COMMISSION OF THE EUROPEAN COMMUNITIES

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REPORT ON NATIONAL PROGRAMMES FOR DRUG DEMAND REDUCTION IN THE EUROPEAN COMMUNITY

(COMMUNICATION FROM THE COMMISSION TO THE COUNCIL)

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BACKGROUND

The European Council on 25 and 26 June 1990 in Dublin invited the Commission to present on a regular basis to the Council and Ministers for Health a report on work done on drug demand reduction in Member States.At its meeting on 19 and 20 July 1990 in Rome, the CELAD expressed an interest in receiving the first of these reports in time for the Rome Summit in December.

On 30 July 1990, the Commission, following discussions with experts from Member States (meeting in Luxembourg on 16th July 1990), requested, through the Permanent Representations, the relevant authorities to forward by mid-September national reports on the programmes for the reduction of drug demand, giving the following information:

- The introduction should contain details of the scale of and trends in drug demand, policies for reducing drug demand and whether these are regional or national, and the role of central organisations in financing action

- The other sections of the report should cover the following points:

. legal aspects of drug demand,
. information and instruction,
. treatment and reduction of risk,
. social and vocational rehabilitation,
. education,
. statistics and epidemiology - population studies, public opinion surveys,
. promotion of research.

For each of these fields it was considered useful to have details of:

. national, regional and local structures,
. the level and sources of aid,
. what action has been taken and the main results to date,
. any future measures planned.

The reports transmitted by a number of Member States departed considerably from the above outline. This overview report, which has been prepared in consultation with national experts, (meeting in Luxembourg on 2 and 3 October 1990) provides a comprehensive synthesis of the situation in the European Community regarding drug demand reduction in Member States (A summary of the national reports is annexed).

INTRODUCTION

The definition of drug policies and the setting up of appropriate actions reflect the socio-cultural and political context at various levels. In this respect in each Member State, national, regional and local levels have their own competence in the field of drug demand reduction. Most of the Member States involve each level with specific responsibilities.

In most Member States policies and general guidelines for drug demand reduction are established at national level, while the implementation of actions in prevention, treatment and rehabilitation is the responsibility of regional or local bodies. There is a trend towards decentralization even in Member States where such responsibilities are not clearly distributed.

National support and coordination are often considered essential for the establishment of general policies. There is a willingness to keep a balance between local innovative activities and the necessity to have a minimum coordination of policies.

The sources of funding and their allocation reflect the distribution of responsibilities between the national, regional and local levels. In some Member States levels of Government funding are enhanced by the substantial contribution by the non-government sector. In several of them the levels of funding have shown a substantial increase in recent years, in a number of cases due to the additional threat of AIDS.

The levels and trends of drug use, when looked at in comparative terms, must be considered with caution, since each Member State uses different methodologies and definitions for data collection. In some cases, trends cannot be ascertained within some Member States, since no consistent data collection effort has been implemented over a period of time.

Member States stressed the difficulty of estimating the total number of drug users since many do not seek help nor do they come into contact with the authorities. On the basis of the limited available data on the number of known drug users, many Member States have experienced an increase in their number in recent years. In some Member States there are reports of a stabilization in the overall number of users, in particular for heroin. This probably reflects the overall changing pattern of supply and demand and the type of drug use. Health based indicators on drug users applying for treatment and drug-related deaths show an increasing trend of drug-related problems in most Member States. In a number of Member States, there is a clear indication that the average age of the drug-using population is increasing. Heroin and polydrug use remain the main problems; there is evidence in some Member States that the use of cocaine and new drugs is increasing; however this is not substantiated at present by health data.

LEGAL ASPECTS

Regarding the legal framework of drug demand reduction in Member States, four aspects are to be pointed out: legal provisions regarding drug possession or use, and the consequences for drug users; regulations and practices concerning compulsory detoxification and treatment; voluntary detoxification and treatment, and substitution treatments; and special provisions related to the prevention of HIV transmission and AIDS.

There is a constant adaptation of legislation and regulations in response to a complex and changing situation. In most Member States the legal provisions favour the therapeutic approach for drug users. This may be voluntary or compulsory, and it is, when compulsory, an alternative to prison. There is, however, in certain Member States a tendency to increase the penalties for drug possession for personal use.

More recently, the awareness of the role of intravenous drug use as a risk behaviour for HIV infection has emphasized, in the legislation of many Member States, the public health aspects of drug misuse. Two examples can be mentioned in this respect: the substitution treatments on one hand, in particular involving methadone, which are increasingly approved in some Member States for pilot experiments where methadone was not available for normal medical treatments; and on the other hand, the liberalization of the sales of syringes to take into account the new risk of HIV transmission and AIDS. Needle exchange programmes still remain limited.

PREVENTION

Member States have made numerous efforts to deal with the drug abuse problem. As a common factor for most Member States the increasing recognition of the need to develop coordinated, continuous and structured preventive actions can be highlighted responding to a rapidly evolving situation. Guidelines mentioned for prevention activities include:

- the importance of a broader framework of prevention measures in which various cultural, health and social problems are addressed

- the need for a comprehensive approach to drug abuse problems, covering a range of different environments simultaneously, taking into account risk factors and including illicit and licit drugs

- the importance of adapting interventions to local needs and circumstances

- the integration of drug education in general health education school programmes

- the emphasis on the promotion of a healthy life-style and avoiding risk behaviours

- the need for factual, objective, non-dramatized and non-fear raising information

- the importance of the responsibility of parents and leading figures as positive role models

- the training of educators, youth workers, and health professionals

There are two approaches concerning the use of mass media in information campaigns. Some countries consider them not a very effective way to carry out prevention interventions while others have recently launched campaigns.

TREATMENT AND REHABILITATION

Most Member States have treatment structures with services ranging from hospital and community based medical facilities, outpatient centres, and therapeutic communities to self help groups. The coverage, diversification and decentralization of services varies considerably betweeen them; both formally structured institutions with professional staff, and loosely organized voluntary assistance provide these services.

Member States report the need to continue to strive for better, more diversified and increased number of treatment possibilities. An important factor conditioning treatment policies is the role of intravenous drug use as a risk factor for HIV transmission. This fact has prompted many Member States to have flexible approaches to substitution treatments and syringe availability, as well as to try to reach drug users in their environments, and to make help available to them without the requirement of a drug-free lifestyle as a first goal.

The balance between health and social services in the approaches to the care of drug users is different between the Member States; while in some of them the emphasis is on the social approach, with the collaboration of health care when needed, in others the trend is to include the treatment of substance abuse in the general health care system with the collaboration of social services. Finally, in some Member States the mental health care system also plays an important role. Most Member States report a need for better adapted services aimed at individuals with specific problems: prisoners, AIDS patients and HIV positive persons, drug using pregnant women, children of drug users, etc.

STATISTICS AND EPIDEMIOLOGY

As a whole, health based data collection at national level is recent, scarce and generally not consistent. The data sources at national level most commonly used among Member States are treatment-based reporting systems, drug-related deaths and school surveys. In some instances national general population surveys on drug use, and specific population surveys have been carried out using different methodologies. Member States mention the need for more systematized, coordinated, comparable and in-depth data collection. A number of Member States participate in the work of the Pompidou group on health based indicators and collection of data in pilot cities.

At a regional/local level the picture is similar. Most countries have carried out isolated regional and local data collection efforts, which although very valuable in their specific contexts, do not permit trends assessments or the establishment of comparisons between regions due to a lack of consistent methodology.

Specific research oriented studies have been carried out at local and/or regional levels with a psychosocial/sociological /anthropological perspective to provide a more in-depth view of different aspects of substance abuse.

MANPOWER TRAINING

Most Member States report a recent increase in awareness on the urgent need for adequately trained personnel for the prevention and treatment of drug use. Up to the moment, the most common approach to manpower training has been sporadic and/or of short-duration and sometimes outside normal structures. Interdisciplinary courses for professionals and, in few cases, continuous training has been provided. Some Member States have produced resource information/ training materials for physicians, pharmacists, teachers and parents. Several Member States have structured, regular university and post-graduate studies for training and specialization in substance abuse.

The need to develop permanent programmes is recognized by a number of Member States, and in some instances, the planning is well underway. Examples of such plans are: the integration of substance abuse training in university curricula of teachers, health professionals and psychologists; university and postgraduate training on substance abuse; and continuing education systems for professionals involved in prevention and treatment.

RESEARCH

There seems to have been, up to very recently, only minor attention given to research, with a lack of coordination at national level (mostly isolated research initiatives at some universities). This highlights the need for an increase of funding and coordination in substance abuse research. Some Member States have already started responding to this need by creating new research coordinating bodies and/or specific funding for substance abuse research.

CONCLUSIONS

Member States are deeply aware of the importance of drug demand reduction programmes and the need to develop them as an essential element in an overall drug policy. The approaches to drug demand reduction are continually and often rapidly evolving in Member States; furthermore a large variety of approaches is being explored. Member States consider it important to introduce and improve evaluation programmes. They emphasize the importance of a broader framework of prevention measures in which various cultural, health and social problems are addressed and for a comprehensive approach to drug abuse problems, covering a range of environments simultaneously, taking into account risk factors and including illicit and licit drugs. Member States stress the need to have available a variety of different treatment methods for drug users. They consider that there is a clear need for developing comparable data collection systems on drug demand reduction. They recognize the need for increased support and coordination of research efforts. Adequate funding and manpower resources are fundamental to ensuring that drug demand reduction (prevention, treatment and rehabilitation) is carried out effectively.

ANNEX

summary of the national reports

INTRODUCTION

1 Definition of drug policies

1.1 National level

Belgium

Everything to do with drug trafficking is a matter for the national authorities (i.e. the Ministries of the Interior, Justice and Finance and the Department of Health). As regards demand reduction, the Ministry of the Interior is responsible for the crime prevention aspect, mainly taking the form of training the police force with a view to enhancing their capacity to meet the specific demands issue of such "drugs issue adult target groups" as parents, teachers, educators, etc. The legal and criminal aspects of drug demand reduction come under the Ministry of Justice, while drugs prescription monitoring duties fall to the Health Department's pharmacy inspectorate.

Denmark

The national level establishes statutes and other regulations, all control measures and general coordination.

France

Responsibility for policies regarding prevention, care and rehabilitation and for financing special addict care structures lies entirely with the national authorities. There is a General Delegation for combating drugs and drug abuse which is responsible for the overall coordination of drugs policies.

Greece

There is an interministerial body operating since the beginning of 1988 which determines national policy against the misuse of drugs. The Ministry of Health, Welfare and Social Security is currently expanding a network of institutions for prevention, treatment and rehabilitation and financially supports a nongovernmental national program based on the therapeutic community concept.

Ireland

The Department of Health plays a key role at the National level in a concerted effort with other Government Departments and Agencies to monitor the position and to stimulate corrective action, regarding the abuse of drugs covered by the Misuse of Drugs Act. There is a National Co-ordinating Committee on Drug Abuse which is chaired by the Minister of State at the Department of Health and is representative of all the relevant Government Departments and agencies (i.e. Justice, Education, Foreign Affairs, Police, Customs etc...). This Committee is currently drafting a National Plan to combat drug abuse.

Italy

The new law on drug dependence which entered into force on 26 June 1990 has redefined the institutional instruments for the formulation of policies and action programmes for the fight against drugs. The President of the Council of Ministers chairs the National Coordinating Committee for the Fight against Drugs, which comprises the competent ministers (health, defence, internal affairs, education, social affairs, justice and external affairs) and is supported by a Committee of Experts and the Permanent Observatory for the Drugs Phenomenon (responsible for the collection of data needed to prepare action policies). The Permanent Conference on Relations between the State, Regions and Autonomous Provinces is responsible for coordination between the central and regional governments in respect of programme implementation.

Luxembourg

Action to be taken in the fight against drugs is decided at national level by the Ministries of Health, Justice, Education, Family Affairs and Youth. A Coordinating Committee chaired by a senior official of the Ministry of Justice was set up in 1980 to facilitate interministerial cooperation.

Netherlands

Drug policy is defined at national level in close cooperation between the ministry for Justice and the ministry for Welfare, Health and Cultural Affairs.

Portugal

There is an interministerial and interinstitutional integrated plan against drugs, called "Project Life", in effect since March 1987, coordinated in each specific area by the following Ministries: Internal Affairs, Justice, Education, Health, Employment and Social Security, Youth and Adjunct Minister Cabinet. Their aim is to decentralize the response to drugs and reinforce community initiatives. The areas covered are: information, treatment, rehabilitation, social reinsertion and supply reduction.

Spain

There is a National Plan on Drugs since 1985. It coordinates all governmental and non-governmental organisations, as well as citizens in general on actions against drugs. This Plan is implemented through two bodies: an Interministerial Group, which coordinates the Central Administration (Health and Consumer Affairs; Employment and Social Security; Justice; Interior; Education and Science; and Social Affairs) and a Sectorial Conference, with representations from the Autonomous Communities (regions). They take decisions and actions related both to offer and demand reduction. The NGO National Assembly acts as a consultative body. The fight against drugs demand is seen as a collective, participative and integrative task, based on specific and unspecific prevention, treatment, rehabilitation and training of professionals. The basic objective is to normalize the social perception and response to the problem, therefore providing care through the general health and social resources and minimizing specific resources.

United Kingdom

Responsibility for implementing the Government's strategy rests with a number of Departments. Their activities are coordinated by Ministers. An Advisory Council on the Misuse of Drugs has also been established.

The UK drug demand reduction strategy has two main components. One is a programme of publicity and education aimed at discouraging people, in particular young people, from trying drugs. The other is to bring existing misusers into contact with a range of services intended to facilitate their adoption of less dangerous habits of misuse and, ultimately, to lead to total abstinence from drugs.

1.2 Regional and local levels

Belgium

Drug demand reduction, including prevention and treatment, is essentially a matter for the three regional (i.e. Flemish, French and German-speaking) communities. Some provinces have their own structure for organizing the coordination and development of specific programmes in conjunction with the national authorities and the regional communities.

Denmark

The regional level is responsible for treatment matters, regional coordination and expert counselling; the local level is responsible for prevention and early intervention.

France

The "départements" are responsible for adolescent maladjustment matters and to this end run and finance clubs and drug advisory units active in this area, which is clearly linked with drug dependency. The prevention of delinquency is a matter for the local mayors under their overall responsibility for the maintenance of public order, and it is in this light and in the context of urban social development policies that local authorities are concerning themselves increasingly with matters relating to drug addiction, particularly in the fields of prevention and rehabilitation (before and after the event). The General Delegation has the task of developing activities involving the various levels of jurisdiction and financing, as well as central government.

Germany

Public health, including the care of drug addicts, is the responsibility of individual Länder.

Greece

Several regional and local consulting and therapeutic centres are currently in operation or will operate shortly. The centers are under the auspices of the public or the private sectors, the local authorities or the church.

Ireland

Details of the organisations providing services for drug abusers are set out in the Department of Health's publication "Directory of organisations dealing with Substance Abuse" The Health Promotion Unit of the Department of Health seeks to encourage community - based responses to local drug problems. Co-ordination of regional services is the responsibility of the eight Regional Health Boards.

Italy

The law makes the regions and autonomous provinces responsible for drawing up (on the basis of guidelines issued by the Ministry of Health) and implementing plans of action relating to prevention, health treatment and social rehabilitation of drug addicts. The local and mountain-community authorities take action to prevent social deprivation and facilitate educational, occupational and social reintegration of addicts.

Netherlands

The major 23 municipalities are responsible for the development of ambulatory treatment and prevention policy. The 12 provinces are responsible for hospital-based treatment services (residential addiction clinics).

Portugal

Regional and local initiatives have recently been encouraged in order to develop and coordinate local partners.

Spain

There is a progressive development of Autonomous Plans on Drugs (17 Autonomous Communities). These plans implement prevention, treatment and rehabilitation in each Community, setting in the National Plan on Drugs.

U.K

Regional Health Authorities (RHA) are responsible, with the help of their Drug Advisory Committee and Regional Drug Problem Team, for developing and coordinating local drug misuse treatment services.

Local services for drug misusers are provided by a diverse range of statutory and voluntary services, general practitioners (GPs) and health authorities themselves. Proper coordination of service delivery should be provided by District Drug Advisory Committees, whose members should include representatives of the health service, social services, the police, the probation service, the local education authority and the voluntary sector (including parents and self-help groups). Their role is to monitor the prevalence of drug misuse, to assess the effectiveness of local services and make proposals for their improvement, and to coordinate, at working level, the efforts of different agencies involved in preventive measures and in service provision.

2 Level and sources of funding

Belgium

The system of demand reduction - ranging from prevention to care and treatment - is financed in whole or in part by the regional authorities (institutions resulting from public or private, governmental or non governmental initiatives). One exception here concerning some primary prevention educational projects consists of very fragmentary sponsoring of such projects by private commercial institutions. The Ministry of the Interior finances its own prevention activities. The current level of prevention financing - especially primary prevention - is on the whole inadequate to meet the needs of the regional communities.

Denmark

Has distinguished the respective parts of fundings from municipalities, counties and national Authorities; for instance, treatment expenses are provided both by municipalities (50%) and counties (50%); social assistance support, by municipalities (50%) and the State (50%); reception centres and shelters, by counties (25%) and the State (75%).

France

Over recent years, central government has substantially increased its financial involvement. Taking a look just at the Ministry of Solidarity, Health and Social Protection, expenditure on addiction prevention and the care of addicts in special centres, hospitals and the social system increased from FF235 million (33.6 million ecus) in 1984 to FF428 million (61 million ecus) in 1990. In addition, an annual allocation of FF250 million (35.7 million ecus) has, for a number of years, been divised by the General Delegation among the various ministries, with some FF150 million (21.4 million ecus) allocated for demand reduction work to the Ministries of Education, Solidarity and Health, Justice, Youth and Sport.

Germany

Has pointed out that the national Authorities have increased their funding by DM 11 million (5.3 million ecus), from DM 1,8 million (870,000 ecus) to 12,8 million (6.2 million ecus).

Greece

The Ministry of Health, Welfare and Social Security has allocated 582 million drs. (2.9 million ecus) for the public sector and 450 million drs. (2.2 million ecus) for the nongovernmental program of therapeutic communities for the year 1990. For the year 1991 the respective sums are 2,000 million drs. (10 million ecus) for the public and 450 million drs. (2.2 million ecus) for the nongovernmental sectors.

Ireland

Over £ 1 million (1.3 million ecus) has been allocated from National Lottery Funds to a number of statutory and voluntary agencies dealing with intravenous drug abusers, who are at risk of contracting and transmitting HIV. The National Drug Treatment and Advisory Centre is funded by the State at a cost of £ 1 million per annum (approx.)

Italy

The new drugs law and other recent legislation provide for the funding of the following activities over the period 1990-1992 :

- 360 million lire (230,000 ecus) per annum for the creation and operation of the Central Service for Alcohol, Narcotic and Psychotropic Substance Dependence attached to the Health Ministry;

- 6.05 billion lire (3.9 million ecus) per annum from 1991 for the employment of 200 social assistants within the Ministry for Internal Affairs;

- 4 billion lire (2.6 million ecus) per annum for the operation of Ministry of Public Education committees whose main task is to prevent drug addiction in schools;

- 176,040 billion lire (114 million ecus) for 1990 including 30 billion lire (20 million ecus) for expanding the state drug addiction services, and 180 billion lire (120 million ecus) per annum for 1991 to finance anti-drug projects presented by the ministries, regions and local authorities;

- 150 billion lire (97 million ecus) per annum to finance help for drug-addicted and AIDS-infected prisoners;

- 10 billion lire (6.5 million ecus) for the marketing of non-reusable ("self-blocking") syringes;

- 20 billion lire (13 million ecus) for 1990 and 38 billion lire (25 million ecus) from 1991 for employment of state services staff to work on the prevention of AIDS among drug addicts.

Netherlands

All aid and treatment facilities - except for the methadone programmes of some municipal Health Services - are autonomous non-governmental institutions. The medical consultation bureaus for alcohol and drug problems (CAD) with a multidisciplinary orientation has a total budget Fl 79 million (34 million ecus) for 1990; the budget for social welfare services directed to drug users is of Fl 55 million (23.6 million ecus) in 1990, the budget of the methadone programmes of municipal health services is +/- Fl. 7 million (3 million ecus). Approximately 95% of the funds is depending on the Ministry of Welfare, Health and Cultural Affairs that distributes these funds among the major municipalities. Residential treatment facilities are financed by the public health insurance funds (Fl. 100 million i.e 43 million ecus). Furthermore the Ministry of Welfare, Health and Cultural Affairs provides Fl. 6 million (2.5 million ecus) for AIDS prevention among drug users and Fl. 4 million (1.7 million ecus) for specialised national residential treatment facilities and experimental projects. The total cost of addiction treatment and prevention are +/_ Fl 250 million (107 million ecus). These costs include the treatments for alcohol dependency.

U.K

The Government has allocated specific funds since 1986/87 to all Regional Health Authorities for the expansion of services for drug misusers; further additional funds have been allocated since 1987/88 to help prevent the spread of HIV among and from injecting drug users; in 1990/91 this funding totalled over £ 15,5 million (22.6 million ecus), and this money is distributed on the basis of the proportion of the population between the ages of 15 and 34 within each Region.

3 Levels and trends of drug use

Belgium

Estimates put the number of users and addicts at between 10,000 and 20,000, half of whom are regarded as problem cases. These figures are for the whole of the country. It is not possible to give reliable and significant figures given that nothing is known of the number of users outside the specialized care and treatment network.

Denmark

It is estimated that the total number of drug abusers is about 10,000, with a substantial increase of drug abusers in methadone substitution treatment in recent years;

France

The number of drug users is put at some 100,000, a figure which has remained stable since 1980.

Germany

The number of regular hard drug users is estimated at 60 to 80,000, with a shift towards older age groups;

Greece

The number of regular hard drug users as judged by the commonly used indicators is currently estimated to between 9,000 and 13,000 users.

Ireland

The number of patients who attended the Dublin drug advisory and treatment centre was 1,052 in 1988, decreasing steadily from 1,514 in 1983, as compared with the number of persons charged with drug offences - 1,422 in 1989 and regularly increasing. There is an evidence to suggest however that polydrug use in particular and new drug use is increasing.

Italy

The information available at present is not sufficient to allow an estimate of the total number of users of illegal substances. Figures are available for the number of persons who turn to the state help services and social rehabilitation structures. The Ministry of Health has estimated the number of drug addicts who at least started treatment under the state health services during the twelve months of 1989 at around 6,000, and increase of almost 18% over the previous year. On 30 June 1990, according to data compiled by the "Observatory" operated by the Ministry of Internal Affairs, some 38,000 persons were currently being treated on that specific day by the state structures, plus 11,000 in residential therapy communities. The average age of new users is increasing. 30-40 % of persons receiving treatment were found to be HIV-seropositive. Almost 90% of new subjects starting treatment over the past two years have been addicted to heroin as the primary substance, with 5-6% addicted to cannabinoids.

Luxembourg

Department of Toxicological and Pharmaceutical Chemistry statistics show that 1,799 analyses were carried out on samples from drug addicts in 1989. These figures reflect of the level of activity of the service rather than trends in drug addiction in Luxembourg. Out of the 1,799 analyses requested in 1989, around 700 samples had been collected under the new methadone maintenance treatment programme (two compulsory urine analyses per week for each person participating in the programme).

Netherlands

Reliable estimates for 1989 put the number of heroin addicts in the country as a whole at approximately 20,000, with stabilisation of the overall problems but increase in socio-economically disadvantaged populations. The mean age and the age of first use of heroin users are rising. Multiple drug use among heroin addicts is common. There are no indications that the use of cocaine has increased in recent years and has presented problems comparable to the nature and size of heroin problems. According to some local reports the pattern of the misuse of other drugs, such as benzodiazepines and MDMA (Extacy), changes rapidly.

Portugal

The estimate of the total number of addicts in Portugal is 40-50,000, 1/3 of them concentrated in the greater Lisboa area. There are around 3,000 first treatment admissions every year, mostly because of intravenous heroin use. It is estimated that there are 4,000 addicts in treatment and 350 in methadone substitution. Users seeking treatment are getting younger and there are indications that heroin is increasing on the streets. Cocaine use is low but increasing, frequently combined with heroin. Polydrug use is also increasing.

Spain

In the last three years, there has been an increase in offer indicators, as well as an increase in acute deaths and treatment admissions; this seems to indicate an increase of drug use associated problems. There is also an age increase among addicts in treatment centres, emergency rooms and acute deaths. Problems are concentrated around heroin, although an increase of cocaine consumption is pointed out.

United Kingdom

It is difficult to measure the extent of an illegal activity such as drug-taking. One indicator is the number of addicts formally notified to the Home Office by doctors. This shows an increase in notifications of some 30% a year between 1980 and 1985, a fall between 1985 and 1987, and a renewed rise from 1987. However, this does not represent a complete picture of the scale of drug misuse. It has been estimated that the Addict's index underestimates Addicts of notifiable drugs by a factor of at least 5, though these proportions, too, may be changing as a result of efforts to attract clients to drug services. There are also perhaps as many misusers of non-notifiable drugs, excluding those who use cannabis. Other indicators of the changing scale of the drug misuse problem are statistics for the seizure of drugs and for persons involved in drug-related offences. This corroborates the evidence from the Home Office Addicts' Index of a respite in the increase in numbers of misusers during the mid-1980s, although changes in statistics for seizures can, of course, be influenced by a range of other factors. The figures for drug-related offences show a similar correlation with the general trend.

LEGAL ASPECTS

Belgium

The problem of drug abuse is generally covered by laws relating to public order and the protection of young people. However, there are a number of measures in certain districts at the instigation of public prosecutors seeking an alternative to the penal sanctioning of illicit drug taking and requiring the drug abuser to consult a mental health service run by the aid network or to seek aid under a methadone programme.

Denmark

Treatment programmes for drug abuse are authorized under the Social Assistance Act, and treatment has always been voluntary. As regards the prevention of HIV transmission, specific recommendations have been added as amendments to treatment programmes.

France

The law of 31 December 1970 authorizes compulsory treatment of drug users on the basis of a court decision. It also allows the public prosecutor to suspend legal proceedings if the addict agrees to undergo treatment. 3,800 addicts benefited from this provision in 1988. The 1970 law also encourages spontaneous requests for treatment by making such treatment anonymous and free of charge. In order to prevent the spread of AIDS, legislation was introduced in 1988 to liberalize the sale of syringes. Pilot needle exchange programmes were set up, though without specific legal provisions.

Germany

There is disagreement in the Federal Republic of Germany as to the form drug substitution treatment should take, as reflected in the resolution passed by the special conference of the Länder of 30 March 1990. The current situation is that the Länder apply different criteria (medical and otherwise). A decision clarifying the legality of substitute drug treatment was taken by the Bundesrat (second chamber) on 11 May 1990. The Government endorses the position adopted by the chamber of Physicians on 9 February 1990, setting out the various circumstances in which L-Polamidon can be dispensed to drug addicts. The Chamber of Physicians' view is that substitute drugs should be made available to addicts only in very specific (medically determined) cases under strict medical supervision and in conjunction with intensive psychosocial care. Drug substitution treatment should take place only in special institutions.

Greece

Arrested drug users are separated into two categories: non dependent users arrested for personal use are obliged to follow a counselling programme, and they are imprisoned if recidivists in detoxification units; dependent users arrrested for personal use follow either a voluntary detoxification programme or a compulsory confinement in a prison detoxification unit for therapy without any penalty; if these dependent users are arrested for drug trafficking, penalties are reduced with the same two above options (voluntary detoxification or compulsory confinement). Extensive modifications of the current law are being advanced for approval by the Greek Parliament. These modifications provide for extended authorities for the interministerial policy-making body and institute measures for the rapid materialization of the public sector program. They also provide alternate solutions to punishment to encourage convicted drug users to attend treatment and rehabilitation programs.

Ireland

The previous Regulations (1979) relating in particular to the possession of controlled drugs have been up-dated by the new Misuse of Drugs Regulations (1988) and the Minister for Health has established an out-patient drug treatment centre in the city centre of Dublin which has statutory responsibility for organizing and administering out-patient drug treatment services.

Italy

The law confirms the illicitness of the personal use of illegal substances, but punishes only possession. Possession of a quantity of an illegal substance below the average daily dose, fixed by the Health Ministry, is punishable by administrative penalties, with criminal penalties commensurate with the offence of drug-pushing for larger quantities. Both administrative and criminal penalties may be suspended if the subject agrees to undergo treatment. Persons requesting voluntary treatment are guaranteed anonymity. The use of methadone is subject to ministerial regulations and must be available at state help centres. The sale of syringes by pharmacies has been liberalized.

Luxembourg

The law of 19 February 1973 on the sale of medicinal substances and the fight against drug addiction offers addicts the option of withdrawal treatment in a specialized establishment.

Netherlands

There is a clear-cut distinction between drug users and traffickers, in order to avoid classifying the possession of drugs by users as a serious crime, and to allow easy access to prevention and voluntary interventions. As a consequence of prosecution policy, no special action is taken by the police to detect offences involving possession of drugs for personal use except in practice in the course of finding evidence against drug dealers, or in cases of public order disturbances. The selling or possessing up to 30 grams of hemp products is illegal, but has lowest priority in prosecution policy, except in cases where minors are involved or (illegal) advertising takes place. There are no legal restrictions of the distribution of methadone in addiction treatment or the sales and free distribution of syringes in AIDS prevention. All medical treatment of addicts takes place within the framework of the ordinary legislation concerning medical practice. For drug addicts who commit drug-related crimes the Penal Code provides for different measures to divert the suspects or convict from the criminal justice system to the treatment system.

Portugal

Both traffic and use are punished with prison and/or fines. In care of addicts, prison can be commuted for treatment. The sale of syringes is free, but there are no exchange programmes or availability for free. Methadone is not commercially available.

Spain

The use of drugs has never been penalized in Spain. Possession for personal use is not penalized, but there is an open clause which allows to consider an offence the invitation to use or the donation for use. A regulation on public use is under study, which foresees administrative sanctions (not penal). In 1990 a new law made substitutive treatments more flexible and less restrictive, due to the risk of HIV transmission. The sale of syringes has always been free in Spain. To what concerns the workplace, there is a lack of legislation to allow drugs intake detection among employees.

U.K

The principal legislation concerned with the control of drugs in the UK is the Misuse of Drugs Act 1971 and the various regulations made under it. The Act defines illegal drugs, placing them in three categories according to their degree of harmfulness. It is designed to be flexible, allowing new drugs to be added to the lists of illegal substances by secondary legislation. The Act prohibits the import and export, production and supply and possession of controlled drugs and sets out a range of penalties relating to its infringement. The Act also established the Advisory Council on the Misuse of Drugs.
Other relevant legislation includes the Medicines Act 1968 which provides for the control of medicinical products and certain other substances and articles, for example syringes and sterile water for injecting, through a system of product licences and clinical trial certificates, licences for manufacturers, and, where appropriate, restrictions on methods of sale. The Customs and Excise Management Act 1979 and the Drug Trafficking Offences Act 1986 broadened the range of drug-related offences and set out penalties.

PREVENTION

Belgium

The French and German-speaking regional communities place the emphasis on coordinated and global approaches with fieldworkers, organized by the "Coordinating Committee on Alcohol and others Drugs" in the French-speaking community and the "Working Party for the Prevention of Drug Addiction and Coping with Life" in the German-speaking community. These approaches are centred on such centre-of-interest groupings as the family, the school, the working environment, the local communities, etc. They cover training for people with a "relay" function and the organization of ongoing activity programmes addressed to young people and adults. In the Flemish-speaking community, information and education responsibilities lie with the "Association for Alcohol and other Drug-related Problems", whose prevention staff work to strengthen the existing cooperation within and between such groupings as education, young people, adult education, health care and law enforcement agencies.

Denmark

Denmark bases its prevention interventions on two main paths: general social preventive measures to provide good conditions of life, and specific information given through two-way communication activities rather than mass media. Their emphasis is on harm-reduction rather than abstinence.
The implementation is based on national delineation of basic principles together with the publication of resource materials and a local planning and implementation of specific prevention interventions.

France

In 1990, France set up a major prevention programme based on three lines of attack : mass communication largely based on the media; the school and the family as role-leaders for young people; local initiatives bringing together a wide variety of people and organizations in towns and neighbourhoods.

Germany

Germany puts an emphasis on the concept of vulnerability and the need of protecting those at risk, as well as of including secondary prevention. Its aim is to develop targeted information campaigns to make people aware of the dangers and legal implications of drug abuse, pointing towards total abstinence. Its plan of action encompasses a broad-based range of interventions aimed at reaching multiple target groups: publicity campaigns using the mass media for the general public work with media representatives, community figures and staff in schools; youth in their natural environments and institutional group situations (military and civilian national servicemen); young adults and parents.

Greece

There are no systematic primary prevention programmes, but several actions oriented towards secondary prevention: a network of consulting and drop-in centres, and groups of immediate intervention with high risk populations. A national program based on the "Health Careers" concept is under approval for immediate implementation.

Ireland

Has actions mostly oriented towards the information and training of professionals: teachers, workers in local communities, doctors, pharmacists, and specialists in drug abuse.

Italy

A publicity campaign to prevent drug abuse, aimed primarily at young people aged between 12 and 16, is currently being carried out through the mass media, parallel to the AIDS campaign. The Ministry of Health has promoted the expansion of educational initiatives which have proved effective (school team approach) and is to support initiatives of other agencies (the UNICRI's "STOP DROGA" programme), which will be coordinated with the measures implemented by the Ministry of Public Education. The Ministry of Defence has introduced an information programme for military service conscripts.

Luxembourg

Efforts are concentrated on supplying information to the population, parents, teachers and youth. The police participates in these information activities. Another focus is the promotion of alternative activities.

Netherlands

Drug prevention is part of general health education in schools as well as prevention programmes in the field of youth, mental health and social welfare. Specific drug information campaigns are found to be effective only with specific at-risk groups; therefore mass media campaigns are not found to be appropriate. On the basis of local risk assessments (in a Community, a school, a youth service etc.) emphasis is given to substance abuse in general, specific licit or illicit substances, primary or secondary prevention. On a national level special funds are made available for prevention-workers and the development of technical support. However, priority is given to alcohol, smoking, and AIDS prevention among drug users.

Portugal

Uses in its prevention efforts, an array of initiatives, through a variety of channels: information and awareness campaigns to motivate social groups to become involved in prevention; production and distribution of informative materials for specific target groups, mass media campaigns and collaboration with the media; a telephone help line; information and education programmes for specific groups (school environment, parent to parent, youth-to-youth, professionals); and leisure-time activities with the collaboration of NGOs.

Spain

In recent years there has been a progressive increase of resources allocated to prevention by the Autonomous Communities in relation to the total budget allocated to drug abuse control (from 14% in 1986 to 28.6% in 1989). The three main areas of intervention for prevention are: schools, communities and the workplace. A school prevention programme was launched by the Education Ministry in 1987-1988. It created the figure of provincial coordinators and entails teacher's training, creation of resource materials, the incorporation of school health education in curricula and training for parents associations. Pilot projects are planned to evaluate the integrated curriculum. According to the priorities set-up in community prevention special support is given to programmes dealing with: high risk youth, the improvement of the social image of drug abusers, the support of community social and health services, a technical information network, on-going prevention programmes "IDEA-prevencion", and the training of local professionals. These community programmes are based on the knowledge of the current situation regarding drug abuse situation in each municipality in which they are to be implemented, and are drawn up with the coordinated participation of representatives from the various levels of power and the community sectors concerned. Pilot programmes at the workplace are starting to develop in Spain some of them with the support of the main trade unions.

United Kingdom

The twin-pronged strategy of seeking to discourage people from using drugs in the first place and bringing those who use drugs into touch with a range of services reflects the Governments' overriding priority of eliminating completely the misuse of drugs. But it also recognises the important role of risk minimisation among people who continue to misuse drugs. This emphasis is in large measure the product of recognition of drug misuser's role as a channel by which the HIV virus can spread into the general population.

In 1985 the Government launched a major health education and information campaign to discourage drug misuse. The campaign was developed in the wider context of Government action, begun in 1983, to improve treatment facilities, encourage professional interest and improve training. It was also a preliminary step in the fuller development of other preventative measures, which are now under way, such as advice and counselling services for parents and young people and educational material for use in schools. An extention of the Government's strategy on prevention was the introduction of needle exchange schemes in 1987.

TREATMENT AND REHABILITATION

Belgium

In the French-speaking community, there is a special network of outpatient, reception and residential facilities in addition to the conventional hospital and psychiatric services. The German-speaking community uses addiction-treatment professionals operating within the mental health care system. There is a scheme (in the French-speaking community) in day centres for rehabilitation and for helping people to readjust to working life, while the Flemish-speaking community also has a substantial network of addict-aid associations.

Over recent years, there has been a definite trend towards making evaluation of the types of treatment available and their results more uniform. This applies too to the other regional communities, who are trying to move in the same direction. The various self-help groups also have a specific role to play in the rehabilitation system throughout the country.

Denmark

Reports an important revision of aims and methods in the last five years. The importance of offering different treatment options, including low-threshold ones in order to meet the needs of individual abusers is stressed. There is an emphasis on outpatient treatment, rather than in-patient; an increasing use of reception and shelter centres and a decreasing use of psychiatric hospitals. The majority of professional staff are social pedagogues and social workers. Prescription of methadone should be only a part of the treatment, accompanying continued control and assistance in the different areas;the improvement of methadone prescription practices by general practitioners is stressed. There are insufficient programmes, and their geographical distribution is irregular, not always covering the needs of the different types of abusers. There are special services for pregnant women and abusers with children. Special HIV/AIDS prevention interventions have been developed: information, easy access to needles and syringes and distribution of condoms. A clinic for HIV + drug abusers has been set up, and the collaboration between treatment centres and hospitals promoted.

France

A system specifically designed for drug addicts was set up in the 1970s, characterized by a wide range of schemes: reception centres (including outpatient, psychotherapy, prevention and reintegration services), special hospital units, after-care centres and foster families. The aim here is to provide an optimum response to the wide range of individual needs, leaving plenty of leeway for multiple therapeutic models. The role of general health services is growing in importance and general practitioners have received training in drug abuse since 1988. In the main prisons, specific services have been set up to prepare prisoners for release, putting them in touch with sources of aid. Steps have been taken to limit the risk of transmission of infectious diseases, particularly HIV, with the deregulation of syringe sales and a syringe echange programme. These are seen as an important source of prevention work thanks to the information on HIV transmission and contact with addicts who are not registered with a care centre. Improved job access is also a part of the overall reintegration programme for young people.

Germany

Has set up some prerequisites for treatment: accessibility, availability and diversification to cater for specific needs, long-term addicts being one main target group. They stress the need to supplement treatment with a full integrated range of follow-up services and, within treatment, to provide for many stages (although it may entail a risk to prolong addiction). There is controversy about drug substitution, without uniformity between Länder. The Federal position is to administer it in special cases, under medical and psychosocial supervision. There is a comprehensive system which, nevertheless, needs to be extended in quantitative and qualitative terms, specially to rural areas; outreach work; confidence-building facilities (to reach more addicts); provision of special accomodations; women and addicts with children; easy-access hospital detoxification; and in some Länder, drug substitution.

Greece

There is network of services operating within the National Health System (public sector) and a variety of services operating within the private sector which include a national program based on the therapeutic community concept. Both sectors are being substantially financed by the Ministry of Health, Welfare and Social Security and are currently expanding their services. The services available are several counselling and evaluation centres, a physical detoxification centre, a drug therapy unit within a hospital psychiatric section, therapeutic communities, day hospital, a hot line for emergencies and mobile units for action in the Community. The therapeutic communities include a rehabilitation and social reintegration programme as well as a programme for vocational training.

Ireland

Has an outpatient treatment centre which coordinates comprehensive services: out-patient treatment; toxicology laboratory service; referral for in-patient treatment; counselling services; ante-natal and post-natal advice and methadone maintenance. There is also a drop-in centre for IVDU, offering counselling, medical services, needle exchange services, methadone maintenance, welfare advice and link with housing. Statutory and voluntary agencies are funded to facilitate the expansion of special services and AIDS prevention programmes, in particular outreach research and services, and a community based information programme.

Italy

In the various regions of Italy there are 517 state help centres for drug addicts, which operate as part of the State Health service. Addicts may also be admitted into hospitals providing detoxification treatment. There are around 11,000 drug addicts in the 433 residential therapy communities, almost all of which are run by voluntary non-governmental organizations, though financed by the state or regions. The interdisciplinary teams of the state help services practise programmes of treatment with substitute products, psychotherapy and social rehabilitation programmes. They also cooperate with the AIDS Unit to care for HIV-seropositive subjects.

Luxembourg

There is a system of decentralized reception and information centres, including psychology guidance departments in schools and street workers networks. The therapeutic facilities include out-patient treatment centres, specialized psychiatric services, in-patient detoxification, therapeutic community and a post-treatment centre. The AIDS and drugs programme aims at reaching as many addicts as possible, and includes a network of street workers (including visits to hospitals and prisons), a pilot project on methadone substitution, a pilot project in the prison, and the preparation of a system for syringe exchange and free distribution of condoms.

Netherlands

Has the following principles for treatment and rehabilitation of addicts: a multifunctional network of medical and social services built up at local or regional level; easily accessible aid; the maximum use of unspecific services and the promotion of social rehabilitation of present and former drug abusers. The regional networks include non-residential services (field work, social counselling, therapy, methadone supply and rehabilitation); semi-residential services (day/night centres, day-care treatment, employment and recreation); and residential services (crises and detoxification drug dependence units and therapeutic communities).
In this network there are forms of assistance not primarily intended to end addiction, but to "harm-reduction": field work, initial reception, supply of substitute drugs, material support and opportunities for social rehabilitation. The AIDS prevention measures provide information on safe sex and safe drug use, offer new for old syringes exchange programmes and distribute condoms. These networks are based on various types of centres: medical consultation bureaus for alcohol and drug problems; municipal methadone programmes; social welfare services and residential facilities. The consultation bureaus also have a probation task in relation to the criminal justice system.

Portugal

There are insufficient treatment (outpatient, methadone substitution, theraputic community) facilities, and the existing ones are concentrated on the coast. More cooperation with social services is needed. The government coordinates 8 outpatient centres and two therapeutic communities. Methadone is administered in only one centre in Porto. One centre attached to Project Life (Taipas) is a specialized unit with an array of services (outpatient, inpatient detoxification, emergency service and day care centre). NGOs have an important role in the implementation of treatment and rehabilitation. There are plans to create penitentiary units. There is an agreement with a maternity clinic for the care of pregnant addicts, although insufficient. Care of addicts with AIDS is assumed from drug abuse treatment centres.

Spain

In 1989 there were in Spain more than 300 out-patient treatment centres, 120 therapeutic communities and more than 200 hospital beds for detoxification. Most out-patient services and half of the therapeutic communities are funded with public resources. The general services of health, in special primary care, have progressively more active participation in drug users' attention. Although there has been an important increase of resources in recent years, there are still waiting lists. There is a special programme for care of drug abusers in prison. Special risk-reduction activities have been developed to combat HIV transmission (including education programmes for high risk groups and methadone maintenance). The priorities are the following: increase coverage; diversification of treatment services;
improvement of care programmes for drug abusers having legal problems; and programmes evaluation. Rehabilitation efforts are concentrated around the promotion of the reinsertion in the socio-laboral environment. The participation of general social services in this process is potentiated. Occupational promotion is sought through training and support for youth cooperatives initiatives, and general promotion of employment alternatives.

U.K.

Government guidelines state that all DHAs should have access to the following services :

- advice and counselling;
- in-patient and out-patient facilities for detoxification;
- short-term residential rehabilitation facilities, including re-entry houses;
- hostel or other housing provision

In addition to developing, coordinating and monitoring the provision of drug treatment services locally, RHAs provide at least one specialist drug service; an expert Regional Drug Problem Team (RDPT) made up of professional medical, nursing and social care staff.

They are based at a Drug Dependency Unit, with full in-patient and laboratory facilitites.

The RDPT also gives experts advice, support and training for district services.

In Scotland and Wales detailed arrangements differ to take account of the different organisational and administrative structure to the national Health Service and local government; but overall policy relating to the provision of drug misuse services is the same as in England. Primary responsibility for the planning and provision of services with Health Boards and local authorities in consultation with the voluntary sector. Inter-agency Drug Liaison Committees have been established in all mainland Health Board areas to co-ordinate local action. In addition to their general allocations, some £2.2m per annum is currently being made available to Health Boards in Scotland specifically for the support and development of drug misuse services. A wide range of services for drug misusers has developed from a low base over the last six years, but some gaps remain, particularly in relation to residential crisis intervention and rehabilitation facilities.

STATISTICS AND EPIDEMIOLOGY

Belgium

A variety of regional studies, mostly among schoolchildren and other target populations, have been conducted over the past 10 years. With such a variety of survey methods, it is impossible to make any comparison at present between times and regions. No estimate has been made of the total number of addicts or drug users. A one-day prevalence survey was carried out in 1986, 1987 and 1988 in all treatment institutions in all three regional communities. An inter-community coordinating committe has been set up, along with a permanent observation unit on drug and alcohol-related problems.

A summary report for the three communities is now being drawn up, including national data from the various departments concerned. the German-speaking community has set up a "permanent measuring instrument", while the Flemish-speaking has an epidemiology working party. The three units are organized differently in the three regional communities, but work together with the Hygiene and the Epidemiology Institute nationally.

Denmark

Has annual reports from the counties based on drug abusers in treatment, as well as estimates of the prevalence of drug abuse and the characteristics of drug abusers in contact with service providers. The National Board of Health collects information on methadone prescriptions and the Institute of Psychiatry on drug-related admissions to hospitals. School surveys have been conducted in local areas, but there are no long-term observations. A project underway is a National Substance Abuse Profile, which will provide more complete nation-wide information.

France

France conducts an annual national statistical survey (by the Ministry for Solidarity and Health) at special consultation and treatment centres, and an epidemiological survey on drug addiction in prisons (conducted by INSERM - the National Institute of Health and Medical Research). At regional level, there is a monitoring network which collects and analyses indicators on drug abuse. Demographic studies are mostly related to licit drugs, but since 1978, other surveys have been carried out (by the INSERM) in schools on illicit drugs. Several sociological and anthropological, as well as evaluation, studies have been carried out. A permanent drug and drug addiction observatory is now being set up by the general delegation and all the ministries concerned.

Germany

Under the "Establishment-Based Information System" (EBIS), information is collected on addicts in some 300 outpatient centres. A survey is conducted every three years by the Centre for Youth Education on susceptibility to drugs among young people. Other studies have been conducted, e.g. extensive interviewing and HIV testing of drug addicts. The Ministry of Youth, the Family, Women and Health has for many years now conducted representative surveys of the nature and extent of drug use in particular age-groups. The survey currently in progress uses a sample of 19,000 people aged between 12 and 39, and for the first time includes what used to be the territory of the GDR. In-depth analysis of the survey results should bring out what factors operate on individuals in triggering and stabilizing drug abuse.

Greece

The department of psychiatry of Athens University, in connection with the Department of Youth has conducted several nation-wide and local studies: retrospective study of recorded drug addicts (73-83); a nation-wide general population survey (84); a nation-wide high school student survey (84); other high school surveys in Athens and in other major cities; and psychosocial studies on drug addicts.

Ireland

Ireland collects treatment-based data

Italy

Help centres and doctors send information on subjects receiving treatment to the Regional Epidemiological Observatories. The data are processed on a central basis by the Ministry of Health and cover the following aspects:

- Number of subjects taken into care through the year;
- Substances to which they are addicted ;
- Type of treatment (in 1989 33,000 subjects were treated with substitute drugs, around half of them with methadone; a total of 55% of subjects received substitute drug treatment, whilst 45% received only psychosocial treatment);
- Age and sex of persons receiving treatment.

These data are published (also in English) in the Ministry of Health's "Bollettino per le Farmacodipendenze".

The Permanent Observatory for the Drug Phenomenon, which is an instrument of the National Coordinating Committee for the Fight against Drugs and operates under the Ministry for Internal Affairs, carries out regular systematic surveys covering the whole country, in collaboration with state and local authorities. These surveys involve the collection of epidemological data on social and health aspects and the prevention and suppression of illicit drug traffic.

The main data published by the "Observatory" are as follows:

- the number, distribution and characteristics of drug addicts who have turned to the state health structures and residential therapy communities (situation on four specific days of the year).
- the number, distribution and characteristics of the state services and social rehabilitation structures.

Luxembourg

Luxembourg has statistics from the toxicological and pharmaceutical chemical division on forensic toxicology.

Netherlands

Has a reporting sytem based on drug treatment services, which, at this point, includes the Ambulatory Consultation Bureau for Alcohol and Drugs and the residential addiction clinics; and in 1991 it will be expanded to municipal methadone programmes and local rehabilitation services. The Central Bureau of Statistics reports on drug deaths and AIDS data are also collected. A study on "Acute death after misuse" was conducted in Amsterdam (90). Surveys have been carried out both at national (National School Survey 88) and regional/local level (Household Survey city of Amsterdam 89-90), several sociological (qualitative/descriptive) studies have been conducted. After positive experiences with anthropological techniques in several local studies on drug abuse, a continuous nationwide drug abuse monitoring programme is now under consideration. The Netherlands participate in the epidemiology programmes of the Pompidou group, directed to school surveys and city-based studies.

Portugal

The development of a systematic drug abuse data collection network is underway. This network is to be integrated in the European network called for in Resolution 89/C 185/01 of the Council of Health (EEC).

Spain

Spain has an on-going reporting system based on three indicators: outpatient treatment admissions, acute deaths, and non-fatal emergency room episodes (State Information System on Toxicomanies: SEIT). This system provides information on opiate and cocaine use at national and regional levels.
A retrospective study on drug related deaths was conducted in 6 Spanish cities (83-89). Several surveys, mostly regional, have been conducted between 84 and 89, but, since there was no standardized multiwave survey, trend assessment is not possible. Indirect indicators regarding drugs offer, are also available.

U.K

In Wales and all Regional Health Authorities in England have been asked to set up a database which collects anonymous data about clients attending both voluntary and statutory services and will enable Regions to monitor trends in drug misuse and the use of drug misuse services in their own Region and to plan future services.
A similar database has been established in Scotland. This information will be submitted to the Department of Health at six monthly intervals and used to monitor and evaluate the expenditure by Health Authorities and Boards of earmarked monies and to develop future policies. The database will also provide information required by the Home Office for the Addicts Index.

MANPOWER TRAINING

Belgium

There is no specific curriculum at university level on drug abuse. A number of universities have developed training modules for health, social work and education professionals to provide knowledge on treatment and prevention. One of them now offers a full second-level course, while even more recently, a new, more intensive programme (160 hours) has been organized by the provincial authorities, aimed at graduates in paramedical and social studies.

Denmark

Manpower training had a low priority at a national level until recently. In July 90 a model training programme was established. This programme is addressed at postgraduate training of staff dealing with substance abusers, with the long term aim to reform local treatment in general.

France

France has continuous national drug misuse training for general practitioners, organized by the Ministry of Solidarity, Health and Social Protection; practical organization is up to the regional authorities. There is also a national training scheme for professionals in after-care centres on problems related to HIV and a programme for pharmacists similar to the one for physicians. An information brochure for pharmacists has been published, to be followed shortly by another for local politicians.

Germany

Reports a need of general improvement in manpower training. This improvement means the extension of the range of multidisciplinary further training courses available (including judges, public prosecutors, and social services connected to the courts and the police).

Greece

A few sporadic actions have been carried out up to now. Meetings and short training programmes for health workers have been conducted with the aim to form small expert groups in the different regions.

Ireland

There is a programme for interdisciplinary training for people working in local communities which seeks to encourage community based responses.
One college offers a diploma course on addiction studies which provides specialized training for workers in direct contact with drug abusers and their families. Information resources such as a document for doctors and pharmacists with recommendations on the prescribing and dispensing of controlled drugs, and an information booklet on substance abuse have been produced.

Italy

At the moment there are no post-university training courses for doctors and psychologists working with drug addicts. Occasional initiatives by individual universities are limited to short, non-permanent courses. Staff training is currently entrusted to the regional authorities. Non-governement agencies provides for a national staff training plan specific to the needs of health service personnel and therapy community staff, together with permanent training structures. Special training programmes are also planned for staff involved in prevention. These will form part of a series of training actions promoted by the Ministry of Health through its recent financing of around 50 courses at national level to be organized according to guidelines drawn up by the Ministry itself for the following programmes: attitude training, training for staff involved in preventing the spread of AIDS among drug addicts, training for drugs workers and counsellors etc.

Netherlands

Several projects have been funded in order to stimulate manpower training in universities and professional education, post-graduate training and in-service training. These projects were meant for addiction treatment personnel and for personnel in general health care and social work facilities. The Netherlands Institute on Alcohol and Drugs provides many training programmes, which cover the whole range of treatment and prevention modalities.

Portugal

At this point, generalists start getting some specific information on drug abuse. It is considered to be of great importance and need to integrate training on drug abuse within medicine, psychology and nursing schools.

Spain

In 1987 the National Plan funded postgraduate university studies on drug abuse in five Spanish universities. Nowadays three Spanish universities offer a Masters in Drug Abuse. Other higher education institutions have included drug abuse education for their students. Schools of Public Health at the Autonomous Communities offer specialized training. Training packs are being produced to support courses for health professionals, teachers and parents. The Ministry of Education promotes training of teachers and parents.

United Kingdom

The Advisory Council on the Misuse of Drugs (ACMD) made a number of recommendations regarding the Training of professional staff who (may) work with drug misusers, but also of health care staff, teachers, youthworkers, health service managers and residential care staff. The Government has itself initiated a range of activities and supported others to help meet the financing needs identified in the ACMD's report. Teachers play a crucial role in making young people aware of the risks involved in drug taking. The Government also provides funds for a number of training activities. For example, it has provided pump-priming money for training courses run by the English National Board for nurses, and by the National Association for the Care and Resettlement of Offenders.

RESEARCH

Belgium

A number of universities have ongoing research covering different aspects of drug abuse (prevention, treatment and training) looked at from different angles : psychiatry, social psychology, medical sociology, hygiene and pedagogics, legal aspects, etc. Generally speaking, these projects tend to be isolated, apart from two coordinated projects involving a number of universities in the two main regional communities, centring on use habits and activities undertaken in the two communities. The inter-community coordinating committee and its ad hoc working party on epidemiology want to start work in 1991 on epidemiological research using a standard method throughout Belgium.

Denmark

A review on research from 1986 reported the existence of few integrated environments for substance abuse research, mostly by medical doctors, few by social scientists, and virtually none by humanists. There is a need for increased priority to be given to substance abuse research, specially aspects of prevention and control policy. In 1988, and for a trial period of five years an organisation and funding project to promote substance abuse research was initiated. It intends to promote educational possibilities for young researchers and the establishment of integrated environments for substance abuse research.

France

Research into drug addiction has always had an important place in France. The main areas covered are basic neuroscientific research, epidemiological, ethnographic and psychosocial research and, to a lesser degree, historical and legal research.

Germany

There are problems in research, since substance abuse professionals don't have, in general, adequate research training, and researchers in universities, on the other hand, haven't given enough attention to the subject. The areas needing improvement are: basic biological research, medicament development, interlinking available data systems, family background and drug use and different prevention aspects.
There is a need for coordination between the federal government and other bodies, as well as more committment from research institutions and their collaboration with treatment centres. At a national level an analysis of research requirements and potentials is under way.

Greece

Several epidemiological research studies have been carried out primarily by the University of Athens. In addition, Greece is participating in the development of methodology for reporting and survey systems in connection with the Pompidou Group. (2.2 million ecus).

Ireland

Ireland is participating in the setting up of a drug reporting system under the aegis of the Pompidou Group.

Italy

A considerable amount of drug dependence research is financed by the various ministries (health, internal affairs, universities, etc) and the regional authorities. The new drugs law includes provisions on coordination between the research promoted by the mentioned industries. Increased funding is needed if more in-depth research and monitoring of the phenomenon are to be made possible.

Netherlands

Has different lines of research: epidemiological studies (including methodology development for surveys and reporting systems in connection with the Pompidou Group), treatment evaluation studies, qualitative and descriptive sociological studies. There is promotion of research through funds from the Ministry of Welfare, Health and Cultural Affairs, the Ministry of Justice and the Ministry of Education and Science, also non governmental funds are involved.

Portugal

Research carried out up to the moment is very insufficient and with no specific support, although there is scientific potential to develop it. Some epidemiology studies in the school environment have been carried out in connection with the Pompidou group.

Spain

There has been an important increase in funding for research on fields associated with drug use. A specific line of funding for drug abuse research within the main Spanish research agency in the area of health is to be created. There have been some epidemiological and sociological studies and other research initiatives funded by the National and Autonomic Plans on Drugs. There is a need to define priority areas for research in the field of drugs. An information and Documentation and Centre was created in 1987 at the National Plan on drugs. Its documentary found (over 7,000 titles) constitutes a database named ELEUSIS that is fully computerized.

United Kingdom

The Department of Health and the Scottish Office have funded or commissioned a number of research projects and other studies relevant to the prevention of misuse, and the treatment and rehabilitation fo misusers. Research is carried out by a variety of people or bodies - independent researchers, university departments, and specialist units.