related to cannabis, especially small quantities, are usually less severe than those related to particularly dangerous narcotic drugs. A significant difference is made by law and by jurisdiction between offences of trafficking and of smuggling (see above) and those which essentially concern a punishable possession of narcotics, particularly for the purpose of personal consumption.</p>
Level of international co-operation	See target 4
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	Suspension of application of sentence. Replacement of custodial sanction by treatment if offence is due to drug addiction, expected penalty less than 2 years (§ 35 BtMG). Special forms of application of prison sentence: § 64 BtMG: compulsory treatment in closed penal institution. Massregelvollzug.

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	According to Section 261 of the German Penal Code, money laundering and the concealment of illegally obtained assets constitute a criminal offence. This provision does not only apply to money and proceeds derived from drug-related offences, but also from other serious crimes. Moreover, the German Money Laundering Act of 25 th October 1993 regulates comprehensive control measures to detect money laundering transactions and to prevent money laundering activities throughout the whole German territory. The Money Laundering Act provides for mandatory reporting of suspicious financial transactions including transactions in cash as of an amount of DM 30,000 (€ 15,000). The obligation of identification and reporting has to be met by banks, insurance companies and similar financial institutions and applies to every person who carries out a transaction in cash as mentioned. Further investigations are implemented by joint police/customs investigation teams (GEG). The main burden of identification and reporting obligation has to be borne by the private financial service sector. The results of these efforts for 1999 can be summarized as follows: the financial institutions reported on 3,765 suspicious transactions; 25% of these reports triggered further investigations by the public prosecutor's offices; cash controls at the external frontiers revealed 436 suspicious cases of which 49% led to further investigations; in 1998 25 persons were sentenced, the most severe offences they had committed were money laundering pursuant to Section 261 of the Penal Code (however, this figure does not include those persons who were sentenced not only for money laundering but also for other, more serious offences); in 1999 the seizures of proceeds from criminal offences amounted to DM 49.525,000 (about € 25 million); additional tax income concerning cases of money laundering in 1999 amounted to DM 45.354,000 (about € 23 million).
Priorities in law enforcement	n.a.
The level of international co-operation	Germany has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2**Statistical information**

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	The Precursor Control Act of 1994 entered into force on 1 st March 1995. Moreover, in Germany and the other Member States, several EEC regulations are directly applicable to the trade in precursors with countries outside the European Union. Last but not least the Penal Code, the Code of Criminal Procedure and the Juvenile Courts Act include important statutory bases for the implementation of both, investigation and criminal proceedings in cases of illicit trade in narcotics and precursors.
Level of international co-operation	Germany has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Greece 1999**Target 4**

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 56	Herbal 14 168	97		46	1	212	2 815
	Total : 14 224							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 1 756	Herbal 444	White 23 716	Brown 16 820	41 280	n.a.	3 825	6 888

Strategic information

Level of international co-operation (C1)	Greece has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	On 21 October 1997, a Parliamentary Committee on drugs was established to study the drug phenomenon at national level and propose new measures to the government. In 1999 the work of the Committee was not yet finalised.
Number of OC groups involved in drugs in the EU (C1)	n.a.

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 5.6	Herbal 2.3	White 59.7	Brown 49.7	80.3	n.a.	7.6	16.1

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	10 105

Strategic information

Existence of national strategies	(See target 4)
Priorities in law enforcement	n.a.
Introduction of new legislation	<p>Due to its geographic position Greece plays a central role in the fight against drug traffic through the Balkan route from Turkey via the Greek islands. Drug traffic is not defined in Greek law as such. Transport, sale, and production are the offences that can be associated with the concept of drugs traffic, where the penalties envisaged are among the heaviest in Europe.</p> <p>The Greek penal code foresees life in prison when the illicit traffic is carried out in the framework of a criminal organization. The basic penalty for illicit drug traffic is a prison term of at least 10 years and a fine. The law foresees some 'special cases' such as introducing drugs into a school which are punished with at least 15 years of imprisonment and a fine. Recidivism or acting professionally will attract penalties up to perpetuity.</p> <p>Concerning trafficking in small amounts by drug users (user-dealers), a new amendment to the law 1729/87 has been adopted in 1999 (law n° 2721/99). It provides for a more lenient judicial treatment for drug users trafficking in small amounts. If it is proven that personal use was the main cause for the infringement of the law, the person might receive a sentence of minimum 6 months imprisonment, instead of a term of imprisonment up to 10 years, that could be either exchanged for a fine or suspended.</p>
Level of international co-operation	See target 4.
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	<p>Exemption of criminal liability. Treatment order (but lack of treatment centers!). Release on probation.</p> <p>Suspension of application of sentence: if drug addicted offender undergoes treatment. Replacement of custodial sanction: by community work, day fines.</p>

Target 6 1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>Money laundering became an offence in the Greek Legislation under presidential decree 2181/93. With this decree the banks are required to identify the persons making an economic transaction of more than €15 000 and in case of doubts or suspicious of illegal activities, the bank can take reasonable measures to gather more information on the identification of the person. International transactions and foreign exchange dealings are especially under strict control. In 1995, new legislation (law n° 2331/95) was adopted to prevent and combat the legalisation of income from criminal activities. The penalty for such criminal activity can be up to 10 years.</p>

Priorities in law enforcement	n.a.
The level of international co-operation	Greece has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	In 1993 a new law n° 2161/93 introduced the penalisation of trafficking in precursor substances.
Level of international co-operation	Greece has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Spain 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 431 165	Herbal 761	1 159		18 110	50	0	357 649
	Total : 431 926							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 1 518	Herbal 1 127	White 80 645	Brown 42 747	36 211	17 820	n.a.	n.a.

Strategic information

Level of international co-operation (C1)	Spain has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	Adopted by a Royal Decree on the 17 December 1999 the Spanish Drug Strategy (2000 – 2008) is a global, comprehensive document tracing the line of actions for all national actors involved in the drug policy.
Number of OC groups involved in drugs in the EU (C1)	81

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 3.8	Herbal 2.5	White	Brown 70.2	59	15.3	8.7	13.7

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	90 837

Strategic information

Existence of national strategies	See target 4, above
Priorities in law enforcement	To increase the control of retail drug sale; Training for the State Security Bodies and Forces; reinforcement of the National Central Narcotics office (OCNE); creation of an Observatory for the follow-up of the use of new technologies by trafficking organisations.
Introduction of new legislation	<p>Due to its geographical position Spain is one of the countries of the European Union more targeted by the international traffic. In response to this the Spanish government has set up a prominent structure to face the problem. Therefore, recent years have seen the intensification of police forces through the establishment of new units specialised in the fight against drug trafficking - such as the 'UDYCO' (<i>Unidad de Drogas y Crimen Organizado</i>).</p> <p>The main role of the Government Delegation for the National Plan on Drugs is the co-ordination, on the one hand, of all public activities carried out for the prevention of drug use and the treatment and rehabilitation of drug users and, on the other, of all anti drug trafficking activities carried out by law enforcement agencies.</p> <p>Independent of the competences of other Judges and Courts in this field, the <i>Audiencia Nacional</i> is the court competent to judge all cases of drug trafficking and money laundering in, or related to, Spain when committed by organised groups and with effects in two or more provinces.</p> <p>The law foresees heavy penalties (in line with the seriousness of the health damages associated to the drugs and the aggravating and mitigating circumstances that may exist), which appear to be in the range of the most severe in Europe reaching up to 20 years and 3 months in prison.</p> <p>Articles 368 to 378 of the Penal Code regulate penalties for illicit drug and precursors trafficking, which are considered crimes against public health.</p> <p>The penalties are more severe when the crime of illicit drug trafficking involves substances which might cause serious health risks, and when some special circumstances exist, such as: drugs are adulterated, big quantities of drugs are involved, drugs are sold to minors under 18, drugs are introduced into schools, prisons or military establishments, drugs are sold in public establishments by employees of the establishment or are offered to those undergoing drug treatment, etc.</p> <p>When no aggravating or mitigating circumstances exist, those who committed the crime can be sentenced to prison for 1 to 3 years, if the drugs do not cause a serious health damage and from 3 to 9 years when they do. Also, in all cases, a fine is imposed and the drugs and goods used (cars, boats...) are seized as well as the revenues.</p>
Level of international co-operation	See target 4, above. Development of regional means of collaboration and co-operation with Latin America and the Mediterranean Basin is a priority areas in the external actions of Spain in matters of drugs.
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	From 35% (women reporting having used drugs several times a day (alcohol included)) to 70% (women reporting lifetime drug use (alcohol included)) - 1998
Level of provision and characteristics of alternatives to prison	Preventative custody can be avoided by entering treatment. Suspension of application of a sentence, that is not longer than 3 years for use-related / acquisitive crime and if offender is treated. Replacement of custodial sanction: by internment in treatment centre (for crimes committed under reduced criminal liability due to drug addiction); by community work, fines, weekend detention. Special forms of application of prison sentence: extra-penitentiary treatment (semi-open and open regimes; mainly targeting juvenile offenders).

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	Drug related money laundering is punishable according to Organic Law No. 8 of 23/12/1992. The scope of the law includes credit and financial institutions but also companies and/or business activities that are likely to be used for money-laundering activities. Casinos and property companies are mentioned specifically. Identification is compulsory for new or occasional customers with a threshold of €16 000. In 1995, the law 36/1995 of 11 December was adopted, making it easier to dispose and reconvert assets and money from criminal activities into prevention treatment or law enforcement.
Priorities in law enforcement	More training in techniques for fighting against money laundering for the State Security Bodies and Forces, and creation of Work Group to examine the influence of tax havens on money laundering and their influence
The level of international co-operation	Spain has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2**Statistical information**

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	In 1995 the current Penal Code was passed, by the Organic Law 10/1995 of 23 November, and established the offences and penalties concerning precursors. The Law 3/1996 of 10 January established, in accordance with the Directive 92/109/EEC, administrative controls on precursors. Articles 368 to 378 of the Penal Code regulate penalties for illicit drug and precursors trafficking, which are considered crimes against public health.
Level of international co-operation	Spain has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

France 1999Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 64 097	Herbal 3 382	203		3 687	232	9 991	1 860 402
	Total : 64 479							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 1 296	Herbal 991	White 34 301	Brown 21 343	30 490	n.a.	6 860	6 860

Strategic information

Level of international co-operation (C1)	France has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	On 16 June 1999 the French Government adopted the Three year plan against Drugs and for the Prevention of Dependencies (1999-2001). The main goal is to establish clear and coherent orientations in the field of drugs, in which all national actors, public and private can agree, overcoming the diversity of approaches and the different professional cultures.
Number of OC groups involved in drugs in the EU (C1)	18

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 5.3	Herbal 4.6	White 122	Brown 99.1	91.5	n.a.	11.4	14.5

Target 5**Statistical information**

Type and number of offences	n.a.
Number of arrests	95 910

Strategic information

Existence of national strategies	n.a.
Priorities in law enforcement	The new plan asks for the redefinition of the priority in criminal justice system to combat more efficiently drug trafficking and related crime. A directive (1999) asks prosecutors to concentrate on those persons who cause physical or social harm to themselves or the public. Prison for users should be the last resort.
Introduction of new legislation	<p>Import, export, transportation, possession, supply, delivery, acquisition etc. attract penalties of up to 10 years and up to 50 million Francs fine (€7 600 000) under art. 222-36 and 222-37 of Penal Code. In case of particularly serious offences penalties can go up to life imprisonment.</p> <p>The legal means available to police confirm the severity with which drug trafficking is considered. A trafficking suspect can be detained by the police with time limits for custody that range from 48 hours to four days, and searches may be conducted during the day or night.</p> <p>It should also be noted that trafficking in narcotics might also be punishable as a customs offence (contraband and similar offences). This offence is not specifically for narcotics as in the Law of 1970. It is punishable by a maximum three-year sentence and by fines equalling two-and-one-half times the value of the illegal merchandise (value is estimated using underground market prices) under art. 414 of the Customs Code. Customs authorities will open a Customs procedure for drug trafficking in all cases of importation of drugs. Customs prosecutions do not exclude penal prosecution and indeed it is possible that customs fines are added to the penal sanctions. Only in case of very small quantities of drug is a financial transaction proposed to end the customs prosecution.</p>
Level of international co-operation	See above (target 4)
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	Offender can avoid pre-trial custody by entering treatment (injonction thérapeutique) with social-educational monitoring. Postponement of proceedings: treatment order / probation order with socio-educational monitoring by probation service. Three types of suspension of sentence: simple, with probation & accompanied by voluntary work. Replacement of custodial sanction: by community work, daily fines. Special forms of application of prison sentence: semi-release combined with resocialisation programme. Outside placements.

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.

Introduction of financial Legislation	<p>The law 31 December 1997 has introduced in the French law the incrimination of money laundering related to drug trafficking. The regulations governing money laundering, are in the Penal Code (art. 324-1 for the general offence, and 222-38 for laundering related to drug trafficking).</p> <p>The punishment for laundering can go up to 5 years imprisonment and a fine of 2.5 million Francs (€381 000). These penalties can be doubled when the laundering is linked to drug trafficking. The fines applied can further surpass these maxima and can reach half the amounts involved in the laundering. Finally, the prison sentences can be further increased when the laundered money originates from a drug trafficking offence (eg leading an organisation for the production of drugs, art 222-34; lifetime in prison).</p> <p>The TRACFIN is the body at the Ministry of Finance to which financial institutions, insurance companies, money exchange bureaux, casinos etc, must report all suspicious transactions that could come from drug trafficking or other illicit sources.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	France has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	<p>A law was enacted on June 19, 1996 to regulate the control of precursors.</p> <p>Precursors are listed and controlled under Decree Law n°96-1060 of 5 December 1996.</p>
Level of international co-operation	France has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Ireland 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin	Herbal	16		86	13	0	266 462
	Total : 2 552							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 3 238	Herbal 635	White NA	Brown 40 632	27 934	n.a.	1 905	5714

Strategic information

Level of international co-operation (C1)	Ireland has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	The government Strategy to Prevent Drug Misuse was adopted in May 1991. In 1996 the <i>Ministerial Task Force on Measures to Reduce the Demand for Drugs</i> published a report which led to the establishment of two new structures: 1) a Cabinet Committee (on Social Inclusion) to confer political leadership on the policy and to resolve inter-organisational barriers to effective responses; and 2) an Inter-Departmental Group (on Drugs) to address policy issues and review progress.
Number of OC groups involved in drugs in the EU (C1)	9

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 12.7	Herbal 2.5	White NA	Brown 190.5	101.6		12.7	15.2

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	6 848

Strategic information

Existence of national strategies	See target 4, above
Priorities in law enforcement	n.a.

Introduction of new legislation	<p>The Criminal Justice (Drug Trafficking) Act, 1996 permits the detention of a person suspected of having committed a drug trafficking offence for up to a maximum of seven days.</p> <p>The Criminal Justice Act, 1999 amends the Misuse of Drugs Act, 1977 to provide for a new drug related offence. The new section (15A) creates a new offence related to the possession of drugs, with a value of IR£10 000/ €12 700 or more, for the purpose of sale or supply. A person found guilty of such an offence may be imprisoned for up to life and be subject to an unlimited fine. The Act also provides for a mandatory minimum sentence of ten years in prison. However, the mandatory minimum sentence shall not apply where the court is satisfied that there are exceptional and specific circumstances which would make it unjust in all the circumstances to impose the minimum ten year sentence. In addition, where it is found that addiction was a substantial factor leading to the commission of the offence, the sentence may be reviewed after half of the mandatory period, at which time the court may suspend the remainder of the sentence on any condition it sees fit.</p> <p>As regards drug trafficking, the law establishes different penalties according to the type of offender, the type of drugs and the quantity. Possession for sale or supply attracts penalties up to life imprisonment. See also the above reference to Section 15(A) of Misuse of Drugs Act, 1977, as inserted by Part II of the Criminal Justice Act, 1999, in relation to possession of drugs for sale or supply with a value of IR£10 000/ €12 700 or more. Other relevant legislation includes the Justice Act, 1994 (criminalising money laundering related to drugs) and the freezing and forfeiture of the proceeds of crime under the Proceeds of Crime Act, 1996.</p>
Level of international co-operation	See above, target 4
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	From 17% (people with a history of drug use reporting their first injection of heroin while in prison) to 35% (people reporting lifetime heroin use)
Level of provision and characteristics of alternatives to prison	<p>Fact that offender is undergoing treatment in accredited centre has influence on suspension of preventative custody (even though there is no legal basis). Release on probation: on condition of treatment. Suspension of sentence: is possible as general altern. measure & for drug users on condition of treatment. Replacement of custodial sanction: parole with treatment; fine; community service order; compensation order, treatment order.</p>

Target 6.1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	In 1994 the Criminal Justice Act, 1994 provided for the seizure and confiscation of assets derived from the proceeds of drug trafficking and other offences. It contains provisions related to money laundering and allows for international co-operation in respect of certain criminal law enforcement procedures, the forfeiture of property used in the commission of crime, and related matters.
Priorities in law enforcement	n.a.
The level of international co-operation	Ireland has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	In November 1993 a new text was introduced to control precursors and essential chemicals, the Misuse of Drugs (Scheduled Substances) Regulations, 1993. With these acts Ireland meets with the obligations relevant to the control of precursors, under the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, and under EC Directives 92/109 and EC Regulation 3677/90. The Regulations control production, supply, importation, exportation and possession of the precursors substances.
Level of international co-operation	Ireland has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Italy 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 46 773	Herbal 21 246	1 296		2 910	4	5 286	270 318
	Total : 68 019							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 2 221	Herbal 1 188	White 42 349	Brown 32 537	41 833	n.a.	9 038	8 005

Strategic information

Level of international co-operation (C1)	Italy has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	n.a.
Number of OC groups involved in drugs in the EU (C1)	n.a.

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 8.3	Herbal 5.7	White 104.3	Brown 85	99.7	n.a.	15.5	28.1

Target 5**Statistical information**

Type and number of offences	n.a.
Number of arrests	34 297

Strategic information

Existence of national strategies	n.a.
Priorities in law enforcement	n.a.
Introduction of new legislation	The penalty for production and/or trafficking at an individual level is of 8 to 20 years imprisonment and a fine of between 50 and 500 million lire (€25 000 and €250 000) (table I and III drugs) and 2 to 6 years imprisonment and a fine of between 10 and 150 million lire (€5 000 and €77 000) (table II and IV drugs) where significant quantities of drugs are involved. For smaller quantities, but larger than for personal use, the penalty is one to six years imprisonment and a fine of between 5 and 50 million lire (table I and III) and 6 months to four years imprisonment and a fine of between 2 and 20 million lire (€1 000 and €10 000) (table II and IV).
Level of international co-operation	See target 4 above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	29% (prisoners identified as drug dependent (drug use prior to imprisonment) (based on self-report and/or clinical assessment))
Level of provision and characteristics of alternatives to prison	Drug addicted offenders undergoing treatment cannot be taken into custody. Release on probation: Probation Assignment Order replacing prison sentence with treatment/ rehabilitation programme. Suspension of application of sentence: if accused undergoes voluntary treatment. Replacement of custodial sanction: Community measures, suspension of prison sentences that are less than 4 years, (Law 165/1998). Trend in 1999: reduction of number of alternative sanctions awarded, because fewer DU are eligible (?). Special forms of application of prison sentence: home detention, semi-liberty.

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	Money laundering is a specific offence under the penal code art.648 bis and 648 ter. The Law of 1997 provides for anti-money laundering procedures to be applied also to non-financial activities.

Priorities in law enforcement	
The level of international co-operation	Italy has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	Precursors are controlled by the Legislative Decree 258 of 12 April 1996 which implements EEC Directive 92/109.
Level of international co-operation	Italy has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Luxembourg 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 1	Herbal 4	2		0	0	1	357
	Total : 5							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 3 099	Herbal 1 983	White NA	Brown 47 100	44 621	n.a.	8 676	6 197

Strategic information

Level of international co-operation (C1)	Luxembourg has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	n.a.
Number of OC groups involved in drugs in the EU (C1)	0

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 5	Herbal 2.5	White NA	Brown 117.7	117.7	n.a.	11.5	12.4

Target 5**Statistical information**

Type and number of offences	n.a.
Number of arrests	108

Strategic information

Existence of national strategies	n.a.
Priorities in law enforcement	n.a.
Introduction of new legislation	<p>The law of 1973 was amended on 11 August 1998 introducing the incrimination of drug-related criminal organisations and drug-money laundering.</p> <p>The 1973 law explicitly does not foresee a difference between small-scale and large scale drug deals or distribution. The respective sentences currently range from 1 to 5 years imprisonment and/or a LUF20 000 - to 5 000 000 (€125 - €125 000) fine. Specified offences are: growing, production, import, export, transporting, selling, offering or exchanging, promoting and falsification of medical prescriptions. A person having facilitated transaction of cannabis might be sentenced to a fine ranging from LUF 10 001.- to 1 000 000.- (€250 - €25 000).</p> <p>Special sentences are foreseen if the use of distributed or provided drugs had fatal consequences for the final user (15 to 20 years imprisonment and/or a LUF 50 000.- to 50 000 000 (€1 250 - €1 250 000) fine), or if the distributed drug has caused incurable diseases (i.e. : Hepatitis or HIV-contamination), mutilation, loss of an organ or incapacity to work. (Art. 9) (5 to 10 years imprisonment and/or a LUF 50 000.- to 50 000 000.- (€1 250 - €1 250 000) fine). There is also provision for dealers and suppliers found guilty of providing drugs to people underage (life-long forced-labour imprisonment) (Art 10).</p>
Level of international co-operation	See target 4, above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	From 9% (first intravenous drug use in prison (based on self-reports and cross-checking in personal files)) to 41% (regular intravenous drug users (based on self-reports and cross-checking in personal files)) - 1998
Level of provision and characteristics of alternatives to prison	Preventative custody can be avoided if offender enters treatment voluntarily. Release on probation. Suspension of application of sentence: totally or partly; under condition of treatment and monitored by Probation Service. Replacement of custodial sanction: community work; transfer to treatment centre for remainder of sentence.

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The law of 1973 was amended on 7 July 1989 introducing a legal framework for the fight against money laundering and the confiscation of illegally acquired goods, on 7 March 1992 (coordinated text) following the approbation of the U.N. Convention of Vienna (20 December 1988), and on 11 August 1998 introducing the incrimination of drug-related criminal organisations and drug-money laundering.</p> <p>The law of 7 July 1989, modifying the modified drug law of 19 February 1973 penalises the practice of money laundering referred to revenues or assets associated with drug production, provision and traffic. The law of 22 August 1998 regulates the incrimination of criminal organisations involved in money laundering and includes further primary offences as well as professional domains obliged to collaborate with the national prosecution authority as regards the reporting of money laundering offences.</p> <p>The Fund Against Drug Trafficking, established in 1992 following the recommendations of the UN Convention of 1988 and chaired by a senior representative of the Ministry of Finances, may be considered as one of the principal fund providers for drug-related prevention and research activities. The Fund manages assets and capital confiscated in the framework of drug law offences by virtue of the law of 19 February 1973 and co-ordinates, among other tasks, the allocation of respective financial resources to drug-related prevention, care or research projects selected by the steering committee.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	In 1999, Luxembourg had not ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990. It is a member of the OECD Financial Action Task Force

Target 6 2**Statistical information**

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	Classification of drugs is regulated by Grand Ducal decrees, which cover narcotic drugs, toxic and psychotropic substances and precursors. These include the decrees of 8 May 1993 and 2 February 1995 and amendments concerning precursors, in addition to several laws adopting the UN conventions.
Level of international co-operation	Luxembourg has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Netherlands 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin	Herbal	770		10 361	853	3 663 608	2 667
	Total : 108 261							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 930	Herbal 2 269	White	Brown				3 176

Strategic information

Level of international co-operation (C1)	The Netherlands has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	n.a.
Number of OC groups involved in drugs in the EU (C1)	116

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin n.a.	Herbal 2.5	White n.a.	Brown n.a.	46.7	n.a.	n.a.	3.6

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	7 600

Strategic information

Existence of national strategies	n.a.
Priorities in law enforcement	n.a.
Introduction of new legislation	<p>Within the framework of the Opium Act importing and exporting of any classified drug is considered a serious offence. The penalty for hard drug trade can run up to 12 to 16 years.</p> <p>In contrast, the maximum penalty for importing or exporting any quantity of cannabis is 4 years' imprisonment and/or a 100 000 guilders (€45 000) fine. The Dutch drugs law does not explicitly mention 'trade' as a punishable act. Although the penalties for import/export on the one hand and sale on the other are different, all these acts must be considered to constitute 'trade'.</p>
Level of international co-operation	See target 4 above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	Suspension of detention on remand if (convicted repeat-) offender opts for treatment. Release on probation: probation and after-care services provided by addiction care facilities. Suspension of application of sentence: Repeatedly arrested (criminal) drug addicts may chose to serve their prison sentence or opt for treatment ('quasi-coercion'). Replacement of custodial sanction: community work, education; fine (for prison sentences < 6 months). Remainder of prison sentence can be served in clinical treatment. Special forms of application of prison sentence: compulsory admission to treatment for problematic addicted delinquents at special Penal Care Facilities (pilot from 1998).

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The Netherlands has introduced or changed laws to meet the EU directive on money laundering, making it more difficult for criminal organisations to retain the proceeds of their illegal activities. The so-called Confiscation Legislation (Wet Ontnemning wederrechtelijk verkregen voordeel) came into force in 1993. In the same year the Act on Transaction of Execution of Penalties (Wet Overdracht tenuitvoerlegging strafvonnissen) was expanded to make it easier to deprive criminals of illegally gained profits.</p> <p>However, the outcome of five years (1993-1998) of applying confiscation measures did not meet the original expectations. The Treasury counted on 112 million guilders (€50 million) but only one-fifth of that amount was secured. Public prosecutors have a hard time proving what criminals have gained their profit from illegal activities. Court procedures are tedious and particularly charges against the 'big fish' appear to be difficult to substantiate. Eight out of every ten charges awarded by court amounted to confiscation of 25 000 guilders (€55 000) at most. Results may improve with further experience with legal procedures and investigations.</p> <p>The Disclosure of Unusual Transactions (Financial Services) Act (MOT Act) (Wet Melding Ongebruikelijke Transacties) and the Identification (Financial Services) Act 1993 (WIF) (Wet identificatie bij financiële dienstverlening 1993), both dating from 1993, should be seen in the same light. Both laws aim to prevent and combat money laundering and were the result of the 40 recommendations of the FATF (Financial Action Task Force) and the EU directive of 10 June 1991 (91/308/EEC). The MOT and WIF oblige the financial institutions to establish the identity of its clients. Using objective and subjective indicators, unusual financial transactions should be made known to the Meldpunt Ongebruikelijke Transacties (Office for the disclosure of Unusual Transactions (the MOT), an administrative institution.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	The Netherlands has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	The Abuse of Chemical Substances Act of March 1995 enables the monitoring of the trade in precursors, implementing the European Directive of 14 December 1992. The trade in precursors is governed by the Abuse of Chemical Substances Act. Although only a fraction of these substances are used for the illegal production of drugs, this act is classified as an economic offence and subject to a maximum penalty of 6 years' imprisonment and/or a fine of 100 000 guilders. The Economic Investigation Service (Economische Controle Dienst) is responsible for enforcing the Act.
Level of international co-operation	The Netherlands has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Austria 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 110	Herbal 341	79		63	0	2 811	31 129
	Total : 451							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 2 544	Herbal 2 180	White n.a.	Brown 21 802	36 336	9 811	4 724	5 450

Strategic information

Level of international co-operation (C1)	Austria has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	In 1999 some Provinces have adopted specific strategies such as the <i>Vienna Drug Policy Programme</i> of 1999, which gives the framework for action of the city of Vienna in the field of demand reduction.
Number of OC groups involved in drugs in the EU (C1)	n.a.

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 6.5	Herbal 6.5	White NA	Brown 47.2	90.8	25.4	10.9	14.5

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	17 597

Strategic information

Existence of national strategies	n.a.
Priorities in law enforcement	n.a.
Introduction of new legislation	<p>Already in 1971 the Austrian drug legislation marked a clear distinction between criminals trafficking in drugs and persons with drug-related health problems as a dividing criteria in the prosecution of drug related cases.</p> <p>On 1 January 1998, the 'Narcotic Substances Act' (Suchtmittelgesetz, abbr. SMG) entered into force to replace the Narcotic Drugs Act. It foresees severe sanctions for the act of sale or trafficking in narcotic drugs, now applied also to psychotropic substances and to precursors, while a range of measures are in place to treat and rehabilitate drug addicts who have committed an offence.</p> <p>Offences under the SMG are production, acquisition, possession, import, export, supply, and distribution of substances. It is the aim of the illegal act that determines its degree of punishment: for acquiring or possessing a large quantity of drugs with the intention of having it distributed the penalty will be up to 3 years; in case of production, import, export or distribution of large quantities of drugs, activities strongly connected to the concept of drug trafficking, the penalties will be up to 5 years (basic offence).</p> <p>Penalties will be increased to between 1 and 10 years when the person acts commercially or as a member of a gang, and between 1 and 15 years if he/she is a member of a gang with a previous conviction for drug trafficking; member of a criminal gang of more than 10 people created to commit drug-trafficking offences; or in cases involving 25 times more than the 'large quantity'. If he/she is the leader of a drug-trafficking organisation, the sentence will be between 10 and 20 years.</p>
Level of international co-operation	See target 4, above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	6% (female adults – injecting drug use within prison) to 32% (female adults – injecting drug use prior to imprisonment)
Level of provision and characteristics of alternatives to prison	180 StOP: offender can avoid preventive detention by following health measures (acc. to Art 11 SMG). Suspension of application of sentence: is obligatory if prison sentence imposed does not exceed 2 years and DU offender undergoes voluntary treatment (Art. 39 SMG). For longer sentences: optional suspension, only with commitment to treatment. Replacement of custodial sanction: remainder of a sentence may be suspended on condition that offender undergoes treatment. Court may dismiss proceedings (§ 37 SMG) in favour of health measures. § 47 Penal Law. Treatment or other alternative measure can be ordered.

Target 6 1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	Art. 165 and 278a of the Austrian Penal Code (BGBl n° 60/1974 amended by federal law BGBl 527/1993 and BGBl I 153/1998 criminalise the laundering of all assets derived from serious offences - smuggling or evasion of import or export taxes (insofar as these fall within the competence of the courts) or disguising the origin thereof - particularly by giving false information in legal relations regarding the origin or true nature of those property items, etc. Such offences shall be liable to imprisonment for a term of up to two years or a monetary fine of up to 360 daily rates. Anyone who knowingly acquires such property items, keeps them in safe custody, invests, administers, converts, realizes or transfers them to a third party shall also be punished. Anyone who commits the act in respect of a value in excess of 500 000 Austrian schillings (€36 336) or as a member of a gang associated for the purpose of continuous money laundering shall be punished by imprisonment for a term of six months to five years. Anyone who, acting on the orders or in the interests of a criminal organization, appropriates, holds in safe custody, invests, administers, converts or turns to account parts of the assets of that organization, or transfers them to a third party, shall be punished by imprisonment for a term of up to three years or, if the act is in respect of a value exceeding 500 000 Austrian schillings (€36 336), by imprisonment for a term from six months to five years (art. 278a para. 2).
Priorities in law enforcement	n.a.
The level of international co-operation	Austria has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	With the SMG Austria joins its European Union partners by adopting entirely the current UN Drugs Conventions not completely ratified until this new text, and putting under control the precursors listed in table I and II of the 1988 UN Convention. This is complemented by the Vorläuferstoffverordnung – VorlV, the Precursor Substance Regulation (BGBl. II Nr. 376/1997).
Level of international co-operation	Austria has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Portugal 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 10 636	Herbal 66	76		823	0	1 845	31 319
	Total : 10 702							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 748	Herbal 1 434	White	Brown 27 434	29 928	n.a.	n.a.	1 895

Strategic information

Level of international co-operation (C1)	Portugal has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	In April 1999 the Portuguese Government adopted the National Strategy for the Fight Against Drugs. The document, global and comprehensive, defines the general principles to follow and the main objectives and strategic tasks to reach in the field of international cooperation, law, prevention, treatment, harm reduction, prisons, social reintegration, traffic and money laundering, research and training, civil society and coordination of anti-drugs activities.
Number of OC groups involved in drugs in the EU (C1)	28

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 1.9	Herbal 3.1	White	Brown 34.9	34.9	n.a.	n.a.	10

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	13 020

Strategic information

Existence of national strategies	See target 4, above
Priorities in law enforcement	On of the main principles of the Portuguese strategy is 'security'. This principle concerns the defence of the society against the drug phenomena, namely through supply reduction, the promotion of harm reduction policies and the reduction of drug related criminality.

Introduction of new legislation	<p>Drug traffic is defined by chapter III art. 21 of the decree law 15/93: 'traffic and other illicit activities'. Producing, offering, selling, preparing or cultivating illicit drugs are, among others, the classic offences constituting drug traffic. It must be mentioned that the same article expressly excludes from these offences drug use offences foreseen by article 40 of the same law.</p> <p>Portuguese law differentiates prosecution of drug traffic according to several criteria. The nature of the substance is one of the main criteria. Trafficking in substances included in the lists I to III attract a sentence between 4 and 12 years of imprisonment, while substances in list IV (tranquilliser and analgesic) attract between 1 and 5 years of prison.</p> <p>The state of addiction of the trafficker is also taken into account by art. 26 of decree law 15/93. If the user sells drugs to finance his own consumption ('addict-trafficker'), the penalty is reduced: Lists I, II, III up to 3 years (instead of 4-12) - list IV up to 1 year (instead of 1-5).</p> <p>The 'traffic of minor importance' is also considered in prosecution being defined by article 25. In cases in which the crime, according to the circumstances, modalities of the crime, quantity and nature of the substances, can be defined as minor, the penalties will be substantially reduced: between 1 and 5 years (lists I to III) and up to 2 years or fine (list IV).</p> <p>Of course the law foresees also aggravating circumstances by which the minimum and maximum penalties for traffic can be increased by ¼ in all cases. Criminal association, envisages 10-25 years.</p>
Level of international co-operation	See target 4, above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	<p>Drug addicts in treatment cannot be taken into preventive custody. Release on probation: with treatment, monitored by health and social services. Suspension of application of sentence: under condition of voluntary treatment. Replacement of custodial sanction: administrative sanctions, eg. fines, community service work. Special forms of application of prison sentence: possibility to follow treatment in TC outside prison.</p>

Target 6 1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	The law of 1993 n° 15 and Decree Law 313/94 integrates the EC directive 91/308 on money laundering into Portuguese law criminalising the act of laundering capital or assets of illegal origin.
Priorities in law enforcement	n.a.
The level of international co-operation	Portugal has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	In Portugal, the main law on control, use and traffic of narcotic drugs, psychotropic substances and precursors is the Decree Law 15/93 altered by Law 81/95 and Law 45/96. Controlled substances are annexed to the main drug law 15/93 included in 6 lists, regularly updated by decree laws. ... and lists 5 and 6 contain precursors. Traffic of precursors attract penalties up to 12 years of imprisonment
Level of international co-operation	Portugal has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Finland 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin	Herbal	3		2	65	50	17 665
	Total : 510							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 4 499	Herbal n.a.	White n.a.	Brown n.a.	n.a.	12 825	n.a.	5 887

Strategic information

Level of international co-operation (C1)	Finland has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	In 1997 the <i>National Drug Policy Committee</i> delivered a report which served as a base for the Government strategy on drugs, the <i>Government Decision in Principle</i> adopted by the Finnish executive in 1998. In it, 18 specific interventions were envisaged for the years 1997 – 2001 going broadly from demand to supply reduction.
Number of OC groups involved in drugs in the EU (C1)	19

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 10.9	Herbal 6.7	White 294.3	Brown 193.4	134.6	27.3	19.3	16.4

Target 5**Statistical information**

Type and number of offences	n.a.
Number of arrests	8 173

Strategic information

Existence of national strategies	See above target 4
Priorities in law enforcement	n.a.
Introduction of new legislation	Narcotics offences are specified in the Penal Code (1304/1993), whereby drug offences are categorised as narcotics offences, preparation of narcotics offences and abetment of narcotics offences, and sentences range from a fine to a maximum of two years' imprisonment; or as aggravated narcotics offences, with sentences from one to ten years' imprisonment. The criteria for an aggravated narcotics offence include the concept of very dangerous substance or large quantities of it; considerable financial profit; if the offender acts as a member of a group organised for the extensive commission of such an offence; if serious danger is caused to the life or health of several people; or if narcotics are distributed to minors or in an otherwise unscrupulous manner. By law, a very dangerous drug refers to a narcotic substance which can cause death by overdose, serious damage to health even after short-term use or difficult withdrawal symptoms. Drug-dealing and drug-trafficking are defined as more serious offences than the use and possession of drugs for personal use. There is not a specific offence of dealing or trafficking. In practice, aggravating circumstances to the possession, production, import, export will increase the penalties up to 10 years.
Level of international co-operation	See above target 4
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	n.a.
Level of provision and characteristics of alternatives to prison	Release on probation. Suspension of application of sentence: conditional sentence (if offender undertakes treatment). Replacement of custodial sanction: by community service (plus information session on drugs services), day fines. Special forms of application of prison sentence: prisoner can attend day-time treatment programme outside (rarely used).

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The amendment to the Penal Code 317/1994, 68-79/1998 regulated money laundering.</p> <p>The purpose of the law is to prevent money laundering, to promote its uncovering and investigation and to enhance the recovery of criminal profit. By the Law Against Money Laundering, business institutions must require identification of their customers when entering into business relations or conducting transactions exceeding certain thresholds. Banks and other financial institutions must report financial transactions of an unusual nature. If identification of customers or retention of related documents are neglected, an offender may be punished by a fine or a maximum of six months' imprisonment.</p> <p>According to the Penal Code (Chapter 32, Paragraph 1), if the duty to report illegal actions is neglected or the reporting is uncovered to the offender, a punishment can be given for a concealment offence, maximum punishment of which is one and a half years imprisonment (four years for aggravated money laundering and six years for professional money laundering). According to the Penal Code (Paragraph 6, Chapter 32), also assets laundered will be confiscated.</p> <p>To meet the requirements of the new amendments, the National Bureau of Investigation has established a Money Laundering Clearance House. The task of the Clearance House is to promote collaboration between domestic and foreign authorities in combating money laundering. The National Bureau of Investigation reports annually to the Ministry of the Interior on the operations of the Clearance House and on progress made in countering this type of crime.</p>
Priorities in law enforcement	n.a.
The level of international co-operation	Finland has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2**Statistical information**

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	<p>The administrative decision of the Ministry of Social Affairs and Health (1709/1993) defines drugs and substances used in their manufacture (precursors), classified as the substances in the 1961 convention (Lists I - IV), the 1971 convention (Lists I - IV) and substances in the 1988 convention (Lists I - II). Drug legislation has subsequently been amended to comply with the EU control regulations on precursors and the changes made in the drug lists of the United Nations (703-704/1996). The law also acknowledges an obligation to monitor certain precursors.</p>
Level of international co-operation	Finland has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

Sweden 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin	Herbal	64		418	129	1 588	73 234
	Total : 1 160							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 3 424	Herbal	White 79 888	Brown 51 357	42 737	9 130		

Strategic information

Level of international co-operation (C1)	Sweden has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	At the end of 1998 a special Experts Drugs Commission was set up to revise the Swedish Drug Policy. The Commission had the mandate to revise, discuss and propose all possible options to improve the governmental action towards a society free of drugs.
Number of OC groups involved in drugs in the EU (C1)	n.a.

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin	Herbal	White	Brown	79.9	24.2	8.6	20
	8.6	8.7	154.1	108.4				

Target 5

Statistical information

Type and number of offences	n.a.
Number of arrests	10 428

Strategic information

Existence of national strategies	See target 4, above
Priorities in law enforcement	n.a.
Introduction of new legislation	<p>Drug trafficking is regulated by the 2000 Smuggling Criminal Act (2000:1225), and the Act on Prohibition of Certain Substances which are Dangerous to the Health, 1999:42, i.e. the substances which because of their inherent properties are a hazard to human life or health, or which are used or can be presumed to be used for the purpose of achieving intoxication or other effects.</p> <p>There is no definition of drugs trafficking as such. If the offence is considered serious, the penalty pursuant to Section 3 is imprisonment for a minimum of two and a maximum of ten years. In assessing whether the offence qualifies as serious, special consideration must be given to whether it formed part of an activity pursued on a large scale or on a commercial basis, involved particularly large quantities of drugs or was otherwise of a particularly dangerous or ruthless nature. The assessment must be based on a weighing up of all the circumstances of the individual case.</p>

Level of international co-operation	See target 4, above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	47% (people having used drugs intravenously or on a daily (or almost daily) basis within last 12 months before prison)
Level of provision and characteristics of alternatives to prison	Release on probation: if offender undertakes treatment. Suspension of application of sentence / conditional sentence (treatment). Replacement of custodial sanction: Compulsory treatment. Young offenders, who committed serious crimes, can be sent to Secure Institutional Treatment instead of prison. Community Service Order. Intensive Supervision with Electronic Monitoring (ISEM).

Target 6 1

Statistical information

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The EC Directive 308/91 was transposed into the Swedish legal system by the Act (1993:768) on Measures against Money Laundering, which came into force on 1 January 1994. The Money Laundering Act covers enterprises regulated by the Financial Supervisory Authority, involved in banking business, life assurance business, securities transactions, activities covered by the Act on Credit Market Companies, the Insurance Brokers Act, and from 1 January 2001, the Currency Exchange and Money Transmission Act. The companies subject to the rules are obliged in certain cases specified in the Act to carry out identity checks and to examine all transactions which reasonably can be supposed to constitute money laundering. If there is suspicion of money laundering, the case must be reported to the Financial Crime Investigation Service of the National Police Board (prop. 1998/99:19 p. 23 f).</p> <p>The Act imposes an absolute ban on companies covered by the Act contributing to transactions in which money laundering may be suspected (section 3, second paragraph). There are no sanctions against companies covered by the obligation to report if they have breached the provisions of the Act. On the other hand, any person who with intent or by gross negligence fails to honour, amongst other things, the duty to examine or to report suspicions will be liable to a fine (Section 14). Moreover, any person who on a professional basis trades in antiquities, art, precious stones, metals, scrap or engages himself in means of transport, or in agency business involving real estate or owner-occupied apartments, or in lottery and gaming activities, must supply information at the request of the National Police Board or the authority appointed by the Government for the purpose which the authority may consider to be of relevance in the investigation of money laundering (Section 9a).</p> <p>On the other hand, penal sanctions may be imposed in the normal way on any person who contributes to crimes that generate criminal gains; for example, handling or receiving stolen goods, narcotics offences and goods smuggling or financial crime. On 1 July 2000, a new offence was introduced, that of handling (or receiving) unlawful money, in Chapter 9, Sections 6a and 7a, of the Penal Code (prop. 1998/99:19, bet. JuU8, rskr. 134).</p>

Priorities in law enforcement	n.a.
The level of international co-operation	Sweden has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2

Statistical information

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	n.a.
Level of international co-operation	Sweden has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

United Kingdom 1999

Target 4

Statistical information	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Volume of drug production (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Estimated volume of general importation-exportation (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Seized quantity (C1)	Resin 41 225	Herbal 15 258	865		2 759	1 137	31 702	3 200 000
	Total : 56 483							
Number of seizures (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Wholesale prices (C1)	Resin 3 340	Herbal 3 454	White n.a.	Brown 30 241	36 420	2 710	1 360	4 453

Strategic information

Level of international co-operation (C1)	The UK has ratified the three UN Conventions and the Europol Convention
National Strategies (C1)	Yes
Number of OC groups involved in drugs in the EU (C1)	522

Market information

	Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Consumption levels (C1)	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Attractiveness of drugs	n.a.		n.a.		n.a.	n.a.	n.a.	n.a.
Street prices (C1)	Resin 5.5	Herbal 4.9	White n.a.	Brown 101	107	15.5	6.0	17.1

Target 5**Statistical information**

Type and number of offences	n.a.
Number of arrests	120 007

Strategic information

Existence of national strategies	In 1998 the government adopted the 10-year drugs strategy: <i>Tackling Drugs to Build a Better Britain</i> (1998–2008). One of the four targets of the strategy concerns the reduction of the level of re-offending by drug misusing offenders in order to protect the communities from drug related crime, anti-social and criminal behaviours.
Priorities in law enforcement	n.a.
Introduction of new legislation	The Drug Trafficking Act 1994 (DTA) came into force on 3 February 1995, consolidating and replacing the Drug Trafficking Offences Act 1986 and subsequent amendments. The Drug Trafficking Act only applies to England and Wales. Broadly similar provisions are contained in the Proceeds of Crime (Scotland) Act 1995 and the Criminal Law (Consolidation) Scotland Act 1995 in respect of Scotland and the Proceeds of Crime (Northern Ireland) Order 1996 in respect of Northern Ireland. The Customs and Excise Management Act (CEMA) 1979 lays down penalties for the unauthorised import or export of controlled drugs, reflecting penalties previously laid down in the MDA. The maximum penalties are the same as for other trafficking offences, except that fines in magistrates' courts can reach three times the value of the drugs seized. The Drug Trafficking Act 1994 defines drug trafficking as any production or supply transportation import and export etc. covered by the MDA 1971. The penalties applied depend again on the penal procedure (summary: magistrate level, or indictment: crown court level) and to the classification: A, B or C. For trafficking in class A drugs the maximum penalty on indictment is life imprisonment, while trafficking in Class B drugs can attract a penalty of up to 14 years in prison.
Level of international co-operation	See target 4, above
Threat assessments	n.a.

Social information

Level of drug use amongst criminal populations (arrestees, prisoners)	19% (prisoners found positive for drugs during random mandatory drug testing)
Level of provision and characteristics of alternatives to prison	Release on probation: on condition of treatment (not often used). Suspension of application of sentence: on condition of treatment. Replacement of custodial sanction: Community Service Order, fine, therapeutic placement. Drug Treatment and Testing Orders (DTTOs) piloted in 3 areas.

Target 6 1**Statistical information**

Number of suspicious transactions	n.a.
Assets seized	n.a.
Number of investigations	n.a.

Strategic information

Threat assessments	n.a.
Financial flows	n.a.
Introduction of financial Legislation	<p>The Drug Trafficking Act 1994 (DTA) came into force on 3 February 1995, consolidating and replacing the Drug Trafficking Offences Act 1986 and subsequent amendments. Following a conviction, the court is able to make an assessment of an offender's benefit from drug trafficking and impose a confiscation order depriving him or her of any proceeds. In assessing the amount liable for confiscation, the court is able to assume, unless the contrary is shown, that the whole of an offender's assets at the time of conviction together with any property which has passed through that person's hands during the previous six years, represents the proceeds of drug trafficking. The Act thus ensures that the full value of a convicted trafficker's illicit proceeds, rather than those directly attributable to the offence for which he was convicted, are liable to confiscation.</p> <p>Money laundering related to illicit drugs is an offence under UK legislation. The Drug Trafficking Offences Act 1986, the Criminal Justice Act 1989, the Criminal Justice (International Cooperation) Act 1990, the Criminal Justice Act 1993 and the Money Laundering Regulation 1993 extended the legal base for reporting of unusual transaction to all persons and firms. According to article 26B of the Criminal Justice Act 1993 "A person is guilty of an offence if he knows, or suspects, that another person is engaged in drug money laundering".</p>
Priorities in law enforcement	n.a.
The level of international co-operation	The UK has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force

Target 6 2**Statistical information**

Number and volume of seizures	n.a.
Number and volume of stopped shipments	n.a.
Prices of chemicals	n.a.
Number and production volume of discovered illicit laboratories	n.a.

Strategic information

Threat assessments	n.a.
Legislation on precursors	<p>The Criminal Justice (International Cooperation) Act 1990 fulfils the UK's obligations under the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, providing for the monitoring and control of precursors. Provisions within that Act which relate to money laundering have been superseded by the Drug Trafficking Act of 1994. Both the Regulation and Directive relating to prevention of diversion of precursor chemicals have been fully implemented in the UK where the Home Office is the competent authority.</p>
Level of international co-operation	The UK has ratified the UN Convention of 1988
State of MOUs with the Industry	n.a.
Level of production and import in the EU	n.a.

Information of Regulatory Authorities

Import flows	n.a.
Number of licenses	n.a.
Number of export notifications	n.a.
Number of export authorisations	n.a.
Number of voluntary reports by the Industry	n.a.

The baseline in the evaluation process of the EU action plan on drugs (2000–2004)

Evaluation in the EU action plan on drugs (2000–2004)

Evaluation is considered as an integral part of the EU strategy on drugs endorsed by the Council. This became concrete in the EU action plan on drugs (2000–2004) (CORDROGUE 32, 7 June 2000).

Under chapter II ⁽¹⁾ which specifies the nature of the plan, the subchapter A1 stipulates that the plan constitutes ‘a solid base for the evaluations of the EU drugs strategy (2000–2004). It foresees that:

- the evaluators would examine to what extent all concerned had implemented the actions in the action plan on drugs, and so would assess the extent to which the action plan had been achieved;
- they would assess the extent to which achievements of the action plan meet the requirements of the EU drugs strategy; and
- they would evaluate the extent to which actions undertaken had had an impact on the drugs problem and so the pertinence of the EU drugs strategy itself”.

Integrating the baseline in the evaluation process

In the annex, under chapter 1.1.2⁽²⁾, it is stated that ‘When appropriate, and anyhow in 2002 (mid-term review) and 2004 (final evaluation) the Presidency of the Council to consider the possibility of organising a high level meeting of those involved in implementation of present plan.’ Under chapter 2.2.1 ⁽³⁾, it is stated that ‘the Commission is to organise appropriate evaluations at mid-term and completion of the drugs strategy (2000–2004) on the basis of the present action plan, and to present the reports to the Council and the Parliament.’

This is followed by a direct request to the EMCDDA formulated in chapter 2.2.2 ⁽⁴⁾ as follows: ‘Work should be taken forward by the EMCDDA/Europol drawing on expertise from Member States to underpin the EU drugs strategy with measurable targets so that assessments can be made of progress in achieving objectives’.

State of the art starting 2002

In its communication on the implementation of the EU action plan ⁽⁵⁾, the Commission:

- confirms its role in the evaluation and the scope of the exercise. It integrates the scoreboard for the EU institutions and for Member States (Swedish questionnaire) as tools designed to contribute to measure to ‘what extent all concerned had implemented the actions in the action plan on drugs’.
- endorses the EMCDDA and Europol ‘Snapshots’ concept to contribute to assessing the extent to ‘which achievement of the action plan meets the requirements of the EU drugs strategy’.

Creating a baseline is a first step in the evaluation process. It will allow the monitoring of trends over time, and baseline data refer to the initial values against which a context or impact indicator selected by Member States and the Commission will be subsequently measured. Nevertheless, this can only be one piece in a more comprehensive framework.

¹ Page 2 of CORDROGUE 32

² Page 5 of CORDROGUE 32

³ Page 9 of CORDROGUE 32

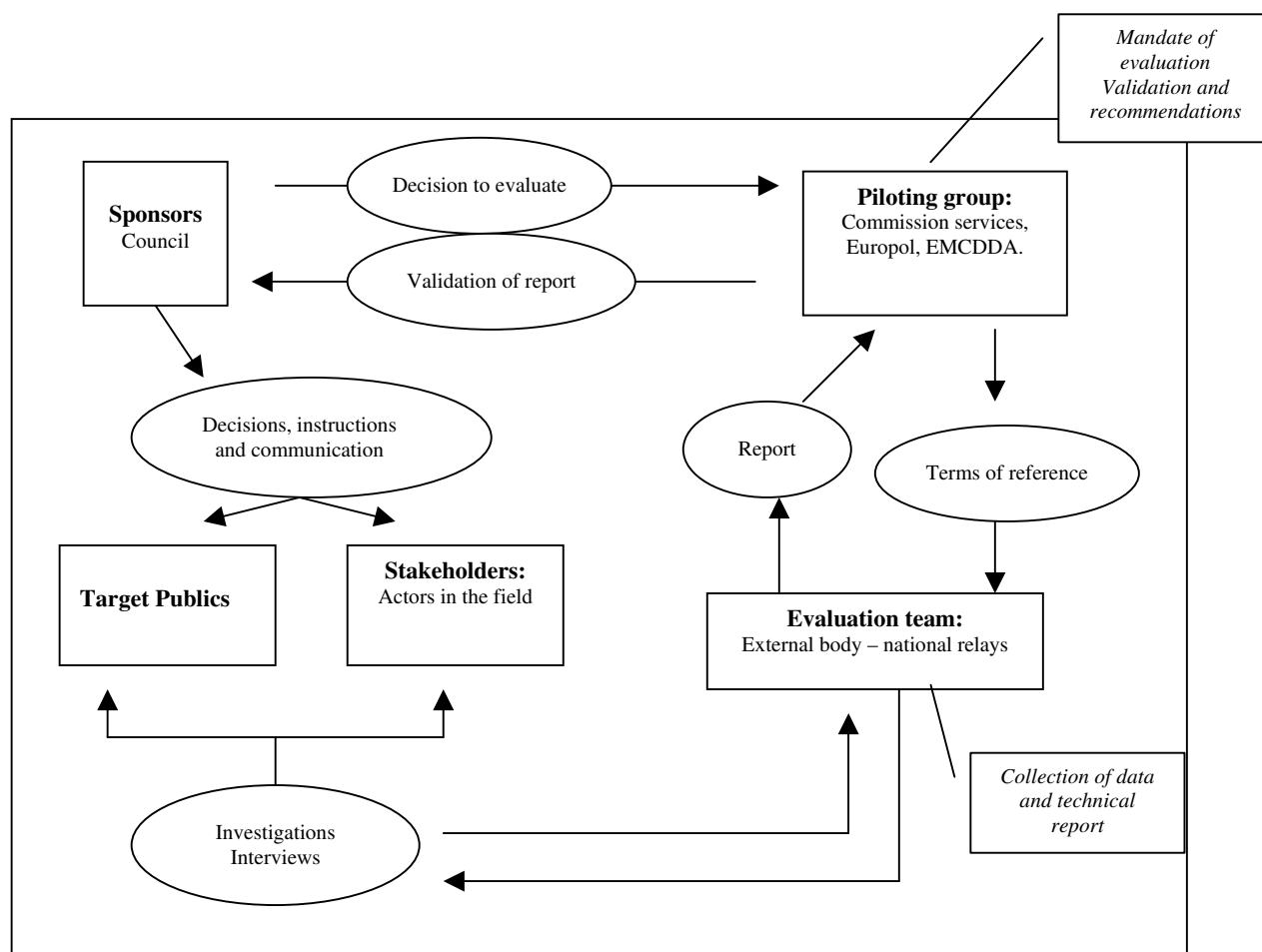
⁴ Page 9 of CORDROGUE 32

⁵ COM(2001) 301 final of 08.06.2001

Key issues for global evaluation

Member States and the Commission will have to ensure evaluations at appropriate levels. Sharing definitions should be a starting point 'to create a proper climate to ensure that evaluation will have an impact on official decision and practice. Evaluation may be understood as an institutional activity intended to take its place in public management and the running of political system. A distinction may conveniently be made between evaluation in this sense and evaluation research. Evaluation is buttressed by evaluation research but not restricted to it' ¹. Ideally, a limited number of aspects (methods and focus) should be shared between the Member States and the Commission, so that cross analysis of the evaluation results can be ensured. It is important to acknowledge that there is no possibility to organise ex-post evaluations in due time for the decision-making process (to take place in the course of 2004) as the potential impact cannot be monitored before two or three years after implementation of the programmes and initiatives. As a result, an update of the mid-term evaluation is required. This does not mean that an ex-post evaluation should not be launched, but that the results should be integrated in a long-term evaluation cycle.

The evaluation mechanism should be designed following an operational structure such as follows ²:



As soon as a piloting group is created, the first step should consist in examining the general objectives of the EU action plan on drugs, with a view to generating a set of operational objectives, which can be assessed both at national levels and at EU level. At the same time, it will be necessary to consider and map the actions, initiatives and or programmes promoted to achieve these objectives.

¹ A practical guide to program and policy evaluation (1999), French Council for Evaluation, p.14

² This diagram was adapted from one used by European Commission Directorate General XVI, Regional Policy and Cohesion, for its working paper 3, 'Indicators for Monitoring and Evaluation: An indicative methodology'

The second step should consist in drafting the questions to be answered by the evaluations. They are at the heart of the evaluation exercise. Three types of questionnaires are to be considered:

- **Descriptive:** what has happened?
- **Causal:** how and to what extent what happened can be attributed to the actions implemented?
- **Normative:** is the impact satisfactory?

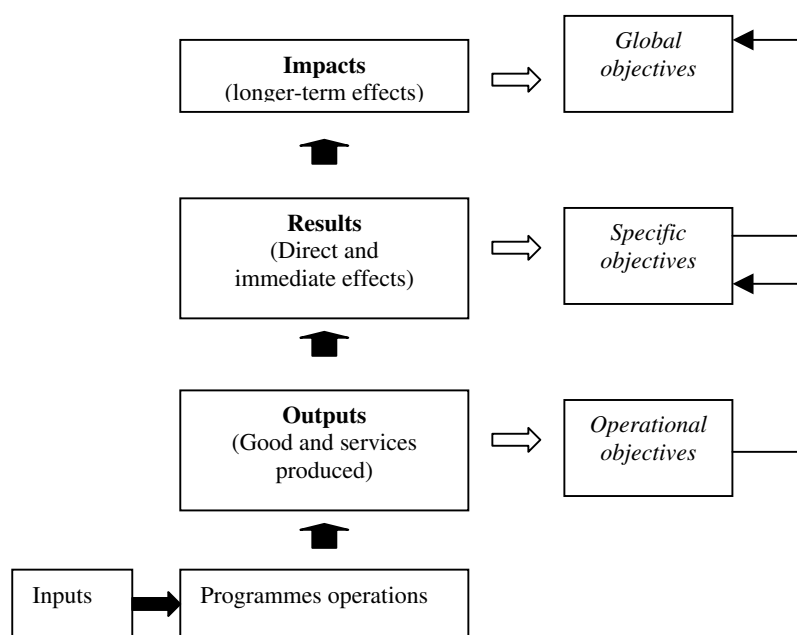
It would be too time consuming and too expensive to attempt to reply to all the potential questions raised by the complex drugs phenomenon. A selection must be made and organised into a hierarchy. The choice should be made taking into consideration both the probability of receiving an effective reply to each question and the probable use of a given reply by the users of the evaluation results (in consultation with the users). It should be borne in mind that it is always better to produce a quite imprecise reply to an important question rather than a good reply to a question which would never be asked.

There are five levels to be covered:

- **Pertinence:** adequacy between explicit objectives and the problem they aim at encompassing.
- **Efficacy:** will the objectives be achieved?
- **Efficiency:** impact of the resources engaged.
- **Utility:** did the programme have an impact on the target groups or populations in relation to their needs?
- **Sustainability:** to what extent can the changes (or benefits) be expected to last after the programme has been completed?

Programmes should be assessed taking into account their intervention logic

The intervention logic of a programme ¹



¹ Source: The new programming period 2000-2006: methodological working papers, working paper 3, 'Indicators for monitoring and evaluation: an indicative methodology', European Commission Directorate General XVI, Regional Policy and Cohesion

- **Operational objectives** are expressed in terms of outputs (e.g. the provision of prevention courses to young people of school age);
- **Specific objectives** are expressed in terms of results (e.g. the improvement, through training, of the resistance to drugs offer);
- **Global objectives** are expressed in terms of impacts (e.g. a reduction in young people using drugs).

To be able to monitor a programme's implementation and judge its performance against the objectives set, it is necessary to use a set of indicators, which must be decided in advance or early on in the programme's implementation so that data on them can be collected. They will in most cases be assigned target levels, which in aggregate will correspond to the objectives of the programme. The various levels of indicators are thus as follows:

- **Resource or input indicators** refer to the budget allocated to each level of the assistance.
- **Financial** indicators are used to monitor progress in terms of the (annual) commitment and payment of the funds available for any operation, measure or programme in relation to its eligible cost.
- **Output** indicators relate to activity. They are measured in physical or monetary units (e.g. number of centres financially supported, etc.).
- **Result** indicators relate to the direct and immediate effect brought about by a programme. They provide information on changes to, for example, the behaviour, capacity or performance of direct beneficiaries. Such indicators can be of a physical (number of successful trainees, number of drug addicts etc.) or financial (decrease in treatment cost) nature.
- **Impact** indicators refer to the consequences of the programme beyond the immediate effects on its direct beneficiaries. Two concepts of impact can be defined. Specific impacts are those effects occurring after a certain lapse of time but which are, nonetheless, directly linked to the action taken. Global impacts are longer-term effects affecting a wider population. Clearly, measuring this type of impact is complex and clear causal relationships are often difficult to establish.

Possible indicators for a drug prevention national campaign:

	<u>Description</u>	<u>Potential indicators</u>
Output	Developing preventative material	- Implementation cost - Number of audience
Result	Less drugs consumed by young people	- Accessibility of information - Level of awareness
Specific impact	Increased public awareness	Evolution of public opinion
Global Impact	Less drug consumption	Number of problematic drug users

The third step should consist in organising, both in Member States and at EU level, a review of all material available and tools being used, including the EMCDDA/Europol 1999 baseline and other outcomes, the evaluation teams of the Commission Directorates and the evaluation results of the programmes. Recourse to an EU evaluation team to centralise all material and to draft the appropriate technical reports should be considered.

The last preparatory step should consist in formalising the evaluation mechanisms allowing a smooth and timely flow of information at EU level. Ideally the Council would adopt formally both the questions to be answered and the implementation mechanism.

Perspectives in terms of follow-up

The communication dimension is a key issue for the entire evaluation process. The Presidency of the Council may envisage organising a high level meeting of those involved in implementing the current plan as foreseen in chapter 1.1.2. of the plan, so that concrete steps can be taken to consider a relevant global evaluation concept.

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