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**COMMUNICATION OF THE COMMISSION
TO COUNCIL OF THE SECOND REPORT ON
DRUG DEMAND REDUCTION
IN THE EUROPEAN COMMUNITY**

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1. GENERAL INTRODUCTION

- 1.1. On 26 June 1990, the European Council of Heads of State and Government 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.
- 1.2. On 8 November 1990, the Commission transmitted to the Council a first report on national programmes for drug demand reduction in the European Community.

The following conclusions were agreed by Member States in that report:

"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 are 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 the need 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 co-ordination of research efforts. Adequate funding and manpower resources are fundamental to ensuring that drug demand reduction (prevention, treatment and rehabilitation) is carried out effectively."

- 1.3. On 14 December 1990, the European Council adopted the European Plan to Combat Drugs expressing its satisfaction with the first report and recommending that the Member States provide the Commission, systematically and on an increasingly standardized basis, with the information needed to produce further reports at regular intervals.
- 1.4. On 4 June 1991, the Council and Health Ministers called for the inclusion in the report of Commission activities.
- 1.5. To respond to these various requests, the Commission convened three meetings of national experts on 30 April, 22 July, and 9 and 10 December 1991. A detailed questionnaire was agreed and transmitted to Member States. The actions and priorities at Community level were examined and the report and conclusions finalized.
- 1.6. Although the structure of information requested by the Commission followed the format of the first report, substantial progress has been made in providing more complete and comparable information on the basis of a much more detailed questionnaire completed by Member States. This report also summarizes the Commission activities providing thus a more comprehensive picture at Community level.
This document, including the national reports, should be read in conjunction with the first report.

2. OVERVIEW

2.1 IN MEMBER STATES

Following the recommendations of the Health Council and of CELAD (European Committee to Combat Drugs), a meeting was held with National Experts (29-30 April 1991) to seek their advice on ways to improve the structure and content of the Second Report on Drug Demand Reduction. Following this meeting, a draft questionnaire was prepared and further discussed with national experts (22 July 1991), who gave their general approval to the structure and contents of the questionnaire. The questionnaire was finalised, by taking into account the suggestions for improvement from national experts, and sent to the National Authorities through their permanent representations by the end of July, requesting completion by October 15, 1991.

This section is a synthesis of the main points to emerge from the questionnaires completed by Member States. It is primarily concerned with the extent to which information is available on drug demand reduction activities (primary prevention, harm reduction, treatment and rehabilitation) in terms of:

- availability of data on service provision;
- availability of data on service utilisation;
- extent to which these activities have been evaluated;
- sources of information and methods that are used to assess and monitor the drug phenomenon;
- availability of information on manpower training;
- types of research and availability of results.

Few actual data were provided by most Member States. The emphasis of this report is on what is available in Europe as a whole, rather than on detailing the situation in individual Member States.

The purposes of the data collection process were to attempt to:

- achieve more detailed knowledge on the status of drug demand reduction policies and actions in the European Community;
- obtain an overview of the differences in emphasis given to various aspects of drug demand reduction;
- assess the availability of different types of data on drug demand reduction initiatives;
- improve the mechanism for collecting data for future reports based on the experience of this exercise.

This report is inevitably constrained by several factors:

- the questionnaire was not completed to the same extent or in the same detail by the Member States;
- the extent to which respondents in different Member States were aware of the full range of demand reduction activities (especially at regional or local level);
- the length of the questionnaire, and the short time for reply meant that the information is not necessary complete.

The conclusions that have been drawn up (section 2.1.7.) should, therefore, be treated as tentative rather than definitive.

2.1.1. POLICY MAKING AND LEGAL BACKGROUND

Policy making

All Member States reported having some mechanism for national co-ordination of actions taken in relation to illegal drugs and drug abuse. The nature of these mechanisms varied from highly structured systems including special bodies with their own budget and administration, which are in charge of implementing national policies, through inter-ministerial co-ordination committees, to less structured arrangements in which the main responsibility for co-ordination in specific areas lies with a particular ministry or ministerial group. These national co-ordination mechanisms include, in all cases, the Ministries of Health and Education and in most cases, the Ministries of Social Affairs and Interior/Public Order. Less frequently, the Ministries of Justice, Youth, Employment, Finance, Culture, Sport, Family, External Affairs, and Defence are involved.

In most Member States, the regional authorities are responsible, to a larger or smaller extent, for the planning and administration of prevention and treatment services. In all cases, local administrations are responsible for the development of responses to the local drug problems.

Several Member States presented policy changes tending towards greater reliance on the private and voluntary sector for the provision of drug related services (Greece, Italy, Netherlands, United Kingdom). An emphasis on decentralisation was also indicated (Spain, Italy, Netherlands, United Kingdom). A shift towards more action against trafficking (Italy), and consumption in public (Spain) was combined with increased facilitation of treatment as an alternative to jail sentences for drug-related crimes committed by drug addicts (Greece and Italy). France reported the evaluation of governmental drug demand reduction initiatives. France and Italy reported the creation of a monitoring centre. Most Member States have ratified, or are in the process of ratifying, the 1988 UN Convention on Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Legislation

- **General.** Most Member States refer to the existence of a general law on drug abuse.
- **Drug use and possession.** Although drug possession is illegal in many Member States, it is rarely prosecuted per Se, except in Greece, where a sentence is served in special correctional institutions of therapeutic character, and in the UK. Drug use in public is subject to administrative penalties in Spain, and drug possession above certain quantities is considered trafficking in most Member States and therefore prosecuted. In the case of Luxembourg, distinctions are made between individual and group use, but not between "hard" and "soft" drugs.
- **Compulsory detoxification/treatment** can be imposed on drug abusers instead of jail sentences for drug-related crimes in several Member States (Greece, France, Luxembourg, Portugal). In Germany, treatment can be forced on an addict when there is danger to self or to a third party, although it is rarely used.
- **Voluntary detoxification/treatment** is not legally regulated, but is anonymous and free-of-charge in the great majority of Member States. In Germany, Spain and Netherlands, voluntary treatment can be a substitute for jail sentences for drug related crimes committed by drug addicts.

- **Prevention of the transmission of infectious diseases.** The sale of syringes is not regulated, but permitted in most Member States. In several countries, needle and syringe distribution or exchange schemes are limited, and, in most cases, are experimental in nature (Germany, France, Luxembourg). In certain other countries they are widely available (Denmark, Netherlands and the UK). Substitution treatments are, in some cases, allowed but restricted (Germany, France, Luxembourg, Portugal), in others prohibited by law or not commercially available (Greece), and in others widely available under physician control (Denmark, Spain, Italy, Netherlands, United Kingdom).
- **Tests in body fluids** are used generally to monitor drug users in treatment programmes or under certain legal circumstances. In one country (Spain), regulations on their use are included in laws which affect areas, such as road safety and sports, as well as some specific professionals. In France, there are legal limitations to drug abuse screening in the workplace. (A specific EC report on this subject is in preparation)
- **Work place.** Few Member States have special provisions in this area. Two Member States (Spain and Italy) are preparing regulations aimed at preventing drug-related occupational risks. In the UK, drug taking is prohibited through employment contracts, for certain positions, and violation may lead to dismissal. In Italy, special protective provisions apply to workers who voluntarily enter treatment.

Levels of funding

The levels of funding vary substantially according to, among other factors, the size of the population, the perceived magnitude of the drug problem, and the resources in the country.

2.1.2. PRIMARY PREVENTION

Main types of primary prevention

The most commonly used primary prevention activities in the European Community are school-based: drug education within general health education, AIDS education included in general health education, and 'teaching packs' for use in the classroom. Less common, but also frequently used in some Member States, are special drug education programmes.

Following in frequency are some prevention approaches aimed at the general population, such as mass media campaigns (although two Member States, Denmark and the Netherlands, don't use them at all), information packs for professionals, and training of health, social services, and youth workers.

The following initiatives are, in general, used on a limited scale in Member States: leisure time activities, training of teachers, local community and special population groups campaigns, and designated drug prevention personnel in schools.

Other types of prevention interventions are less common. Peer prevention, programmes involving parents, parent education, student counselling services, and special prevention staff in social and health services are used on a limited scale in most Member States or not used at all in a few.

Workplace programmes and the assessment of the local situation are rarely used.

Availability of data on provision of primary prevention

(1) Community activities

Most Member States have relatively comprehensive information available at the national level on mass media campaigns, the distribution of prevention materials, and the dissemination of information to professionals. Less information is available concerning local community campaigns, the provision of designated prevention personnel in health and social services, leisure-time activities, and peer prevention or workplace programmes. Little structured information is available in Denmark, Greece and Luxembourg. In Member States such as Germany, Spain, France and Italy, information is also available at regional or local level.

(2) School activities

The majority of Member States report that relatively comprehensive national information is available on school drug prevention programmes and on the materials that have been developed. However, information on the development of drug prevention within the broader context of health education is more commonly available at local rather than national level. Information on teacher training and the provision of designated prevention staff in schools is more varied. In some Member States, this is available at a national level, in others, only at a local level. There is little systematic information available on school prevention in Denmark, Greece, and Luxembourg, though some could be obtained.

(3) Financial resources

Most Member States have relatively full information on funding provided by central government, but much less on the financial contribution of local authorities or voluntary/private sources.

Availability of data on utilisation of primary prevention

(1) Community prevention

Relatively comprehensive data were only available regarding the details of mass media campaigns and the nature of prevention materials distributed. Where pilot or demonstration projects had been implemented, comprehensive information was usually available. Few Member States have information available on local community campaigns, on the training of professionals (apart from the distribution of information packs or guide-lines), and on peer prevention or workplace prevention projects.

(2) School-based prevention

About half the Member States can provide relatively full information on the nature and extent of drug education programmes in schools, and on the number and sorts of teaching packs that are distributed, though fewer have information on the proportion of children who receive drug education or on the proportion of schools with staff trained in prevention. Few Member States have information concerning the extent of involvement of parents or school counselling services.

Although data on the education and prevention resources or their utilisation are reported to be currently available, even at a national level by most Member States, very few are provided. In some cases, information on the bodies responsible for such information or on projects collecting related information is included.

Data on provision and utilization of prevention activities

Belgium reports on the distribution of an information pack for primary schools on general health education, including drug education, as well as on two campaigns: "Drink in moderation" and "Talk with your children about drugs".

Spain provides details on a mass media campaign, an information system on prevention activities, and a drug information manual for professionals.

Ireland reports on the initiation of two projects at a national level: a substance misuse prevention programme in secondary schools, and a parent education programme.

Data on evaluation of primary prevention

Those Member States that have used mass media campaigns (the majority) have also evaluated them. The evaluation of other primary prevention activities is less common, though local community campaigns, school programmes, peer prevention, training of professionals and designated prevention professionals in social, health and educational services have each been evaluated by a few Member States.

Only four Member States report that the data from evaluations are collated.

One Member State (France) reports on the evaluation of a spot on national TV and of priority education zones; another (Greece) reports on the evaluation of integrated school-local community projects; Italy refers to an evaluation of a national mass media campaign with positive results in terms of the acquisition of the message by the users; and Luxembourg, on the assessment of the impact of a mass media campaign on drugs and AIDS, as well as a methadone programme, although no details on the campaigns or the evaluation processes are provided. A fifth Member State (Spain) describes the development of a questionnaire to analyse drug abuse prevention programmes, and its pilot testing in various parts of the country, as well as a study on mass media campaigns although no details on the outcomes are provided. The UK refers to evaluations of mass media campaigns and of 20 local community prevention initiatives.

2.1.3A HARM REDUCTION

Main types of harm reduction activities

Some Member States noted that it is difficult to draw a clear distinction between harm reduction activities and treatment. In some areas, there is thus considerable overlap between them.

Facilitating access to health services is the most common harm reduction initiative in the EC, followed by drop-in services, screening of drug abusers for hepatitis B and HIV antibodies, and the distribution of information packs to drug abusers. Special projects on drugs and AIDS are implemented in prisons in most Member States. All of these activities are common in at least half of the EC Member States, and are used to a certain extent in the rest of them.

Following in frequency are helplines, material and social support for drug abusers, training of professionals, and street outreach projects. This group of initiatives are used in all Member States, although to a more limited extent than the previous group.

Initiatives such as crisis intervention services, safer sex education, and supply of substitute drugs show a difference in approaches between Member States. While some of the Member States implement them commonly, others don't employ them at all, and a majority use them to a limited scale.

In the case of needle exchange programmes, condom distribution, and media campaigns aimed at abusers, the situation is similar to the previous group, although the number of Member States using them frequently is smaller.

A last group of activities, hepatitis B vaccination, and bleach and other syringe cleaning projects, are either used to a limited extent or not used at all by Member States.

Measures aimed at specific drug user subgroups

Measures aimed at specific drug user subgroups are not commonly employed in Member States. The user group to which activities are most frequently addressed are HIV+ drug abusers, followed by prisoners. For these two groups, all Member States have special programmes, either on an extended or limited scale.

Following in frequency are programmes for pregnant women and female prostitutes, which in most Member States have limited availability.

Programmes for male prostitutes, ethnic minorities, and drug abusers with children are limited or not available.

Availability of data on provision of harm reduction interventions

(1) Number of projects

In all Member States with drug substitution programmes, or projects for drug users in prisons, comprehensive information was available at national and/or regional/local level (depending on whether such projects were national or local). This was less true of other activities. In some Member States with substantial needle-exchange programmes, such as the United Kingdom and the Netherlands, information on such programmes was available though incomplete and tended to be more comprehensive at a local level. In Germany, extensive, though incomplete, information is available through local, regional and federal lists of facilities and demonstration projects. Although most Member States reported outreach projects, information was often considered to be partial or only available at a local level.

(2) Resources allocated to harm-reduction activities

Few Member States have comprehensive information on resources allocated to the various activities. In some cases, this was because resources were provided within general health and social care systems. The exceptions tended to be specific activities for which separate resources were earmarked, such as helplines or media campaigns aimed at drug users.

(3) Funding sources

Relatively comprehensive data were available regarding central government funding, and in certain Member States with a federal structure, at a regional level. Much less information was available regarding other financial sources.

Availability of data on utilisation of harm reduction services

(1) Annual number of drug users making use of services

This information is not comprehensively available at a national level in most Member States, except, where relevant, for programmes involving substitution drugs (usually methadone) and for helplines. Incomplete data are available, in most Member States where the relevant services exist, regarding needle exchanges, specific prison projects, drop-in/crisis centres, and HIV/hepatitis screening. Otherwise, information tends to be variably available at a local level, with rather little systematic information on the utilisation of information services, outreach projects, material and social support. The main exceptions are specifically-funded pilot projects in individual Member States.

(2) Distribution of harm reduction materials

Some Member States have information, though not always comprehensive, on the approximate numbers of syringes distributed/exchanged. Otherwise, little information is available on the distribution of condoms or information packs to users, or on professionals trained regarding harm reduction. Some information is available at a local level in a few Member States.

(3) Characteristics of drug users contacted.

Some information is available from most Member States, though this is usually based on selected sorts of services (e.g. methadone programmes, needle exchanges, drop-in services, outreach projects). In some Member States, such as the Netherlands and France, the information is available from a range of services. In others, such as Germany, Greece and Portugal, it is mainly available at a local level.

Data on provision and utilisation of harm reduction measures

Although most Member States report that they have currently available data on various indicators of services availability and utilisation, few actual data are provided.

Italy reports the existence of methadone programmes in all 500 drug dependency units in the country, where 20,000 persons were administered methadone in 1990.

The Netherlands describes its needle exchange programme, which consists of 130 needle and syringe exchange schemes in 58 municipalities. During 1989, for example, 820,000 syringes were exchanged in Amsterdam. Methadone maintenance has existed for some time, and the number of clients on methadone is stable.

Spain provides a description of its prison programmes, the introduction of more flexibility for methadone maintenance programmes (there are 50 methadone dispensing centres, which treated 3,023 people in 1990), an anti-AIDS kit distributed by pharmacists (500,000 kits distributed in one year), and a mobile prevention unit.

Availability of data on evaluation of harm reduction

Almost all of the 17 different activities listed have been evaluated in some way by at least one country. However, in most cases, insufficient detail was available to be able to assess the type or scale of the evaluation concerned. The more commonly evaluated activities reported (by five or more Member States) were: methadone supply, needle exchange or provision, helplines, condom distribution and safe sex education (for drug users). Other activities whose evaluation was mentioned by three or four Member States were: drop-in centres, crisis intervention, screening for HIV/Hepatitis B, facilitating access to health services, material and social support, information provision, AIDS and drugs in prison, outreach, and training of professionals.

Data on evaluation of harm reduction

Although most Member States report that evaluations have been carried out, few data from those evaluations are furnished. France reports on an ongoing evaluation of outpatient care centres, a programme for mothers and pregnant women, and a methadone programme. Luxembourg has evaluated a methadone maintenance programme, which rendered positive results, since progress was made by most of the participants, and the continuation and extension has been decided. Spain reports on the evaluation of an anti-AIDS kit, and the Netherlands and the UK on the evaluation of needle-exchange schemes.

2.1.3B TREATMENT AND REHABILITATION

Main types of treatment and rehabilitation services

The most common approaches to treatment and rehabilitation are therapeutic communities, street agencies and drop-in centres, drug-free detoxification and/or treatment, and after-care support programmes. This group of services is commonly used in at least half of the Member States, and available to a limited extent in the rest.

Following in frequency are inpatient detoxification, prison programmes for drug abusers, half-way houses and methadone maintenance. These initiatives are widely available in a few Member States, limited in most, and not used in up to one Member State.

Activities such as social counselling and housing services, occupational therapy, day hospitals, job placement or employment facilitation, and self-help groups are less common in the EC as a whole.

Approaches such as low threshold treatment options, crisis centres, family support programmes, follow-up after release from prison and foster families are even more limited. Finally, methadone prescription by general practitioners is used in few Member States.

Special services for specific subgroups

In general, specific subgroups, such as drug users with AIDS or who are HIV antibody-positive, are treated within the usual services for drug users or AIDS patients. Few segregated services were reported.

Some Member States reported services that take special account of drug abusing pregnant women and long-term drug abusers.

Finally, few Member States have programmes for drug users who are on probation or who have legal problems. Similarly, programmes for children of drug abusers are not common.

Types of staff involved

Psychologists, social workers and psychiatrists are frequently part of the staff of treatment and rehabilitation services in practically all Member States. The participation of general practitioners and educators in these services is more limited.

Availability of data on provision of treatment and rehabilitation services

(1) Number of services

Almost all Member States have relatively full information at national, regional and local level regarding the number of specialised services for drug users. Information on services provided within general social and health care systems is much more incomplete.

(2) Geographical distribution of services

Similarly, the geographical distribution of these services is known in almost all cases.

(3) Treatment capacity

The treatment capacity of specialised services is known in most, though not all Member States, in terms of residential provision. This is less true of non-residential provision, at least at a national level, though the information is more likely to be available locally. In addition, the concept of "capacity" of non-residential services is less clear.

(4) Financial resources

Information is usually only available at a national level for central government spending, or at regional/local level for local government funding.

Availability of data on utilisation of treatment and rehabilitation services

(1) Annual number of drug users treated

Over half the Member States report that they have relatively comprehensive data, both at national and local level, on the number of drug users treated by specialised services. Most other Member States have some incomplete data. Data from general services is not usually available.

(2) Number of first treatment demands

About half indicate that this information is available from specialised services.

(3) Time lag before first treatment demand

Less than half have this information.

(4) Profile of treated clients

Most Member States have available information, from specialised treatment services, on age, gender, main drugs, route of administration. About half can also provide one or more of the other items (time usage, ethnicity, employment status, HIV status, previous treatment experience).

(5) Treatment data

Most, though not all, have information on the type of treatment given. Fewer (under half) can provide data on the proportion of clients completing treatment, the duration of treatment, or the reasons for leaving.

(6) Number of drug users entering and/or treated in prison

Most Member States report that they have relatively comprehensive information on both these items.

Data on provision and utilisation of treatment and rehabilitation

Three Member States supplied actual data on their treatment and rehabilitation services.

Spain has 47 hospitals with detoxification units (212 beds), 62 therapeutic communities (1,879 treatment slots), 403 outpatient treatment centres, and 71 treatment centres with methadone maintenance programmes. In 1990, 25,118 clients were treated, 5,546 at hospital detoxification units, 2,790 at therapeutic communities, 3,023 with methadone maintenance, and the rest at drug-free outpatient centres.

The specialized network for the care of drug abusers in France includes 6 specialized hospital units, 155 outpatient care centres for drug abusers and their families, 16 drug programmes in prisons ("Antennes Toxicomanie"), 39 therapeutic and post-rehabilitation communities (post-cure centres), 21 half-way houses, which have a total capacity of around 1,000 places, and 250 foster families.

Italy has 531 public drug dependency units and around 478 private residential communities, which treated, respectively, 65,000 and 10,000 drug users in one year. These clients were mostly male (4:1), had a medium age of 26 years, their main drug was mostly heroin, and 30% received methadone.

Availability of data on evaluation of treatment and rehabilitation

Less evaluation was reported in the area of treatment and rehabilitation, possibly because some had already been included under the previous section. The only Member States reporting a range of evaluation studies were Germany, the Netherlands, and the United Kingdom, though in Spain data are available on the outcomes of inpatient detoxification, and in Ireland on methadone programmes. Several Member States are planning studies in this area.

2.1.4. INDICATORS OF DEMAND FOR ILLICIT DRUGS

Availability of data on drug use in general population

As the table below shows, various surveys of drug use in the general population, or in sections of it, have been conducted in most Member States. The most frequently studied populations are school children and general populations, covering different age ranges. Surveys on students, military personnel, and prison inmates are less frequent. Italy has planned several surveys, among them one on prevalence from urine evidence of opiate metabolites in Army recruits and university students (anonymous unlinked testing). The United Kingdom has conducted sports surveys on the use of anabolic steroids. The most recent school survey in Ireland is a follow-up (1990) of a study of "Smoking, drinking and other drug use among Dublin post-primary school pupils".

These, however, are mainly ad hoc surveys conducted either at national, or more commonly, at regional or local level, rather than regular survey series. The advantage of repeated surveys, as long as they use consistent methods, is that they allow trends to be monitored. Furthermore, although a single survey may be biased, for example due to under-reporting or exclusion of important high-risk groups, when repeated every few years, they give a more reliable indication of changes, since it can be assumed that the bias remains relatively consistent.

Only in Germany (national population survey and regional school and youth surveys), one city in the Netherlands (household survey), one region in Spain (household and youth survey), and one area of Greece (school survey) were surveys that have been repeated using the same criteria reported.

Surveys

	General	School	Student	Conscript	Other
Belgium	R L	R L	L	N	
Denmark	N	N R L		R	
Germany	N R L	R L	R L		youth
Greece	N R L	N R L	N R L		
Spain	R L	L	N L		
France		L	L	N	
Ireland	L	N R			Pregnant women
Italy	(P)	(P)	(P)	(P)	
Luxembourg		N			
Netherlands	N L	N L			prison
Portugal		R L	R L	N R L	prison
United Kingdom		N L	L		

N = national, R = regional, L = local, (P) = planned

Availability of data on indirect indicators of drug use trends

(1) Demand for treatment

Almost all Member States collect information on the demand for treatment from specialised drug services. However, as far as could be ascertained from the questionnaires, the types of services covered, the extent of that coverage, and the methods of data collection varied considerably.

In Germany, Spain, and Italy, for example, the data are derived from routine reporting systems organised on a two or three tier basis (local - regional - national). The French Community in Belgium is experimenting with the use of a common registration form for data are derived from an annual survey of treatment centres. In the United Kingdom, there are two systems, the first being a national system based on mandatory notification of opiate/cocaine addicts by doctors, the second being a new regional system of voluntary anonymous reporting by a wide range of agencies. In Ireland, data include a representative range of statutory and voluntary treatment services in a defined Dublin area. Similarly, definitions of first treatment demand also appeared to vary.

Data on Treatment Demand

	Treatment demand (overall)			First treatment demand		
Belgium		(R)				
Denmark	N	R	L	N	R	L
Germany	N	R	(L)	N	(R)	(L)
Greece						
Spain	N	R		(N)	(R)	
France	N			N		
Ireland		R			R	
Italy	N	R	L	N	R	L
Luxembourg	(N)			(N)		
Netherlands	N		(L)	N		(L)
Portugal	(N)	(R)	L	(N)	(R)	L
United Kingdom	(N)	(R)	(L)	(N)	(R)	(L)

N = national, R = regional, L = local, () = partial
Partial means incomplete coverage of treatment centres and treatment demands.

(2) Drug-related deaths, non-fatal emergencies and other complications

Most Member States have some data on drug-related deaths, usually those arising as a direct result of drug consumption (e.g., fatal overdoses). In some Member States, data on indirect drug-related deaths are also available, though in most cases there was no indication of the criteria used. There were considerable differences in the sources of data on drug-related deaths, and whether toxicological analysis or autopsy was used. A current EC-funded study of drug-related deaths highlights many of the problems of defining, interpreting, and comparing drug-related deaths.

Very few Member States have data available on emergencies. The main exception is Spain, which routinely collects data on opiate and cocaine-related emergencies from a panel of hospitals in most of the regions. Apart from reporting confirmed AIDS cases and deaths to WHO, almost all Member States have data available on HIV antibody prevalence in various samples of drug users.

Several Member States indicated that data were available on viral hepatitis in relation to drug use, but in most cases the data were considered incomplete.

Data on Medical Consequences of Drug Use

	Deaths		Emergencies		Complications among drug users	
Belgium	(D)	(I)			(H)	HV
Denmark	D	I				HV
Germany	D	I				HV
Greece	(D)	(I)	(OD)		(H)	(HV)
Spain	D		OD	(O)	(H)	HV
France	D		(OD)		H	HV
Ireland			(OD)	(O)	H	HV
Italy	D	(I)			(H)	(HV)
Luxembourg	D	(I)				
Netherlands	D	I				(HV)
Portugal	D				H	HV
United Kingdom	D	(I)			(H)	(HV)

Deaths: D = direct, I = indirect,
 Emergencies: OD = overdose, O = other,
 Complications: H = hepatitis, HV = AIDS or HIV
 () = partial/can be obtained/in development

(3) Other indicators (health and non-health related)

Little information was provided here. It was clear from other parts of the questionnaire, however, that most, if not all, Member States have data from enforcement agencies concerning seizures of illicit drugs, police arrests of suspected drug offenders, and court statistics on drug-related convictions. Some Member States also have data on price/purity of illicit drugs. Other indicators mentioned included thefts from pharmacies and traffic accidents.

Other measures of drug use

This section was not answered in much detail by most Member States.

(1) Measures of known prevalence

Italy and the United Kingdom mentioned estimates based on reporting systems, and the Netherlands and the United Kingdom on local case-finding studies (also planned in Ireland and Portugal).

(2) Estimates of total prevalence

Germany, Spain and Netherlands indicated that population surveys had been used to project total prevalence, usually at local or regional level rather than national. Various statistical methods have been used, or are planned in Germany, France, Italy, the Netherlands, and the United Kingdom. In Denmark, they are based on estimates by key professionals. In Ireland, there are none at the moment, but plans exist to consider ways of obtaining estimates.

(3) Estimates of drug users in prison

Relatively full data on drug users in prison were reported to be available at a national level for seven Member States (Denmark, Greece, Spain, France, Italy, Luxembourg, and Portugal).

(4) Qualitative and other studies

Only Denmark, the Netherlands and the United Kingdom indicated that qualitative data from ethnographic studies were available.

Drug abuse reporting systems

The data reported to be available here largely duplicated that described in section 5.2. It should be noted, however, that the concept of what constitutes a reporting system varies considerably between Member States.

National information collection centres

All Member States have either designated, or are setting up, some form of structure or centre(s) for collating data on drug use from different sources of information. There appear to be large differences between Member States, though insufficient information was provided to draw comparisons. In several Member States, the data are not all collected by a single centre. In most Member States, reports (usually annual) are available, though their coverage varies according to the department concerned. Few Member States appear to have reports that synthesize information from all different sources on a regular basis.

Information Collection Centres

	Centre/structure	Periodic reports
Belgium	planned	OCRTIS (Seizures, arrests) "Rapport de synthèse intercommunautaire"
Denmark	yes	Nat. Board of Health
Germany	yes	Police EBIS (treatment) Bundesgesundheitsamt (HIV/AIDS)
Greece	planned	Min. of Health and Social Security. Public Order and Justice (deaths, arrests, crimes, seizures) Dept. of Social Affairs
Spain	yes	Sistema Estatal de Informacion sobre Toxicomanias (treatment demand, emergencies, deaths) National Plan on Drugs
France	planned	SESI (Min of Social Affairs) OCRTIS (Min. of Interior)
Ireland	yes	Min. of Health Through the aegis of the Pompidou Group
Italy	yes	Min. of Health Min. of Interior
Luxembourg	planned	Ministry of Health Police
Netherlands	yes	Consultancy Bureaux for Alcohol and Drugs (treatment) National Inspectorate
Portugal	yes	
United Kingdom	yes	Home Office Annual Statistics on Drug Misuse Institute for the Study of Drug Dependence Drug Misuse Trends

Data supplied on prevalence, trends and consequences

Surveys: Data from general population surveys in three Member States (Germany, Spain and the Netherlands) are provided. These surveys were conducted over different periods, covered diverse age ranges, and used dissimilar methodologies. These facts make it impossible to compare figures between the three Member States.

In all Member States, cannabis is the most commonly used drug. In some Member States, amphetamines and/or cocaine are more widespread than heroin, although most of the drug-related problems and demands for treatment are associated with heroin. The use of benzodiazepines is not widespread, but associated with opiates in emergencies and deaths in Spain. Data from Germany indicated an increase in the use of drugs between 1986 and 1990, which was due mostly to increased use among 18-29 year olds.

Treatment: In general, drug addicts in Denmark are using more than one drug. In 1989, 1,943 persons received methadone maintenance, all of which were injecting the substance. On the other hand, 3,326 were treated in treatment centres, among which 68% were injecting. There is a certain overlap between the two groups.

The following data from Germany are estimates for the total 600 facilities of which 300 are outpatient services. In 1990, 14,100 heroin and other opiate addicts, 550 cocaine users, and 3,300 other drug users were treated. According to an estimate based on 6,500 residential slots, with a 90% annual utilisation rate and an average duration of treatment of 5 months, 6,500 heroin and cocaine addicts were treated in residential facilities in 1990.

Spain collects data on opiate and cocaine users undergoing treatment in 300 outpatient centres through out the country. In 1990, 25,118 persons received treatment, for 97%, the main drug was heroin (24,158), and for 2.4% (598) cocaine. The mean age of the clients was 26.23 years (increasing in respect to previous years), and 83% were male. There is an upward trend in treatment admissions, and although the number of cocaine admissions is relatively low, it is increasing.

In France, the number of people treated in medical and social institutions increased by 18% between 1989 and 1990, and by 42% from 1987. Among those treated, 73% are male, and with their mean age continuing to increase, reaching 26.9 years in 1990. Heroin was the main drug for 53.6% of the patients, followed by cannabis (17.6%), psychotropic medicines (10.4%), and cocaine (1.9%), although 50% were multiple drug users.

Ireland reports that 2,037 people were treated in the greater Dublin area during 1990. The main drug of abuse was heroin or other opiates for 1,613, marijuana for 233, cocaine for 16, amphetamines for 7, and others drugs for 168.

Italy reports an increase in demand for treatment, which reached 65,000 in 1990. The main drug was heroin for 60,000, marijuana for 4,000, 500 for cocaine and 500 for other drugs. Among those treated, there were four males for each female, and their mean age had increased to more than 26 years from 24 years in 1985. The proportion of HIV+ ranged from 10% in Naples to 60% in Milan, with a national average of 40%.

Luxembourg data indicate an increase in the age of first-time applicants, as well as in the number of requests for treatment.

More than 16,000 clients were treated in 1989 in the Netherlands, of which 37% received methadone.

Drug-related deaths: There were 1,478 drug-related deaths in Germany in 1990, 487 more than in 1989 (a 49% increase). A possible explanation offered by Germany is the progressive debilitation of long-term users, in conjunction with high degrees of purity of drugs in the market, and the relatively high number of the population in the higher risk age groups due to the increased birth rates of the 1960s.

An upward trend was evident in Spain between 1983 and 1990, although the numbers between 1989 and 1990 remained similar (466 drug-related deaths in 1990 in 9 cities). Among these deaths, heroin and morphine derivatives were found in the blood of the deceased in 94% of the cases, benzodiazepines in 47%, and cocaine in 25%.

France experienced a steep rise in the number of drug-related deaths, from 127 in 1985 to 350 in 1990 (a 176% increase in five years).

There were 1,147 overdose deaths in 1990 in Italy, a increase compared to 1989, though a reduced rate of growth compared to previous years.

There were 52 drug-related deaths in the Netherlands in 1989.

In Portugal, there were 81 direct drug-related deaths in 1990.

In the United Kingdom almost 300 previously notified addicts died in 1989. Drugs caused or were implicated in about 60% of addict deaths over the last ten years. Drug dependence, non-dependent abuse of drugs, and poisoning by controlled drugs were associated with almost 1,200 deaths in 1989. The total number of deaths, where drug dependence or non-dependent drug abuse was considered to be an underlying cause, more than doubled between 1979 and 1989.

Non-fatal drug-related emergencies. Data from this indicator are available in a few Member States (Greece, Spain, and France).

In Spain, 60 hospitals from 14 Autonomous Communities reported on non-fatal hospital admissions associated with opiates or cocaine. In 1990, 20,591 heroin-related cases were reported, and 723 associated with cocaine. There was an increasing trend between 1989 and 1990, when 93.4% of the cases were associated with heroin, and the majority were from organic causes.

Other medical or social indicators. AIDS/ARC/HIV cases, and their association with intravenous drug use (IVDU) are recorded by nearly all Member States. In Spain, 70% of all AIDS cases were IVDU (5,670 by March 91), and 40% of treatment admissions and 75% of drug-related deaths were HIV+, a very important problem in Spain.

Forty-four percent of notified AIDS cases in Ireland are drug related, mainly due to the high number of IV drug users.

Viral hepatitis and other infections associated with the use of drugs are registered by a few Member States, mostly in an incomplete form (Greece, Spain, France, Italy, and Portugal). In Spain, 70 hospitals participate in a voluntary information system on hepatitis B and other drug use associated infections. This system shows a decreasing trend in hepatitis B and candidiasis.

Non-health indicators. Three Member States mention the use of non-health indicators, such as police arrests, number and quantity of seizures, and price and purity. Spain reports a dramatic increase in the number of arrests and seizures in the last ten years, mostly between 1985 and 1988, after which only those associated with cocaine have increased. Luxembourg reports a worsening in the drug situation, marked by an increase in the number of minor drug users and first-time offenders. Ireland reports a 48% increase in seizures of illicit drugs between 1989 and 1990, and a similar trend in the number of persons charged for drug offences (54% increase).

Drug users in the penal system

Among people entering prison in Spain in 1990, 41% were heroin users and 40% used cocaine (there is some overlap between these two groups). A survey of prisoners in the Netherlands showed 30% to be drug users (excluding cannabis). Other Member States, such as Denmark, Greece, Luxembourg and Portugal collect data on this topic.

2.1.5. MANPOWER TRAINING

Only limited amounts of information were provided for parts of this section.

Main types of training provided

Relatively little training occurs in universities. In Greece, Spain, France, Ireland, Italy, and the Netherlands, there is some pre and post-graduate training available in curricula. Otherwise, it is generally limited to occasional courses. Somewhat more training is provided by local, regional or national health/social/education authorities, either in the form of seminars or inter-disciplinary short-term courses, or through in-service continuing education. NGO's are important providers of training in Germany, Spain, the Netherlands and the United Kingdom, through inter-disciplinary courses, seminars, and in-service training. The dissemination of resource information is also reported as important by some Member States.

Availability data on training Programmes

Relatively few data are available in most Member States, apart from Spain, France, Italy, the Netherlands, and the United Kingdom, regarding the characteristics of these training programmes. Very little information was provided by most Member States regarding their utilisation.

Data on provision and utilisation of training programmes

Belgium reports on the existence of Master courses at the Universities of Mons and Liege.

Spain has three postgraduate drug abuse specialised courses in State Universities, in cooperation with a private foundation. These courses require 280 hours (1 year) or 640 (2 years). Interdisciplinary courses are of variable duration, mainly between 15 and 30 hours per course.

Availability of data on evaluation of manpower training

Three Member States have evaluated university courses and information materials. France has evaluated postgraduate training programmes and information materials for professionals. The Netherlands has evaluated continuing education activities, and information materials for professionals, and has plans to evaluate drug abuse curricula in universities and postgraduate programmes. The UK has plans to evaluate postgraduate programmes and has evaluated information materials for professionals. Ireland has plans to evaluate drug abuse curricula in universities.

2.1.6. RESEARCH AND EVALUATION

Types of Research

The most common disciplines within which research is conducted are epidemiology, followed by sociology, medicine and psychology. Multi-disciplinary research was limited in most Member States.

The focus of research varied, depending on the policy emphasis of the Member States concerned. There was a tendency for more stress to be given to treatment, harm-reduction (especially related to AIDS), the consequences of drug use, and rehabilitation than to prevention, aetiology or policy.

There was no clear pattern in terms of the institutions where research was carried out (universities, research institutes, service-providing or administrative agencies).

Availability of Data on Research Resources

The Netherlands and the United Kingdom have regular data on research activities at national, regional and local level. This is obtained in the Netherlands through an extensive (published) review every two years of all drug and alcohol related research, and in the United Kingdom through a regularly updated register of research projects, and through the major funding agencies. In France, information is available at a national level, and in some other Member States, such as Germany, on a regional or local level. Generally, however, information on research activities appears to be ad hoc, apart from projects which are funded by the central (or in some cases regional) authorities.

Availability of Data on Research Projects and Results

As in the previous section, in many Member States this information is not readily available. It appears that information about prevention research is more accessible than for other areas.

In some Member States, there is some collation of research activities and results (Germany, Spain, Netherlands, United Kingdom) and in others this is planned (France and Italy).

Important recent and current research projects

An indication of recent and ongoing research was presented by seven Member States. Among them, research on epidemiological aspects of drug use, the evolution of drug users, and service providing practices and outcomes was predominant. Other issues studied were prevention and education related, risk behaviours for HIV transmission, economic and crime implications of drug use, and evaluations of prevention, harm reduction and social reintegration interventions.

2.1.7. CONCLUSIONS

Implications of current trends for social and public health policy

Reports from Member States reflect an increasing tendency to place drug use and its consequences within the broader framework of health, social and educational policies and structures. HIV and AIDS are probably important reasons for this phenomenon which may be considered a shift from the previously reported situation, where drug demand reduction programmes were more an integral part of an overall drug policy. Another recent development, in a number of Member States, is the greater role progressively being assumed by the voluntary and/or private sector.

In many Member States the following broad trends are reported:

- increase in drug-related deaths and morbidity;
- increases in treatment demand;
- older age at death and treatment demand;
- increase in first time users
- high proportions of prisoners who are drug misusers;
- rising numbers of drug-related AIDS cases;
- growing concern over HIV-related problems, both in drug users, their families and others in the community.

These trends underline the need to consider drug use and its prevention as integrated components of health education and prevention in the wider sense, and to promote the health and social care of existing drug users and the counselling of their families and others who are directly affected by their condition.

A number of Member States are already taking steps to meet these needs. This is reflected in, for example, initiatives aimed at facilitating access to services, at prisoners (who are at special risk of HIV), at pregnant women, and at integrating drug education in a broad health education approach.

2.2 AT COMMUNITY LEVEL

I. INTRODUCTION

During the period in question, the Commission has been carrying out work aimed at implementing the requests of the Council and Ministers of Health which were subsequently re-affirmed in the European Plan to combat drugs adopted by the European Council on 14 December 1990.

In this context the Commission undertook to submit at appropriate intervals to the Council and Ministers for Health a report taking stock of the situation and, if possible, setting out practical options as to what should be done.

The present report is the second of its kind to be submitted to the Council.

It contains an account of the actions carried out by the Commission relating to the main priorities of prevention and training, as well as a review of work on specific public health measures relevant to drug use.

The report also provides a broad-brush description of drug-use related actions undertaken in the context of health education in schools ; a separate report on the latter, due for transmission to Council shortly, delves more extensively into this issue.

Finally, a separate report will be forwarded to Council on the biological detection of the use of illicit drugs. This report, drawing from relevant information presented by the Member States is scheduled for completion in the course of this year.

II. PREVENTION AND TRAINING

The exchange of information on prevention and training resulted in the development of three types of action.

First, priority was given to the dissemination of available information, whether in written or audio-visual form. In order to achieve this, a series of (often complementary) pilot projects have been devised, and the help of the local public authorities was enlisted, in order to incorporate more efficiently these projects into health prevention policies.

Second, the optimal use of appropriate routes to get prevention messages across has proved fundamental. The support of the NGOs and particularly the federations of NGOs involved in this sector, e.g. family associations, has been shown to be very effective.

Third, as part of the generic approach adopted in relation to health education in schools, a series of meetings and projects were supported by the Commission, such as the European Conference held in Lübeck on 7-10 October 1991 on the prevention of drug addiction at school, organised jointly with the Council of Europe and the WHO, and the European summer universities on health education in schools organized in Southampton and Montpellier in 1990 and 1991, where emphasis was placed on the participation of teachers and teacher trainers in order to develop ideas and methods that are directly applicable in everyday classroom situations.

Fourth, attention was paid to the continuing training of paramedical staff and social workers, with assistance being provided to the Europe-wide information drive targeted at nursing staff and health and social practitioners.

Fifth, the Commission has supported the exchange of practical experience in the health care of drug addicts. Thus, assistance was provided to innovatory projects and established projects for the rehabilitation of drug addicts, incorporating arrangements for the mobility and the change of surroundings which are conducive to rehabilitation. Moreover, following the first European conference on AIDS helplines, held in Amsterdam in April 1989 and organised by the Commission in conjunction with the Dutch Committee against AIDS, the Commission gave support for the development of phone-in helplines, since one of their prime objectives is to overcome distance as an obstacle to care.

Particular situations, such as drug addiction among prostitutes and in prisons, were also the object of exchanges of experience, whereas pertinent legislation and legal practice in the European Community were treated in a comparative study published by the Commission.

Finally, pilot projects on drug addiction in prisons were undertaken by the Commission in several Member States.

III. SPECIFIC PUBLIC HEALTH MEASURES

A. The relationship with AIDS and reduction of the resulting risk

The European Plan Against Drugs Programme, in its chapter on demand reduction, establishes the need for a close link with the Europe Against AIDS programme adopted by the Council and Ministers for Health on 4 June 1991. This latter programme takes due account of the risk of transmission of the HIV among drug addicts who use and exchange syringes for injectable drugs. The Europe Against AIDS programme is being developed in close conjunction with the relevant research programme and includes a comprehensive study among drug addicts with a view to better understanding the nature and extent of this risk.

Furthermore, the foundations for a policy for the prevention of HIV infection were laid down by the Health Council in May 1989. Since then, the Commission has taken into account the key issues emphasized by the Member States, i.e., health education, dependency treatment programmes, supply of condoms, co-ordination of programmes to monitor pregnant drug addicts, diagnosis of HIV positive individuals and the specific case of prisons.

In addition, the implementation of the concept of harm reduction was particularly important in that it added to the ultimate objective of elimination of drug-taking the intermediate goal of combating the fatal risk entailed in the transmission of the HIV. Pursuant to this latter goal, the Commission has undertaken preparatory work on current methadone-based substitution treatment protocols in order to obtain better comparability and seek an optimisation of these evaluation protocols.

B. Health-related indicators on drug abuse

Despite the fact that drug-related deaths is a serious problem, a common definition of this term has not yet been agreed, due to differences in concepts and practice between the Member States. In order to address this question, the Commission is conducting a study to determine ways to obtain comparable data.

The improved treatment of acute intoxication and overdose of drugs is of primary importance to reduce the health impact of the use of drug abuse. In this respect, poison centres and emergency units in health centres have a major role to play. Accurate assessment of the available antidotes is essential. The Commission and WHO are cooperating in providing international evaluations in monographs specifically aimed at such health services.

C. Drugs and the workplace:

The Commission and the ILO are jointly examining the position of the social partners in Member States as regards the legislative and administrative provisions in Member States relevant to the testing of individuals to ascertain whether they use or not illicit drugs, as well as regards current practices in this field. Case studies on prevention approaches used are also being carried out.

IV. THE WAY AHEAD

The results and experience obtained so far have provided a valuable insight into the multi-faceted problems posed by drug demand and the need to find effective ways to reduce it, and will have to be further considered within the context of the relevant articles in the Treaty on European Union, and in particular Article 129 which mentions drug dependence explicitly, taking also into account actions already undertaken and commitments made at Community level concerning specific activities, including research activities such as those planned and/or implemented within the Biomedical and Health Research Programme.

ANNEX 1

SUMMARY OF NATIONAL REPORTS

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1. POLICY MAKING AND LEGAL BACKGROUND

BELGIUM

Policy Making

The co-ordination between the linguistic Communities, the different Departments involved, and the police forces is ensured under the presidency of the Department of Justice, with the aim to prepare the international meetings related to CELAD. The following ministries are represented in the national co-ordination: Justice, External Affairs, Permanent Representation to the EC, Public Health, Interior, Customs, Judicial Police, National Police, the three linguistic Communities, and the dual-community for Brussels.

At a regional level, for the French Community, the responsible body on demand reduction is the Ministry of Social Affairs and Health, and the CCAD (Comité de concertation sur l'alcool et les autres drogues de la Communauté Française de Belgique) is responsible for implementation, including programme co-ordination, data collection, research, and evaluation. Within the Flemish Community, the responsible body is the Ministry of Public Health and the VAD (Vereniging voor Alcohol and drug problemen) is the executive. Its responsibilities are preventive.

In the German speaking Community, the Ministry of Health and the A.S.L. (Arbeitsgemeinschaft für Suchtvorbeugung und Lebensbewältigung) are responsible for policy making.

Legislation

- **General Laws:** The regulating texts on the area of drugs are the following: the Law of the 24.02.21 concerning the traffic of poisonous, hypnotic, narcotic, disinfectant, or antiseptic substances. The royal decree of 31.12.30 concerning the traffic of narcotic and psychotropic substances. The royal decree of 2.12.88 regulating certain psychotropic substances. The royal decree of 11.6.87 concerning certain toxic substances used for the syntheses of narcotic or psychotropic substances.
- **Drug use or possession:** The basic sentences are the imprisonment from 3 months to five years, and/or the payment of 1,000 to 100,000 BF. Certain aggravating circumstances are envisaged in relation to the age of the victim, the consequences, and the implication in trafficking.
- **Compulsory detoxification and treatment:** there is no compulsory treatment.
- **Voluntary detoxification and treatment:** no special regulations.
- **Prevention of the transmission of infectious diseases:** the sale of syringes is not controlled. Within the French Community, methadone substitution treatments are limited and controlled by the Ministry of Justice and the Provincial Medical Commissions. There are no syringe exchange programmes in the French Community, but sale of syringes is free.

Funding

1. French Community has a "Drug abuse" budgetary line since 1990 doted with 667,000 ECU (includes prevention, treatment and rehabilitation, and research and evaluation).

Other public funds:

Health education funding: 143,000 ECU

Specialized Mental Health Services: There are no specific budgets. They are included in the General Organization of the Services.

2. Flemish Community: -----

3. German Community: The global budget is approximatively 119,000 ECU.

Private funds: 236,000 ECU for prevention.

At a national level, conventions are given each year to Therapeutic Communities by the National Diseases Insurance (INAMI). These communities are located in the Flemish and the French Community. On the other hand, psychiatric hospitals are also in charge with specific detoxification services. These budgets are not included in the above mentioned figures.

DENMARK**Policy making**

No information added to that provided in 1990.

Legislation

No information added to that provided in 1990.

Funding

GERMANY.

Policy making

No information is provided in addition to that from 1990.

Legislation

- **General Laws:** The Dangerous Drugs Act of 28.7.1981 (Federal Law Gazette I pp. 681, 1187) regulates legal and illegal traffic in drugs and contains provisions on penal sanctions and administrative fines. Dangerous drugs, for the purposes of the Act, include all the internationally regulated drugs and psychotropic substances listed in the three annexes to the Act.
- **Drug use or possession:** Drug use is not an offence, although unauthorised possession and procurement are. These are only allowed if licensed by the Federal Health Office or in connection with authorised medical treatment. Persons caught in possession of small amounts of drugs for their own use are normally let off or treated leniently by the courts. The courts decide from case to case.
- **Compulsory detoxification and treatment:** Under the general provisions of the Penal Code, the courts can order a drug-endangered person to be admitted compulsorily to a treatment centre. Also, under their own laws the German Länder can order a person to be confined if a danger should exist to the life and limb of the person or a third party. These procedures are used very rarely.
- **Voluntary detoxification and treatment:** The Dangerous Drugs Act contains special provisions for drug dependent offenders, based on the principle of 'treatment before punishment'. If the offender is expected to receive, or has received, less than two years imprisonment, the prosecution can drop the charge or defer execution of a sentence already imposed if the addict immediately takes up a place in an authorised treatment centre. On completion of the treatment, the time spent in the treatment centre may be deducted from the sentence.
- **Prevention of the transmission of infectious diseases:** There are no special provision on substitution treatments. The Dangerous Drugs Act allows levomethadone to be prescribed to addicts if drug-free treatment appears impossible. There are no special provisions on the sale or distribution of syringes or on needle exchange programmes, but both are practised.
- **Tests on body fluids:** It is not allowed without the subject's consent, except in the context of criminal proceedings or imprisonment.
- **Work environment:** No special provisions.

Funding

No information provided, since funding depends not only on the Federal Government (Bund), but mostly on the Federal States (Länder) and no complete schedule of overall spending exists.

GREECE

Policy making

The organism for national co-ordination is the Central Council for Combating Drug Abuse, which is in charge of processing and proposing national strategies to combat drug abuse. It coordinates the activities of the following ministries: Health, Welfare and Social Security, Justice, Public Order, Education, Finance, and Culture.

No regional or local governments are represented at the National Coordinating body. There is a National Plan anti-drugs.

Policy changes: a new legislation on drugs is under study. The following items are under consideration: facilitation of the participation of the private sector, measures to encourage the participation of drug dependent persons in treatment as an alternative to punishment, and dependency on drugs continues to be a mitigating factor for drug offences, but to a lesser degree than in the previous legislation.

Legislation

- General laws: the main law (1729/87) concerning the fight against the spread of narcotics is under revision.
- Drug use or possession: whoever buys or possesses by whatever means narcotics only for his/her own use in small quantities or makes use of them is punished with imprisonment. The sentence is served in special correctional institutions of therapeutic character.
- Compulsory detoxification and treatment: can substitute imprisonment. Reference to art 12.2 of the Law 1729/87.
- Voluntary detoxification and treatment: reference to art 12.2.
- Prevention of infectious diseases: substitution treatments are not permitted by law. There is no legislation controlling the sale of syringes. There are no needle exchange programmes.
- Tests on body fluids: after completion of treatment as an alternative to imprisonment, the court may suspend the rest of the sentence under the condition that regular testing involving biochemical, toxicological and other medical tests may be requested.
- Work environment: no special provisions.

Funding

Total: 10 million ECU

Prevention and information: 3.6 (36%)

SPAIN

Policy making

Complete description in the 1990 report of the national and regional policy making bodies, as well as of the 1985 National Plan on Drugs.

Due to the administrative structure in Spain, most resources are regional in character (Autonomous Communities), therefore, the public network is primarily dependent on these regional administrations, although it receives financial support from the central government. However, the central administration retains some competence in health matters and local administrations organise social services. All the Autonomous Community administrations count on private sector cooperation, which is to a great extent financed by them.

Policy changes: incorporation of the provisions of the U.N.O. 1988 Convention in the draft of the Penal Code to be approved by Parliament before 1993; administrative sanctions for consumption in public; specific drug laws being drafted in the Autonomous Communities of Andalucia and Castilla y Leon.

Legislation

New Regulations:

- **General laws** regulating treatment and rehabilitation in two Autonomous Communities (Catalonia and the Basque Country).
- **Drug use or possession:** a new Law on Civil Safety (Ley de Protección de Seguridad Ciudadana) is currently under discussion in Parliament. It imposes administrative sanctions (fines between Ptas 50,000 and 500,000 and other additional sanctions) for public consumption and for the promotion and/or tolerance of public possession/consumption.
- **Compulsory detoxification and treatment:** the inclusion of compulsory treatment in the list of possible sanctions in the Law on Civil Safety is under study.
- **Voluntary detoxification and treatment:** this type of treatment is laid down in the current Penal Code as a condition sine qua non for granting a conditional remission of the sentence. This requirement is also included in the new draft.
- **Prevention of infectious diseases:** Royal Decree 75/90, which regulates treatment with opiates for dependent persons adapted the conditions governing access to opiate substitution treatments in order to facilitate treatment to people with infectious diseases, in particular AIDS. There are no legal provisions on the sale of syringes or on needle exchange programmes. The sale of needles and syringes by pharmacists has always been free and licit in Spain.
- **Tests on body fluids:** regulations on this subject are included in Laws which regulate other areas such as sport or road safety. Some compulsory regulations affect specific professional groups such as the police or transport workers.
- **Work environment:** there is a project for a Law on Prevention of occupational risks which includes specific provisions on drugs.

Funding

Total: 144 million ECU (44 from national funds and 100 from regional funds). Quantities from local and private funds are not exactly known.

Harm reduction, treatment and rehabilitation: 60 (42%)

Prevention: 43.5 (30%)

Social support: 22 (15%)

Manpower training and research and evaluation: 14.5 (10%)

Co-ordination and other activities: 4 million (3%)

FRANCE

Policy making

The organism for national co-ordination is the "Délégation Générale à la Lutte contre la Drogue et la Toxicomanie", it is in charge of coordinating the work of the authorities with regard to prosecution, prevention, care, and rehabilitation of addicts.

All the ministries are involved, more particularly in the area of drug demand reduction: Social Affairs, Health, Education, Youth, and Sport.

No regional, local or private administrations are represented in this national body, but they collaborate through an ad hoc association for specific action programmes. The regions are not responsible for drug demand reduction, except for a specific programme called 'Combat pour la Vie', developed in 8 regions. At a local level, several local communities have set up delinquency prevention committees, and some have created committees for the fight against drugs. These organisms examine the local situation and make proposals in all fields, including drug demand reduction.

There is a National Plan on Drugs, which was adopted in May 1990 and contains 6 priorities and 42 measures.

Policy changes: important evaluation of the action of the public administrations in the area of drugs, it will be carried out in the next 18 months; and implementation of a national drugs and drug abuse monitoring centre ('Observatory').

Legislation

- **General Laws:** the Law of 31 January 1970 is the basic element in respect to drug supply and demand reduction.
- **Drug use or possession:** consumption of any product deemed to be narcotic is illegal (Art. L628 of the Public Health Code) and may entail prosecution. In practice, drug use alone is rarely prosecuted. Possession is considered to be trafficking if the quantity involved is significant, and may give rise to much more severe penalties, up to 10 years in prison (Art. L62).
- **Compulsory detoxification and treatment:** the Law of 31.12.70 makes provision for compulsory treatment which can be imposed on drug users by the public prosecutor in lieu of prosecution. If the course of treatment is not completed, the prosecution can be resumed (Art. L628-1).
- **Voluntary detoxification and treatment:** the Law of 31.12.70 allows drug users presenting themselves voluntarily at treatment centre to remain anonymous if they so wish (Art. L355-21). Treatment is free of charge.
- **Prevention of the transmission of infectious diseases:** as far as the regulatory aspect is concerned, the prescription of substitute treatments is not linked to the prevention of infectious diseases. Decrees dated 11.8.89 amending Decree 77-200 of 13.3.72 in respect to the sale and import of syringes and needles establish the 'definitive liberalisation of the sale of syringes'. There are three experimental syringe and needle exchange schemes for the prevention of HIV infection among drug users.
- **Work environment:** the circular of 9.7.90 issued by the Ministry of Labour, Employment and Vocational Training emphasized the moral and ethical problems of drug abuse screening in the workplace and spelled out the limitations of such an approach. Only physicians are allowed to prescribe this type of testing.

Funding

Total: 75 million ECU
Treatment and rehabilitation: 63 (83%)
Prevention: 11 (15%)
Research and evaluation: .48 (.6%)
Manpower training: .43 (.6%)
Harm reduction: .4 (.5%)

IRELAND

Policy making

No information on national, regional or local policy making bodies is provided in addition to the previous report (1990). No information is provided on the existence of a national plan on drugs.

Policy changes: -----

Legislation

- General Laws: -----
- Drug use or possession: information in the 1990 report. -----
- Compulsory detoxification and treatment: -----
- Voluntary detoxification and treatment: -----
- Prevention of the transmission of infectious diseases: -----
- Tests on body fluids: -----
- Work environment: -----

Funding

ITALY

Policy making

The national institutions are described in the 1990 report. Regional health units are responsible at a regional level for drug prevention strategies, and drug dependency units are responsible at a local level for prevention activities, treatment and rehabilitation. Training programmes are founded at a regional level. The presidency of the Council of Ministers assigned special funds to be managed by the Department of Social Affairs for those programmes. Prevention programmes are carried out by local authorities in connection with school organisations and local health units.

Policy changes: there is a strengthening of prevention and training activities at a local level. A National Fund for the Fight against Drugs (budget 120 million ECU) has been established by the Presidency of Council with the following targets: prevention and rehabilitation programmes implemented by State Administration Departments and Local Authorities, training of personnel, and promotion of scientific research. Extended possibilities and improved activities against illicit trafficking and related crimes have been developed. There are extended opportunities to sustain prevention and rehabilitation structures on voluntary basis.

Legislation

- **General laws:** Decree of the President of the Republic DPR 309/1990 (including ACT 162/1990 and other Ministerial Decrees and References as well).
- **Drug use or possession:** DPR 309 del 9/10/1990: art 75, co.1-8-12 (administrative sanctions), and art.76 (penal sanctions).
- **Compulsory detoxification and treatment:** this type of treatment is used only as an alternative to imprisonment, if accepted by the drug addict. DPR 309 del 9/10/1990 arts 120-126.
- **Voluntary detoxification and treatment:** there is no regulation. Everybody can get detoxification and treatment free of charge from the Drug Dependency Units through the national territory. Drug users who undergo rehabilitation programmes can postpone their military service. Time spent in therapeutic communities undergoing rehabilitation programmes can be deducted from the period of military service - DPR 309/1990 Art. 109.
- **Prevention of the transmission of infectious diseases:** there are substitution treatments with methadone under physician control; syringes are sold without prescription (there are vending machines in one town: Modena). There are no needle exchange programmes. The Ministry of Health has released a decree on the production and sale of autoblocking syringes.
- **Tests on body fluids** are recommended to monitor drug users attending detoxification programmes.
- **Work environment:** a list of types of workers carrying out activities with high risk for others' safety is being prepared. It will be used to verify the absence of drug addiction in such workers. Workers who decide to undergo a rehabilitation programme are granted a three-year leave of absence. Leave is also granted to family members who wish to take care of drug users under rehabilitation - DPR 309/1990 art 124.

Funding

Total: 446.6 million ECU
Prevention: 143.8 (32%)
(Treatment and rehabilitation: 106 (24%))
Harm reduction: 93 (21%)
Social support: 77 (17%)
Manpower training: 11.9 (3%)
Research and evaluation: 14.2 (3%)
Co-ordination: .7 (.1%)

Additional funds

11.3 million ECU for laboratories
66.7 million ECU for improvement, building, and renovation of
rehabilitation facilities.
6.7 million ECU to rehabilitate sections of prison-buildings in order
to host drug-users.

LUXEMBOURG

Policy Making

There is a National Committee that coordinates anti-drug measures. The following Ministries are represented in this body: Armed Forces and Police, Finance (customs), Justice, Health, Family, Education, Youth, and Justice, which chairs the Committee.

No regional or local governments are represented at the National Committee. There are no clearly defined responsibilities for drug demand reduction at regional or local levels.

There is a National Plan to combat AIDS and Drug Abuse (adopted by the Government Council in November 1988).

Policy changes: increased cooperation thanks to the creation of the interministerial working group on drugs, with the aim of achieving, by the beginning of 1992, a concerted and coordinated approach to drug prevention and repression, together with proposals for an organisational structure for best achieving these objectives.

Legislation

- **General Laws:** Law of 19 February 1973, amended by Law of 23 February 1977.
- **Drug use or possession:** no distinction is made between 'hard' and 'soft' illicit drugs, or between occasional and regular drug use. There are distinctions between individual and group use.
- **Compulsory detoxification and treatment:** the addict can be ordered by the Juveniles Court, the examining magistrate, or the State Prosecutor to follow a detoxification programme in substitution of prosecution. If treatment is completed successfully, he will not be prosecuted.
- **Voluntary detoxification and treatment:** there is no regulation at a legal level, although the legal authorities adopt a more positive attitude if the user volunteers for detoxification and therapy.
- **Prevention of the transmission of infectious diseases:** there is an experimental methadone substitution programme, with capacity for 15 persons in 1990/91 and for 25 in 1992. Syringes are sold in pharmacies. As part of the national programme to combat AIDS and drug abuse, needles can be exchanged through street workers in the south of the country.
- **Tests on body fluids:** Law of 19.2.1973, Art.4; as well as Grand-Ducal Regulation of 19.3.1982 (on procedures), and Ministerial Regulation of 19.3.1982.
- **Work environment:** There are no regulations.

Funding

National Plan to combat AIDS and Drug Abuse: 1,2 million Ecus in 1988. Since 1989, there is an annual financial commitment. This financial commitment was 325.000 Ecus in 1991.

NETHERLANDS

Policy Making

No information on national and regional policy making bodies is added to that provided in the 1990 report. No information is provided about the existence of a national plan on drugs. At a local level, 23 larger municipalities, working closely together with the other relevant cities in 23 regions are responsible for policy and funding of treatment and prevention. A special budget is received from the Ministry of Welfare, Public Health, and Cultural Affairs.

Policy changes: further decentralisation of responsibilities for policy of prevention and ambulatory treatment to municipalities. Increased responsibilities of insurance companies and residential treatment centres for planning and quality control.

Legislation

- General Laws: no information provided.
- Drug use or possession: information in the 1990 report. No update provided.
- Compulsory detoxification and treatment: information in the 1990 report. No update provided.
- Voluntary detoxification and treatment: information in the 1990 report. No update provided.
- Prevention of the transmission of infectious diseases: information in the 1990 report. No update provided.
- Tests on body fluids: -----
- Work environment: -----

Funding

Total: 97 million ECU from national funds (4 allocated directly and 93 indirectly through regions).

Harm reduction, treatment and rehabilitation, and social support: 77 (79%). Including alcoholism.

Prevention: 9.5 (10%)

Other activities (probation): 9 million (9%). Only regional funds.

Manpower training: .9 (.9%). Only national funds.

PORTUGAL

Policy making

"Project VIDA (Life) Coordinating Cabinet" is responsible for coordinating the national drug programme. A detailed description of this body is included in the first report on drug demand reduction (1990).

The ministries represented on this coordinating body are: Home Affairs, Justice, Education, Health, Social Security and Employment and Youth.

The regional governments of Azores and Madeira are represented at the Coordinating Cabinet, as well as a "National Counsellor" from the private sector.

At a regional level, each of the 18 Districts of continental Portugal has a full time district coordinator for Project VIDA (Life), who coordinates drug demand reduction activities in governmental and non-governmental agencies. At a local level (305 administrative areas in continental Portugal), some municipalities have set up coordinating committees for drug demand reduction, and the rest are encouraged to do so.

Legislation

- **General Laws:** Vienna 1988 United Nations Convention Against Illegal Narcotic Traffic and Psychotropic Substances was ratified by Portugal on June the 22nd. By the end of September a Bill will be introduced by the Portuguese Government, where the domestic law will be brought into line with the directions outlines within that Convention, in particular regarding the definition of money laundering as well as control of precursors. The proposed decree still accords with a prohibitionist thesis by punishing the illegal purchase or possession of drugs and psychotropic substances for personal use. In regard to indirect criminality the legislator has made new provisions for mandatory treatment. The New law, as well as the old, will be a single one, and not integrated in Penal Code. Portugal considers that this is the best approach to such a diversified issue as drugs. A new regulatory decree will also be proposed to the Portuguese Government, in which good execution ruled are settled.
- **Drug use or possession:** as previously explained, Portuguese law, in its 36th article, Decree-Law 430/83, September the 13th, typificates and penalizes illicitly purchasing or possessing drugs for personal use with imprisonment of up to 3 months and fine till ninety days. However, in the case of occasional use, the court can pronounce a simple admonition or excuse penalties. If the offender is a drug addict, the penalty might be suspended if he or she voluntarily submits to medical treatment or inpatient treatment in an appropriate establishment.
- **Compulsory detoxification and treatment:** Decree-Law 430/83, in its 39th article, allows for a compulsive treatment, and in addition prohibition of driving or piloting aircrafts and boats for a period up to five years if the one who used drugs becomes a drug addict.
- **Voluntary detoxification and treatment:** The spirit of Decree-Law 430/83, concerning to drug addicts, is that it must be the offender who requests treatment. The court application of compulsive treatment is only possible in the above-mentioned cases. Any addict who presents her/himself for voluntary detoxification and treatment in a state service, is assured confidentiality when accepted.
- **Prevention of the transmission of infectious diseases:** there is one centre with substitution treatments and a methadone programme. The sale of syringes is unlimited with no need for a prescription; however, there are no needle exchange programmes.
- **Tests on body fluids:** no information provided
- **Work environment:** no information provided

Funding

Total: 12 million ECU (4.5 from national, 3.3 from regional and 4 from local funds)

Prevention: 2 (17%)

Harm reduction: .5 (4%)

Treatment and rehabilitation: 8.2 (68%)

Social support: .1 (.8%)

Manpower training: .27 (2%)

Research and evaluation: .45 (4%)

Co-ordination and other activities: .33 (3%)

UNITED KINGDOM

Policy making

No information on a national coordinating body is added to that provided in the 1990 report. The ministries responsible for drug demand reduction are: the Home Office, the Department of Health, the Department of Education and Science and the Scottish Office. At a regional level, the Regional Health Authorities and the Regional Drug Misuse Coordinators are responsible for drug demand reduction, their role is to assess the needs for health care. At a local level, the District Drug Advisory Committees (DDAC/DHAS), the Home Office Drug Prevention Teams (HODPT), and the Local Authorities (LAs) are responsible for providing a local forum to bring together relevant agencies, for assessing local needs for health care, and purchasing services accordingly, strengthening community resistance to drug misuse, and assessing needs for social care.

Policy changes: At a regional level, the health authorities' responsibility will increasingly be to assess needs and purchase services from a range of agents rather than to provide directly. There is a greater emphasis on prevention of ill health. At a local level, there is an increased role for the local authorities, with a transfer of funds from the social security.

Legislation

- **General Laws:** The Criminal Justice (Scotland) Act 1987, makes provision for the confiscation of proceeds of drug trafficking and related purposes, similar provisions having been enacted for England and Wales by the Drug Trafficking Offences Act, 1986.
- **Compulsory detoxification and treatment:** Drug misuse is specifically excluded from the provision for detention and compulsory treatment under the Mental Health Act 1983. Compulsory detoxification would be allowable only if a drug misuser was suffering from a co-existing mental disorder under the terms of MHA 1983 or in prison.
- **Voluntary detoxification and treatment:** NHA and LA inspect nursing homes and hostels which require registration to accept clients. There is a system of peer review by the Drug Advisory Service. The HA and LA purchasing authorities monitor contracts.
- **Prevention of the transmission of infectious diseases:** hepatitis B immunization is available under NHS. There is prescription of oral substitute drugs and occasionally, injectable or smokable drugs. The sale of syringes is widely available through pharmacies, and there are around 200 needle exchange schemes, as well as health education on cleaning injecting equipment.
- **Work environment:** Drug use in certain employments is prohibited by contract and may lead to dismissal (pilots, train drivers, etc.)

Funding

Preventive health education, including drugs: 10.5 million ECU (England only)

Prevention campaign: 5.3 million ECU (4.4 national and .9 regional)

Treatment and Rehabilitation: over 25.5 million ECU (1.4 national, 23.6 regional, and nearly 1 million local).

The NHS ACT 1990 has introduced a specific Grant which will be available to help LAs develop local voluntary sector services for drug (as well as alcohol) misusers in their areas.

2. PRIMARY PREVENTION

BELGIUM

Main types of primary prevention

Within the Flemish Community, all community based activities are limited, although the assessment of the local situation and local community campaigns are on the increase. The promotion of leisure-time activities is not used. At a school level, this Community commonly includes drug education within general health education and has special drug education programmes, it has "teaching packs" for use in the classroom, and non-specific student counselling service. Training courses for teachers and programmes involving parents are limited.

In the French Community, most prevention activities at the community level are limited, except for the promotion of leisure-time activities, which is common. All school-based activities within this Community are limited. There are modules to train teachers organised by the universities and by NGO Services.

In the German Community, the primary prevention is structured and coordinated in the different life environments: **Schools** - primary and secondary -, **Families** - co-ordination between several "adult education movements" -, **Workplace** - training for members of Security Councils -, **Municipality** - pharmacists and general practitioners are involved in a prevention group. A co-ordination group is working in each life environment. All the groups are coordinated by a central co-ordination team. Drug prevention is developed in the way of community and global approach. A main pedagogical concept is common for the different groups.

Currently available data on provision and utilisation of education and prevention resources

In the Flemish Community, information is available on the distribution of prevention materials, local community campaigns, information packs and training for professionals, and workplace prevention programmes. Data on prevention programmes in schools, on the development of health/drug education curricula and other prevention materials, and on the training of teachers can be provided. Details on the utilisation of these activities, such as local community campaigns, number and type of information packs distributed, the proportion of workplaces with prevention programmes, the proportion of schools with prevention programmes, the type of prevention programmes in schools, proportion of staff trained regarding drug education, the number of teaching packs distributed, and the number of schools with counselling services are also available.

Data on the resources allocated to prevention by the Government can also be provided by the Flemish Community.

Within the French Community, information is available on the resources for mass media campaigns, distribution of prevention materials, training of professionals, information packs for professionals, peer prevention programmes, and workplace prevention programmes. Information on the available resources at a local level for most prevention interventions at a school level is available. Information on the utilisation of most of the community based activities can be provided, as well as the number of schools with counselling services. There are campaigns such as "Drink in moderation" and "Talk with your children about drugs".

Details on the financial resources allocated to prevention by the local authorities and private sector in the French Community are available.

Currently available data on evaluation of prevention interventions

Information packs for primary schools on general health education, including drug prevention, and limited workplace programmes have been evaluated in the Flemish Community. The evaluation of local community campaigns is planned in this Community.

The French Community has evaluated local community campaigns, and peer prevention programmes (prevention of HIV transmission among IVDU in Liege). It also has plans to evaluate the training of professionals and integrated school-community projects.

The results from evaluations are not collated in either Community.

Several parts of the German prevention programme are evaluated by the A.S.L. in cooperation with an outside specialized unit (Germany). The different actions planned each year by the different groups are evaluated. Data about these evaluations are available.

National information collection centres

There is national data collection on prevention for each of the linguistic Communities and for the dual community in Brussels.

Attempts are being made to collect information on prevention activities in the Flemish Community via the VAD-Prevention Work. This system counts with prevention workers in each province who coordinate the local prevention activities.

The C.C.A.D. collects information on prevention activities in the French Community, an example is a list of subsidized projects and activity reports from prevention institutions.

In the German Community, the A.S.L. is in charge of coordinating and collecting information.

DENMARK

Main types of primary prevention

Primary prevention is both community and school based. At the community level prevention projects are managed by local professionals [alcohol and narcotic consultants at the country level and SSP-groups (school, social service, police cooperation) at the municipality level]. Other professional groups involved are general practitioners, local pharmacists, social workers and professionals working with young people in leisure time activities. The methods chosen are face to face communication and written information. Mass media campaigns are not used for primary prevention on drug issues. The central government cooperates with the local level, providing a broad framework and materials for local prevention.

At school level, drug prevention is integrated within general health education. Besides, special initiatives are taken by the schools. Updated teaching kits on drug issues are available for the prevention in schools.

Currently available data on provision and utilisation of education and prevention resources

There is no systematic data collection on provision of prevention activities, their utilisation, or resources allocated to this end. In 1990 a bibliographical review of material for educating professional and higher level students in drug prevention was published by the Danish Council on Alcohol and Narcotics.

Among pupils in the 9th Class, 70 percent report that they have been taught about drug issues in school (Nationwide survey 1990).

In 1992 an information project focusing on use of hashish among young people will be conducted. The National Board of Health has produced kits of information material (leaflet for pupils and parents, a book of facts on hashish for teachers, and a trigger film and magazine for pupils to discuss the use of hashish among peers). The information kit will be available to all public schools and high schools.

Currently available data on evaluation of prevention interventions

In general, no primary prevention programmes have been evaluated during the last 15 years. One project which was evaluated was a Danish-English project called 'Technical Report on the Drug Education Development Evaluation Project' (DEDE), which assessed the effects of the course 'Facts and feelings about drugs, but decisions about situations'.

National information collection centres

There is no systematic collection of information on prevention activities. The regional consultants on alcohol and narcotics collect 'soft' data and generate an informal overview. The National Board of Health collects ad hoc data concerning specific prevention activities.

GERMANY

Main types of primary prevention

A wide variety of media campaigns, as well as campaigns aimed at specific target groups and mediators are relatively common. Other types of primary prevention initiatives within the community environment are limited, and implemented mostly at local/regional level. Examples of such initiatives are drug prevention days/weeks in local communities. The Federal Government subsidises a model programme called "Mobile Drug Prevention". In this programme, specially trained prevention personnel works nationwide, providing rural areas with increased drug prevention activities.

Within the school system, drug prevention both as a component of general health education, and as special drug prevention programmes, as well as 'teaching packs' for use in the classroom, and designated drug prevention personnel are commonly used. Other approaches to drug prevention in schools are limited. An illustration of such activities are the inclusion of AIDS issues in drug prevention, the training of teachers in most regions, mandatory programmes involving parents, student counselling services in most schools, parent-oriented education at a local level, and integrated school-local community pilot projects.

Currently available data on provision and utilisation of education and prevention resources

Data on details of mass media campaigns, on the number and type of prevention materials distributed, on designated staff in social/health services, on the number and type of information packs distributed to professionals, and their training, on leisure-time activities, on the number of peer prevention programmes, and on workplace prevention programmes are available at a national level (from FCHE) and at a regional level from the 'Länder'. Within the school system, data are available on the proportion of schools with prevention programmes, their type, and the proportion of children who attended those prevention programmes; on the development of health education curricula and of prevention materials; on parent education; and on the number of designated staff. Information on other prevention initiatives is available at a regional level.

Information is available on the amount of financial resources allocated to primary prevention by the central government at a national level, and by local authorities at a local level.

Currently available data on evaluation of prevention interventions

Evaluations are being carried out except for those on parent education programmes. Data from these evaluations are collated. (Study List of the FCHE).

National information collection centres

The FCHE and IDIS collate information on prevention activities.

GREECE

Main types of primary prevention

The fight against drugs is a priority for the Government. At a community level, campaigns aimed at special population groups and leisure-time activities are relatively common. Other approaches to drug prevention are limited, although mass media campaigns are carried out at a national level, and seminars for special prevention staff are delivered at social and health services. The assessment of the local situation is not used. Campaigns for information, education of educators and seminars are in development.

Within the school system, most types of initiatives are limited, special drug education programmes are carried out at a local level, and there is a plan at a national level to include AIDS in drug education, as well as to include drug education within general health education. There is no designated drug prevention personnel, although there is a national plan in project.

Currently available data on provision and utilisation of education and prevention resources

Data on the distribution of prevention materials and on leisure-time activities are available although incomplete. Local information is available on school prevention programmes and the development of health/drug education curricula. Resources available at school level have been evaluated in the framework of the pilot project 'health education with a view to drug abuse prevention'.

Information on school prevention is not systematised. All available information is related to pilot projects in a limited number of schools in and around Athens.

The Department of Psychiatry of the University of Athens has developed two projects: a health education project in 22 secondary schools starting 1989, and a pilot health education project in two secondary schools in Athens and the surrounding community (European project in which participate the Council of Europe, WHO, and the EC).

Currently available data on evaluation of prevention interventions

The integrated school-local community projects have been evaluated. Evaluation studies are planned for other types of interventions. It is planned that the Ministry of Health will collate data from these evaluations.

National information collection centres

There is a plan for a national centre which will collate information on prevention activities (Ministry Health, Ministry Education).

SPAIN

Main types of primary prevention

At a community level, local community campaigns in collaboration between public and private institutions, and information packs for professionals, mostly for primary health care professionals and teachers, are relatively common. Other activities, such as mass media campaigns at different levels, campaigns aimed at youth and teenagers, training of health, social services and youth workers (mostly at a regional level), leisure time activities (at a local level), and workplace programmes (through trade unions) are limited. Assessments of the local situation, special prevention staff in social and health services, and peer prevention programmes (except for pilot schemes at schools and local communities) are not used.

In 1990 the Constitutional Law on the Organisation of the Education System (LOGSE) was approved. It includes health education, and within it, drug education, as part of the school curriculum in both primary and secondary education. AIDS education, addressed to high risk groups, is also included in drug education. Teaching packs for use in the classroom from the Ministry of Education, and programmes involving parents, in collaboration with parent associations, are also relatively common. Special drug education programmes at regional and local levels, coordinators for teacher training on drugs, integrated school-local community projects, parent-oriented education, and support materials are limited. Student counselling services not used.

Currently available data on provision and utilisation of education and prevention resources

During 1990 the Government Delegation (DGPNSD) organised a mass media campaign with the primary aim of promoting an attitude of solidarity towards drug users.

During 1990 a manual on drug addiction was prepared and distributed to the more than 17,000 pharmacists in the country, it was aimed at gaining the collaboration of these professionals in risk reduction.

There is a system for technical information on the prevention of drug misuse, which collects information on prevention programmes and publishes it in the semestral bulletin 'IDEA-Prevención'. This bulletin is distributed free of charge to professionals working on drug abuse prevention (2,368 subscribers in 1990).

Information on resources for school prevention activities is available, although with a variable degree of coverage, through the Ministry of Education and the governments of Autonomous Communities.

It is estimated that the percentage of the total budget dedicated to prevention has increased in recent years. About 30% of the total budget for drugs was spent on prevention in 1990. It is not known for certain which activities each Autonomous Community include under 'Prevention'.

Currently available data on evaluation of prevention interventions

There was a quantitative and qualitative study on the mass media campaign organised by the DGPNSD, and another on AIDS and drugs.

The Educational Department of the University in Baleares is carrying out an assessment study on a questionnaire for analysing drug abuse prevention programmes. Programmes developed at various Autonomous Communities are being evaluated to this end.

National information collection centres

IDEA-Prevención collects information on drug prevention activities. It is a multi-sector specialist information network. It collects information on prevention programmes in Spain, as well as on resources and scientific information published in the four official Spanish languages, as well as in English, French, Italian and Portuguese.

FRANCE

Main types of primary prevention

The most common primary prevention activities in the community environment are mass media and local community campaigns, training and information packs for professionals, and leisure time activities. Other types of prevention initiatives are implemented at a more limited scale.

The most common approach to primary prevention in schools is the integration of drug education in general health education, in combination with training courses for teachers, teaching packs for use in the classroom, student counselling service, and designated drug prevention personnel.

The use of special drug prevention programmes, inclusion of AIDS in drug education, programmes involving parents, or integrated school-local community projects is more limited.

Currently available data on provision and utilisation of education and prevention resources

Data on available resources for prevention, both at the community and school levels are available. Details on their utilisation are available for most modalities of prevention activities.

Information on the financial resources provided by the central and local governments and the private sector is available.

Currently available data on evaluation of prevention interventions

All the modalities of prevention intervention have been evaluated or evaluation studies are in progress, except for parent education programmes and workplace programmes. Two examples are the evaluation of a spot on national TV, and the evaluation of priority education zones (DSQ and ZEP).

Data from these evaluation are collated.

National information collection centres

There are several centres which collect information on prevention activities: CNDP (National Documentation Centre), CRDP (Regional Centre for Educational Documentation), CDDP (Departmental Centre for Educational Documentation), INRP (National Educational Research Institute), INSERM, CNRS, and CNDT (National Documentation Centre on Drug Abuse).

IRELAND

Main types of primary prevention

The main types of community-based primary prevention are local community campaigns, training of health, social services and youth workers, information packs for professionals, and promotion of leisure time activities. The rest of activities within this environment are used to a limited scale.

At school level, special drug education programmes, including AIDS prevention, designated drug prevention personnel, training courses for teachers, "teaching packs" for use in the classroom, and student counselling service are relatively common. Activities such as drug education within general health education, programmes involving parents and parent-oriented education, and integrated school-local community integrated projects are also used, although to a limited extent.

Currently available data on provision and utilisation of education and prevention resources

At a national level, data are available but incomplete, on teacher training, development of prevention materials, and parent education.

At a regional level, data are available but incomplete, on distribution of prevention materials, training of professionals, information packs for professionals, and peer prevention programmes, as well as on prevention programmes in schools, designated staff, and development of prevention materials.

Some information, either at national or regional level, is available on the utilisation of most of these resources.

Information on the financial resources allocated to prevention by the central government is available, but incomplete at a national level, and relatively comprehensive at a regional level. Information on funding from local governments and private institutions is available at a regional level.

Two important projects have recently been initiated at a national level: a substance misuse prevention programmes in 2nd level schools and a parent education programmes to help parents with the problems of substance misuse.

Currently available data on evaluation of prevention interventions

Mass media campaigns, training of professionals, and information packs have been evaluated. Evaluation studies on local community campaigns, special prevention staff in services, peer prevention programmes, parent education programmes, and integrated school-local community projects, are planned.

National information collection centres

A centre to collate information on prevention activities is planned.

ITALY

Main types of primary prevention

At a community level, national mass media campaigns are relatively common, while most other types of prevention activities are limited, except for the assessment of the local situation and workplace programmes, which are not used.

Within the school system, special drug education programmes, the inclusion of AIDS in drug education, the training of teachers, and designated drug prevention personnel are relatively common. Activities such as the inclusion of drug education within general health education, the production of teaching packs for use in the classroom, and student counselling services are limited. Programmes involving parents, integrated school-local community projects and parent-oriented education are not used.

Currently available data on provision and utilisation of education and prevention resources

4,000 teachers have been trained on drug education and other 6,000 will undergo specific training during this school year. 1,615 secondary schools (65.4% of the total) are implementing prevention programmes involving 390,000 students. 16 million ECU have been granted to the Ministry of Education for prevention activities in 1991.

Through the National Fund for Antidrug Action 38 million ECU have been granted to local authorities and 5 million ECU to Central Administration Departments for the implementation of prevention programmes.

65 million ECU have been granted to regional and local health units for prevention and information campaigns through the National Health System. 6.6 million ECU/Year are allocated for national mass-media campaigns. 13.2 million ECU/Year are allocated for programmes aimed at prevention of AIDS among drug users in prison. Information campaigns and training courses on the consequences of drug abuse for soldiers are organized by the Ministry of Defense.

Currently available data on evaluation of prevention interventions

An evaluation of a mass media campaign was carried out in terms of acquisition of the message by the users. The results were positive.

National information collection centres

The Department of Social Affairs collects data on prevention activities also on the basis of the reports provided by:

- The National Observatory on Drug Abuse (Ministry of Interior)
- The Alcohol and Addictions Central Service (Ministry of Health)
- The Penitentiary Health Service

LUXEMBOURG

Main types of primary prevention

Most types of primary prevention activities in the community environment are limited, except for evaluation of the local situation, and promotion of leisure-time activities, which are not used. Within the school system, special drug education programmes, AIDS included in drug education, drug education as a component within general health education, teaching packs for use in the classroom, and student counselling service in secondary schools are common. Other initiatives, such as designated drug prevention personnel, training courses for teachers, programmes involving parents, and parent education are limited. Integrated school-local community projects are not used.

The initiatives at a primary education level are in general local, while at a secondary education level, they are national.

Currently available data on provision and utilisation of education and prevention resources

Information on resources assigned to mass media campaigns, school prevention programmes, and development of school prevention curricula (a part of them being provided by the police) is available. Details on mass media campaigns and the number and type of prevention materials distributed are also available, as well as the number of schools with counselling services.

Information on the amount of national resources allocated for primary prevention would be available in the future.

Currently available data on evaluation of prevention interventions

The impact of a mass media campaign on drugs and AIDS has been evaluated, as well as a methadone programme.

Data from evaluations are not collated.

National information collection centres

There is no centre which collates information on prevention activities.

NETHERLANDS

Main types of primary prevention

Within the community environment, the following prevention activities are common: special prevention staff in social and health services, information packs for professionals, promotion of leisure-time activities, and peer-prevention programmes. Assessments of local situations are limited. Mass media campaigns, campaigns aimed at special population groups, local community campaigns, and workplace programmes are not used.

Drug prevention in schools generally takes place in a broader framework of general health education ("healthy living"). A focus on specific drug prevention is considered counterproductive, particularly where it seeks to emphasize the changes involved by presenting warning, deterring or sensational effects. As a consequence, drug education as a component within general health education, and 'teaching packs' for use in classroom are commonly used. Other approaches, such as special drug education programmes, AIDS included in drug education, training courses for teachers, programmes involving parents, integrated school-local community projects, and parent-oriented education are limited. Designated drug prevention personnel, and student counselling service are not used.

Currently available data on provision and utilisation of education and prevention resources

Information on the distribution of prevention materials, local community campaigns, designated staff in social and health services, training and information packs for professionals, leisure-time activities, peer prevention programmes, and workplace prevention programmes are available, although local community campaigns and workplace programmes are not used. Within the school system, information is available on prevention programmes in schools, development of health and drug education curricula, designated staff, development of prevention materials, and parent education. No data can be obtained on the utilisation of these services to the level of detail specified in the questionnaire.

Information is available on the financial resources for prevention from the central government and from the local authorities.

Currently available data on evaluation of prevention interventions

Mass media campaigns and local community campaigns have been evaluated. Data from these evaluations are not collated.

National information collection centres

There is a centre which collates information on prevention activities.

PORTUGAL

Main types of primary prevention

Mass media campaigns are a common approach to primary prevention in the community. All other types of interventions in this context are limited, except for special prevention staff in social and health services, and workplace programmes.

Within the school system, HIV/AIDS is commonly included in drug education, while other interventions are limited. 'Teaching packs' for use in the classroom and parent-oriented education are used, although they do not cover every school in the country.

Currently available data on provision and utilisation of education and prevention resources

Details of mass media campaigns, the number and type of prevention materials distributed, information on local community campaigns, training of professionals, number and type of information packs for professionals distributed, number of integrated projects, proportion of social and health services with special prevention staff, and number of peer prevention programmes within the community are available. Within the school system, information is available on prevention programmes in schools, on the development of health and drug education curricula, on designated staff, on teachers' training, on the development of prevention materials, and on parent education, as well as details on the utilisation of all these programmes.

Information on the amount of resources allocated to prevention by the central and local governments is available.

Currently available data on evaluation of prevention interventions

Mass media campaigns, peer prevention programmes, and parent education programmes have been evaluated. Evaluation studies of all other prevention activities, except for local community campaigns and integrated school-local community projects, are planned.

Data from evaluations are collated, although not in a systematic way.

National information collection centres

There is no centre which collates complete and full information at a national level on prevention activities, but in 1992 a centre will start to attempt to do so.

UNITED KINGDOM

Main types of primary prevention

Within the community environment, mass media campaigns at a national, regional and local levels are common. Campaigns aimed at specific population groups such as ethnic minorities, gays and women are limited and carried out by voluntary organizations. The assessment of the local situation and local community campaigns are relatively common (20 local drug prevention projects) and carried out by voluntary agencies and community drug teams.

Currently available data on provision and utilisation of education and prevention resources

Data on the provision and utilisation of most community and school prevention activities are available at a national level.

Details on local drug prevention teams are available. They survey the activity in their area as part of the setting up process.

In terms of funding, the Department of Health offers "earmarked funding" to Regional Health Authorities for drug misuse services (prevention, treatment and rehabilitation), as well as regular funding to the National Voluntary Agencies on drug misuse. The Scottish Office provides funding on a similar basis.

Currently available data on evaluation of prevention interventions

A two year research study was undertaken (1987/88) by the Addiction Research Group and the Educational Psychology Group of the Department of Psychology at the University of Strathclyde. It evaluated the effectiveness of Government initiatives in Scottish drug education. The results show that the process of drug education is firmly based in schools, that teachers have greater knowledge and confidence facing drug issues, and that pupils attitudes and likely behaviour are moving in the right direction.

In a successive evaluation of national media campaigns since 1985, the most recent tracking study (March 91) showed a general softening of attitudes towards "soft drugs".

Local community campaigns have been evaluated as an integral part of the work of the local drug prevention teams.

An evaluation of local drugs education coordinators has been carried out, the main conclusion is that the more than 100 coordinators had successfully initiated and stimulated drugs education at local education authority level. There is a report on social worker training in substance abuse. Prof. Stimson has carried out research on behaviour change by drug users with regard to HIV infection. Most other prevention initiatives have been evaluated. Data from these evaluations are collated.

National information collection centres

The National Addiction Centre, SCODA, RESOLV, and the Institute for the Study of Drug Dependence (ISDD) collect some data on primary prevention activities, but no-one agency has the responsibility systematically to collect data.

The Central Drug Prevention Unit collates information from its local drug prevention teams (mainly in inner city areas, 20 by the end of March 92), but also from elsewhere, with the aim of promoting and supporting prevention measures in the community.

3.A. HARM REDUCTION

BELGIUM

Main types of harm reduction activities

At a national level, all types of harm reduction interventions are common, except for the supply of substitute drugs, which is limited, and needle exchange, which is not used, since the sale of syringes is free in the whole country.

Within the Flemish Community, the screening for hepatitis B and HIV antibodies among IVDU is relatively common. Needle exchange, condom distribution, drugs and AIDS projects in prisons, and media campaigns aimed at abusers are not used, and the rest of interventions are limited, including campaigns for the distribution of leaflets aimed at IVDU.

The facilitation of access to health services is common in the French Community, and needle exchange programmes and mass media campaigns aimed at drug users are not used. All other harm reduction activities are limited in this Community. Drop-in centres are private, and there are around 200 persons receiving substitute drugs.

Measures aimed at specific subgroups

Within the Flemish Community, measures aimed at HIV+ drug users, and at ethnic minorities are limited. No measures are specifically focused on other user subgroups.

These types of measures are limited for most user subgroups in the French Community, except for ethnic minorities, for which no special measures are provided.

Currently available data on provision and utilisation of harm reduction services

Limited information on bleach and syringe cleaning projects and on outreach projects is available at a local level in the Flemish Community.

The French Community can supply information on the number of projects in prisons, of substitution drugs projects and of projects aimed at subgroups, as well as on the resources allocated to most types of harm reduction interventions. The number of drug abusers making use of projects in prisons and of substitution drugs is also available.

Currently available data on evaluation of harm reduction interventions

At a national level, all types of harm reduction interventions have been evaluated, except for needle exchange programmes.

The Flemish Community has planned the evaluation of crisis intervention services.

The French Community has evaluated condom distribution and safer sex education projects, the training of professionals, and projects aimed at specific subgroups. Evaluations of street outreach projects, supply of substitution drugs, and media campaigns aimed at drug users are planned.

National information collection centres

The Flemish Community has no centre that collates information on harm reduction activities.

A centre of this type is planned by the French, Flemish and German Communities together, within the intercommunity framework: "Commission de Coordination Intercommunautaire".

DENMARK

Main types of harm reduction activities

Most of the harm reduction initiatives are commonly used, including drop-in centres, crisis intervention, health services, provision of free needles, distribution of condoms, and methadone substitution. Screening for hepatitis B and HIV antibodies, hepatitis B vaccination, street outreach projects, and drugs and AIDS projects in prisons are limited.

Measures aimed at specific subgroups

Measures aimed at prisoners, pregnant women, and drug users with children are common. Those focusing on HIV+ drug users, female and male prostitutes, and ethnic minorities are limited.

Currently available data on provision and utilisation of harm reduction services

Information on the number of needle exchange programmes, outreach projects, prison projects, substitution drugs programmes, and measures aimed at subgroups is available either at a national, regional or local levels. It is possible to obtain data on the number and some characteristics of users making use of needle exchanges, projects in prisons, substitution drugs, drop-in and crisis intervention centres, helplines, and material and social support. Data on resources allocated to harm reduction are accessible for most measures, in general at a regional level. Information on the financial contribution from the central and local governments, as well as from voluntary and private organisations is also available.

Currently available data on evaluation of harm reduction interventions

Helplines, facilitation of access to health services, needle exchange and provision schemes, information provision, and condom distribution and safer sex education for drug users have been evaluated.

National information collection centres

There is no centre which collates information on harm reduction activities, apart from a central registration of methadone provision.

GERMANY

Main types of harm reduction activities

Increased accessibility approaches such as drop-in centres, street outreach projects, and facilitation of access to health services, as well as campaigns aimed at improving the information of drug users, such as screening for hepatitis B and HIV antibodies, media campaigns aimed at drug abusers, and information packs for abusers, and more general strategies, such as material and social support to drug users are commonly used. Other methods are used to a limited extent.

Measures aimed at specific subgroups

Programmes aimed at HIV+ drug users and prisoners are commonly implemented, measures addressed at other specific subgroups are more limited.

Currently available data on provision and utilisation of harm reduction services

Information on the number of projects of each type of harm reduction interventions is available. Data on utilisation of these services, as well as on the distribution of harm reduction materials, and the characteristics of the abusers contacted are available only at regional or local levels, except for information provided from demonstration projects on outreach projects, prisons, and drop-in and crisis intervention centres.

No data are available on resources allocated for harm reduction, except for some information at regional and local level. Most of the resources are provided within the general health and social services system, and costs are therefore unknown.

Information is available on the financial contribution from the central government at a national level and from the local government at regional and local levels.

Currently available data are provided by documentation systems and annual facility reports.

Currently available data on evaluation of harm reduction interventions

The following interventions have been evaluated: screening for HIV antibodies among IVDU, material and social support for drug users, condom distribution and safer sex education, street outreach projects, drugs and AIDS projects in prisons, supply of substitution drugs, and training of professionals. A study is planned on needle exchange and provision.

Data from these evaluations are collected by research centres on drug abuse.

National information collection centres

There is no centre to collate information on harm reduction activities, although research centres collate partly this type of information.

GREECE

Main types of harm reduction activities

The most commonly used harm reduction activities are information packs for abusers, and drugs and AIDS projects in prisons. Most other interventions are implemented to a limited degree. Needle exchange and cleaning needles projects, condom distribution, and supply of substitute drugs are not used.

Measures aimed at specific subgroups

Projects focused on HIV+, female and male prostitutes who are drug users are common, those addressed at prisoners and pregnant women are limited, and there are no projects centred on drug users with children.

Currently available data on provision and utilisation of harm reduction services

Data are available at regional or local level on the number of prison projects and animation projects. The number of drug users using these services is available for some activities, such as prison projects, crisis intervention and drop-in centres, screening for hepatitis and HIV antibodies, and material and social support. The number of information packs distributed can also be provided.

Data are available on the characteristics of a sample of drug abusers interviewed within the treatment services and the prison in the Athens area.

Information on resources allocated for education promotion amongst drug users, media campaigns aimed at drug users, training professionals, drop-in and crisis intervention centres, helplines, facilitation of access to health services, and material and social support is available.

The financial contribution at a national level is also available.

Currently available data on evaluation of harm reduction interventions

All types of interventions have been evaluated or studies are in course or planned, except for condom distribution and safer education and supply of substitution drugs.

National information collection centres

A centre for collation of information on harm reduction is planned.

SPAIN

Main types of harm reduction activities

The most common harm reduction initiatives are: public and private helplines, screening for hepatitis B and HIV antibodies among IVDU, information packs for drug abusers at an Autonomic level, safer sex education for drug users at treatment centres, drugs and AIDS projects in prisons, and methadone maintenance programmes at Autonomic level. Approaches such as drop-in centres from the voluntary organisations, hepatitis B vaccination for IVDU (in all prisons and in the community), material and social support for drug users, needle exchange programmes, bleach and condom distribution (in prisons), and street outreach projects (Madrid and Barcelona), and training of primary health care professionals are used to a limited extent. Crisis intervention centres and media campaigns aimed at drug abusers are not used.

Measures aimed at specific subgroups

Specific programmes aimed at drug users who are HIV+ and prisoners are relatively common. The prison programme includes counselling and distribution of informative materials on AIDS and hepatitis prevention, large scale, anonymous distribution of free condoms, screening for HIV and hepatitis B, hepatitis B vaccination for those not immunised, and distribution of containers with bleach. Activities aimed at female prostitutes and pregnant women are limited. There are no specific measures addressing male prostitutes, ethnic minorities or drug users with children.

Currently available data on provision and utilisation of harm reduction services

Data are available on prison projects, substitution drugs and bleach distribution.

Pharmacies in the Basque Country distribute an 'anti-AIDS' kit, which contains an information leaflet, a syringe, a plastic container for the syringe, and a condom. The participation was 66% of all pharmacies, distributing 500.000 kits between Nov-1989 and Jan-1991.

Prison programmes are implemented in all Spanish prisons (around 80) in collaboration between the national penitentiary administration and the Autonomous Communities. Among a sample of 10.017 inmates which had been in prison less than 6 months, 65.6% had received hepatitis B vaccine (1990).

Most Autonomous Communities had methadone maintenance programmes in 1990. The total number was superior to 50. During that year, 3023 persons initiated opiate maintenance treatment (82% increase over 1989). The mean age of this group of people was 28.7 years and the ratio male/female was 3.6/1.

The Madrid Autonomous Community has chartered a bus which drives around the Community once a week and provides medical and social care, advice and counselling on treatment and risk reduction, sterile syringes, condoms and informative leaflets.

It is difficult to obtain information on resources allocated to these programmes, since most of them are conducted in collaboration with the national health system and the NGOs. No routine data are available on the volume of resources allocated to risk reduction programmes, nor on the contributions from various organisations. They could be obtained by carrying out ad hoc studies.

Currently available data on evaluation of harm reduction interventions

Data collection is increasing slowly, although the effort is still poorly organised and this is hampering assessment studies. Some helplines and substitution drugs programmes have been evaluated.

The anti-AIDS kit programme in the Basque Country has been evaluated. It is known to almost all drug users, and most have been made aware of it by pharmacists. The majority consider the existence of the kit as an asset, but feel that it does not solve the problem of obtaining syringes at nights and on holidays. Women, in particular prostitutes, are the most frequent kit users. As a result of the evaluation study, some changes will take place: the kit in 1991 will include wipes impregnated with alcohol, and a new information leaflet containing instructions on skin disinfection and syringe cleaning when a new one is not available. The possibility of including distilled water is being studied.

National information collection centres

There is no national centre which collates information on harm reduction activities.

FRANCE

Main types of harm reduction activities

Several types of approaches to harm reduction are commonly used: facilitation of access to health services, screening for hepatitis B and HIV antibodies, material and social support for drug users, reception, follow-up and preparation for the release of drug abusers inmates, within the "Antennes Toxicomanies" in prisons (16 in total), and training of professionals.

All other approaches are implemented at a limited scale, including three pilot needle exchange projects. Mass media campaigns aimed at drug abusers are not used, and although there is no formal project for syringe cleaning, there are individual initiatives in this direction.

Measures aimed at specific subgroups

Initiatives aimed at specific subgroups are limited, except for those addressed to prisoners, pregnant women and mothers with their children.

Currently available data on provision and utilisation of harm reduction services

The number of projects in all the areas except for syringe cleaning projects is available, as well as the number and characteristics of drug users making use of them except for information services and outreach projects, and the number of material distributed for harm reduction.

Information on the amount of resources allocated for all the actions mentioned except for cleaning materials is available, as well as the financial contributions at a national, local and private levels.

Currently available data on evaluation of harm reduction interventions

Most types of approaches to harm reduction have been evaluated or are in progress at the moment. Examples of such evaluations are the evaluation of a methadone maintenance programme, of pregnant women and mother-child projects, and of ambulatory care centres. In progress are a survey of the social range of drug use, and an assessment of the 'minimum integration income'.

Interventions such as information provision, condom distribution, safer sex education, and street outreach projects are evaluated at a local level.

Results from these evaluations are collated mainly by the Ministry of Health and the General Delegation for Combating Drugs and Drug Abuse.

National information collection centres

There are two bodies in charge of collating data on harm reduction activities: the Ministry of Health, and the General Delegation for Combating Drugs and Drug Abuse.

IRELAND

Main types of harm reduction activities

Increased accessibility approaches such as drop-in centres, helplines, and facilitation of access to health services are commonly used, as well as material and social support for drug users. All other harm reduction activities listed are used to a limited extent, except for hepatitis B vaccination for IVDU, which is not used because patients have already contracted the hepatitis B virus.

Measures aimed at specific subgroups

Measures aimed at HIV+ drug users are common. Those focusing on female prostitutes, pregnant women, prisoners, and drug users with children are limited. There are no specific activities for male prostitutes and ethnic minorities.

Currently available data on provision and utilisation of harm reduction services

Relatively comprehensive data are available at national or regional level on the number of projects offering needle exchanges, bleach or cleaning needles information, outreach, activities in prison, and substitution drugs. This applies also to the number of users making use of these resources and to the number of harm reduction materials distributed (syringes, bleach or other cleaning materials, and condoms) and the resources devoted to it. Information on resources allocated to other harm reduction initiatives is more incomplete or difficult to obtain. Several characteristics of the abusers contacted are available but incomplete at a national level and relatively comprehensive at a regional level.

Currently available data on evaluation of harm reduction interventions

Drop-in centres, screening for HIV and hepatitis B antibodies, needle exchange or provision, bleach or other cleaning projects, condom distribution and safer sex education, and street outreach projects have been evaluated. Studies are planned to evaluate some of these and most of the other harm reduction interventions.

Data from evaluations are collected.

Information on the financial contribution from the central and local governments is also available.

National information collection centres

There is a centre which collates information on harm reduction activities. A major treatment centre is involved in a E.C. study under the auspices of the W.H.O. The initial findings will soon be published.

ITALY

Main types of harm reduction activities

Activities aimed at the facilitation of contact with drug users, such as helplines and facilitation of access to health services, others aimed at increasing their awareness, such as screening for hepatitis B and HIV antibodies among IVDU and media campaigns, and others such as supply of substitute drugs (short and medium term methadone programmes) and training of professional workers are common. All other types of intervention are limited, except for needle exchange, syringe cleaning projects, and condom distribution to drug users, which are not used.

Measures aimed at specific subgroups

Interventions aimed at HIV+ drug users are common. Those addressing female prostitutes, prisoners, pregnant women and drug users with children are limited. There are initiatives focusing on male prostitutes and ethnic minorities.

Currently available data on provision and utilisation of harm reduction services

Data on the number of outreach projects, substitution drugs programmes and projects aimed at subgroups are available.

Methadone programmes are available at all drug dependency units (around 500) throughout the national territory; all HIV drug users can get care free of charge (the estimated number of HIV+ drug users is 50,000). Data on the utilisation of such projects is available on: substitution drugs (methadone has been given to about 20,000 subjects in 1990), helplines, and screening for HIV antibodies. The characteristics of drug users contacted at treatment centres are available. No data are available on the distribution of harm reduction materials.

Information on the resources allocated for education amongst drug users, substitution drugs, media campaigns aimed at drug users, training of professionals, hepatitis B vaccination, and helplines is available, as well as on the financial contribution from the central Government. Special funds are granted for prevention programmes in prison.

Currently available data on evaluation of harm reduction interventions

The screening for hepatitis B and HIV antibodies among IVDU has been evaluated. Evaluations of several other interventions are in progress or planned. Data are not collected routinely. Some data from evaluations of specific educational programmes targeted at harm reduction conducted at a local level are available.

National information collection centres

Two national centres to collect information on harm reduction activities are planned: the Se.Ce.D.A.S., at the Health Ministry, and the C.O.A., at the Superior Health Institute.

LUXEMBOURG

Main types of harm reduction activities

The most common harm reduction interventions are drop-in centres, crisis intervention centres and AIDS and drugs projects in prisons. All other approaches are implemented to a limited degree, including a methadone programme at a national level.

Measures aimed at specific subgroups

Most activities aimed at specific subgroups are limited, for example, services for drug users with children are provided within a therapeutic centre. There are no initiatives addressed to ethnic minorities.

Currently available data on provision and utilisation of harm reduction services

Data on the following projects, as well as on their utilisation are available: prison projects, substitution drugs, needle exchanges and cleaning needles projects. Information on the utilisation of information services, drop-in and crisis intervention centres, and helplines is accessible. The number of syringes, condoms and cleaning materials distributed is also known. Information on the characteristics of drug addicts treated in public agencies is available.

Data on resources allocated for needle and condom distribution, cleaning materials, substitution drugs, media campaigns aimed at drug users, drop-in and crisis intervention centres, and helplines are available.

Data on the financial contribution from the central Government are available.

Currently available data on evaluation of harm reduction interventions

Evaluation studies on drugs and AIDS projects in prisons, supply of substitution drugs, and media campaigns aimed at drug users have been carried out. The results of such evaluations are not collated.

The preliminary report of a methadone programme evaluation describes the socio-professional characteristics of the participants. The results indicated a positive evolution of most regular participants, the programme will be continued and extended.

National information collection centres

There is no centre that collates information on harm reduction activities.

NETHERLANDS

Main types of harm reduction activities

Activities such as drop-in and crisis intervention services, facilitation of access to health services, material and social support, needle exchange and provision, information packs for abusers, condom distribution, safer sex education, street outreach projects, supply of substitute drugs, and training of professional workers are common. The availability of certain approaches, such as helplines, screening for hepatitis B and HIV antibodies, hepatitis B vaccination for IVDU, bleach and other syringe cleaning projects, and drugs and AIDS projects in prisons is limited. Media campaigns aimed at abusers are not used.

Measures aimed at specific subgroups

Measures aimed at female prostitutes are common, implemented also in an experimental way. Approaches addressed to other specific subgroups are limited.

Currently available data on provision and utilisation of harm reduction services

There are about 130 needle and syringe exchange schemes in about 58 municipalities. In 1989, 820,000 syringes were exchanged in Amsterdam, 80,00 in the Hague, 250,000 in Rotterdam, and 28,000 in Utrecht, the total number is unknown. In a few cities pharmacists exchange needles and syringes. Some schemes deliver syringes and containers at private homes of isolated drug users. In a few cities there are experiments with slot machines for needle-exchange. Some schemes are mobile, making use of vans that stop at several locations. Outreach workers do also provide syringes in the street.

In some larger cities there are special programmes for street prostitutes.

Information on the number of other projects, the number of drug users making use of them, their characteristics, the number of materials distributed, and the number and types of professionals trained is available.

Information is also available on resources allocated for most of these approaches, as well as on the financial contribution for harm reduction from the central and local governments.

Currently available data on evaluation of harm reduction interventions

All the harm reduction interventions have been evaluated or evaluations are planned, except for helplines and media campaigns aimed at drug users.

National information collection centres

There is a centre that collates information on harm reduction activities.

PORTUGAL

Main types of harm reduction activities

Approaches to harm reduction such as drop-in centres, helplines, and facilitating access to health services are common. Other types of intervention are limited or not used (hepatitis B vaccination, needle exchange, syringe cleaning projects, condom distribution, safer sex education, supply of substitute drugs, and media campaigns aimed at drug users).

Measures aimed at specific subgroups

Approaches aimed at specific groups such as HIV+ drug users, prisoners, pregnant women and drug users with children are limited. There are no programmes focusing on female and male prostitutes or ethnic minorities.

Currently available data on provision and utilisation of harm reduction services

Data are available on the number of outreach and prison projects, as well as on substitution drugs at a local level. Information on the number of users making use of substitution drugs, drop-in and crisis intervention centres, screening and of helplines at a national level is available, as well as the number of information packs distributed and professionals trained. Some of the characteristics of the users reached are available.

Information is available on the amount of resources allocated for: media campaigns aimed at drug users, training of professionals, drop-in and crisis intervention centres, helplines, and material and social support. At a local level on: substitution drugs, screening for hepatitis B and HIV antibodies and hepatitis B vaccination. The financial contribution from the central and local Governments is available.

Currently available data on evaluation of harm reduction interventions

Drop-in centres, crisis interventions services and helplines have been evaluated. Data from evaluations are collated.

National information collection centres

There is a centre which collates information on harm reduction activities.

The GPCCD (Cabinet for Planning, Co-ordination and Combat on Drugs), at the Ministry of Justice produced annual reports on drug enforcement, penal and health data up to 1991. From 1992 onwards, health and prevention data will be dealt with by SPTT (Service for Prevention and Treatment of Addiction), at the Ministry of Health.

UNITED KINGDOM

Main types of harm reduction activities

Most harm reduction activities are relatively common. The Scottish Office has promoted the wider availability of injecting equipment for drug misusers to reduce the spread of HIV infection through the sharing of needles and syringes. Clinic-based needle exchange schemes operating under medical supervision have been set up in three of the 15 board areas in Scotland. Retail pharmaceuticals are encouraged to sell injecting equipment and to receive used equipment, and a number of pharmacies are funded to give injecting equipment out free. General practitioners may also issue injecting equipment as part of their treatment for drug misusers. Discussions are currently proceeding with the pharmaceutical profession concerning the involvement of community pharmacists in a free needle and syringe exchange scheme. Detailed information from certain boards is available. While hepatitis B immunization is available, there has been limited uptake and problems of low course completion rates among injectors, but with a more proactive approach among health and harm reduction workers in drug advice agencies and needle exchanges, this rate is improving. Material and social support is offered in the form of access to general social security benefits. Steps are being taken to expand drugs and AIDS projects in prisons.

Measures aimed at specific subgroups

Measures aimed at HIV+ drug users and drug users with children are relatively common in Scotland. Those focusing on other groups of users are limited, taking place mostly in the form of street outreach projects for male and female prostitutes or prison medical services. Projects on guidelines for obstetricians on drug using pregnant women and special services for ethnic minorities are limited, but developing fast.

A number of projects have been developed aimed specifically at the provision of health care within drug advice and needle exchange programmes. The staff are titled health and harm reduction workers and generally run well user and well woman clinics.

Currently available data on provision and utilisation of harm reduction services

Information on provision of most of the harm reduction activities is available at a regional level. Data on prison projects and drug users making use of them are available at a national level, since prisons are managed centrally for England and Wales.

Two studies are presently carried out in Scotland on harm reduction activities in the prison service. The first, on knowledge, attitudes, and the assessment of risk related to HIV/AIDS is nearing the later stages. The other is on how the Scottish prison service will be able to respond to drugs misuse and alleviate prisoners drug related problems. This study will provide specific policy recommendations for identifying and supporting drug misusers on admission and during their prison sentence and upon release. Staff in prisons have been offered Hepatitis B vaccination.

RHAs, DHAs and LAs will each have a reasonable estimate of what is going on in their respective areas, but this information is not collected centrally- the Regional Drug Misuse Databases are new and still incomplete. A difficulty in assessing utilization is that many agencies offer more than one service, and the compiled statistics do not distinguish which services clients use. This type of information will be easier to obtain when agencies providing drug services begin contracting with purchasing authorities.

Currently available data on evaluation of harm reduction interventions

Most types of interventions have been evaluated or studies are planned or in progress. Examples are the evaluation of syringe exchange schemes (Stimson et al), amphetamine prescribing, evaluation of all professional training courses, and AIDS and drugs projects in prisons. An evaluation of the needle and syringe exchange strategy as compared to other measures has been carried out, although it has been suggested that it is too early to reliably assess the impact of the needle and syringe schemes on HIV levels.

National information collection centres

The Health Education Board for Scotland, the regional data bases, and the Home Office Addicts Index collate information on harm reduction activities.

3.B. TREATMENT AND REHABILITATION

BELGIUM

Main types of treatment and rehabilitation services

Within the Flemish Community, inpatient detoxification units and therapeutic communities are relatively common, and half-way houses are limited. Foster families and prison programmes for drug users are not available. Among non-residential services, crisis centres and self-help groups are relatively common, while most other activities are limited. Methadone prescription by general practitioners, aftercare support programmes, occupational training centres, and follow-up after release from prison are not used.

Special services for HIV+/AIDS patients, long-term drug users, and drug users with legal problems are limited, while those for pregnant women and children of drug users are not used.

Social workers, psychologists and psychiatrists are commonly involved in treatment services, while educators and general physicians do so at a more limited scale.

In the French Community, inpatient detoxification units are relatively common, therapeutic communities, half-way houses, and prison programmes for drug users are limited, and foster families are not used.

Among non-residential services, most types of activities are limited, except for self-help groups, which are common, and employment facilitation programmes, which are not used. The prescription of methadone by general physicians takes place only within multidisciplinary teams.

There are limited special services for drug abusing pregnant women, and children of drug users. There are no special services for other client subgroups, except those within psychiatric hospitals.

The involvement of professionals in treatment services is common but general physicians do not generally participate.

Currently available data on provision and utilisation of treatment and rehabilitation services

Within the Flemish Community, information is available on the number of residential and non-residential services, and on the characteristics of clients at a local level.

The French Community collects data on the number of residential and non-residential treatment services, as well as of activities within general social and health services. Information on their geographical distribution is also available, as well as their status, the capacity of the residential services, and the financial resources allocated by the local authorities. Data on the number of drug users treated in one year in non-residential services can be provided, in addition to the number of first treatment demands at a local level. A data collection form on the characteristics of abusers contacting services - first demand of treatment - is in an experimental stage in this Community. The items included in this form will be used in the country as a whole within the intercommunity framework.

The German Community (65.000 inhabitants) offers an outpatient service (Mental Health Service). It collaborates with hospitals in Germany and in the French Community. A psychiatric unit for detoxification is also available.

Currently available data on evaluation of treatment and rehabilitation interventions

No treatment and rehabilitation interventions have been evaluated within the Flemish Community.

The French Community has planned evaluation studies of inpatient detoxification programmes within certain psychiatric hospitals, of therapeutic communities, and of methadone maintenance programmes. The collation of results from these evaluations is planned.

National information collection centres

The VLIS-DC, in the Flemish Community, collects data on treatment and rehabilitation services.

A permanent unit for health and social monitoring of drug problems (CCAD) was created in 1990 in the French Community.

An information collection centre does also exist in the German Community (A.S.L.).

The 3 communities are working together on this area.

DENMARK

Main types of treatment and rehabilitation services

All types of specialised residential services are common, except for prison programmes for drug users.

All types of specialised non-residential services are common.

All types of special client services are common, except for those focusing on drug users on probation or with legal problems.

Currently available data on provision and utilisation of treatment and rehabilitation services

Information on the number of services of each type and their geographical distribution is available at a regional level, although partial or incomplete. Data on the number of drug users treated in one year, as well as the number of first treatment demands are available and relatively comprehensive for residential, non-residential, and general services.

Some of the characteristics of the treated clients are available.

Currently available data on evaluation of treatment and rehabilitation interventions

None of the treatment and rehabilitation interventions have been or are planned to be evaluated.

National information collection centres

There is a centre that collates information on treatment and rehabilitation activities.

GERMANY

Main types of treatment and rehabilitation services

Inpatient detoxification units from the local and state administrations, therapeutic communities operated by NGOs and local administrations, and half-way houses are common. Prison programmes for drug users run by the States are limited. Foster families are not used.

Among non-residential services, street agencies, drop-in services, aftercare support programmes, and self-help groups are commonly available. Most other types of non-residential services are limited, and mainly delivered at a NGO or local administration level. There are national guidelines for methadone prescription by general practitioners since 1.10.91.

Special services aimed at HIV+/AIDS patients, long term drug users, and drug users on probation or with legal problems are common, while those addressing drug abusing pregnant women and children of drug users are limited. All these services are organised mostly at NGO or local levels.

The professionals most commonly involved in the treatment and rehabilitation of drug abusers are social workers and psychologists. Educators, general practitioners and psychiatrists are implicated to a more limited extent.

Currently available data on provision and utilisation of treatment and rehabilitation services

The documentation system EBIS (Einrichtungsbezogenes Informations System) collects data on the number of residential and non-residential services, as well as on their geographical distribution, status, capacity, number of users treated in one year, and number of first treatment demands. The characteristics of the clients, as well as information on their treatment process is also available. General social and health services carry out few activities in this area. The treatment capacity in prisons, and the number of drug users entering prison and treated in prison are included in prison documentation.

There is no federal money for ongoing services, only for model projects. Information on financial resources for treatment and rehabilitation from the local governments, voluntary and private organisations, and health/pension insurance is available.

Currently available data on evaluation of treatment and rehabilitation interventions

All the types of model programmes of the Federal Government have been evaluated, except for training and social reinsertion. Data from these evaluations are collated. Many single centre and two centre follow-up studies are carried out. Two main multi-centre studies have been implemented: a multi-centre residential treatment evaluation and follow-up study (300 patients from 13 treatment facilities from treatment onset to 4-year follow-up), and a multi-centre residential treatment drop-out study (35 treatment centres with some thousand patients).

National information collection centres

The Treatment Research Institute (IFT), in Munich collects national information on treatment and rehabilitation activities.

GREECE

Main types of treatment and rehabilitation services

Among specialised residential services, therapeutic communities are relatively common, while inpatient detoxification units, half-way houses, and prison programmes for drug users are limited. Foster families are not used (in project).

The most common non-residential services are street agencies and drop-in centres. Most other approaches to treatment and rehabilitation are limited, and aftercare support programmes and self-help groups are provided by NGOs. Crisis centres, methadone maintenance and methadone prescription by general practitioners (prohibited by law), and job placement or employment facilitation programmes are not used.

Services for special clients such as HIV+/AIDS patients, long-term drug users, and drug users on probation or with legal problems (national scheme planned) are limited. None are available for pregnant women and children of drug abusers.

Most treatment and rehabilitation services are staffed by social workers, general practitioners, and psychologists. To a more limited scale, by educators, psychiatrists, and lawyers (free services and consultation).

Currently available data on provision and utilisation of treatment and rehabilitation services

No data are available on the number of existing treatment services of each type, their geographical distribution, their treatment capacity, or the number of drug abusers treated, except for the number of first treatment demands in non-residential services. Some of the characteristics of the clients are available at a local level.

The numbers of drug users entering prison and treated in prison are available.

Information on the amount allocated by the national government for treatment and rehabilitation services is available, as well as on the status of the services.

Currently available data on evaluation of treatment and rehabilitation interventions

No treatment programmes have been evaluated. Evaluation studies are planned on: inpatient detoxification programmes, therapeutic communities, prison programmes for drug users, outpatient drug-free treatment, and training/social reinsertion.

National information collection centres

There is no centre which collates information on treatment and rehabilitation activities.

SPAIN

Main types of treatment and rehabilitation services

Inpatient detoxification units in general hospitals, therapeutic communities, and prison programmes for drug users in cooperation between the prison administration and the Autonomous Communities are frequently available. Half-way houses are used at a more limited scale, while foster families are used only in exceptional cases.

Street agencies and drop-in services, drug free detoxification and/or therapy, methadone maintenance programmes in authorised centres, social counselling and housing services, aftercare support programmes in collaboration between public administrations and NGOs, and occupational training centres are frequently used in the treatment and rehabilitation of drug abusers. Other approaches are not specific, for example, job placement or employment facilitation programmes are not exclusive to former drug users. Crisis centres, low threshold treatment options, methadone prescription by general practitioners, and family support programmes are not used.

Special services are frequently offered to HIV+ and AIDS patients, and to long-term drug users. Those aiming at pregnant women, and at drug users on probation or with legal problems are less common. There are no special programmes for children of drug users.

Educators, social workers, psychologists, and psychiatrists are frequently involved in the treatment and rehabilitation of drug abusers. General practitioners are part of the staff in a smaller proportion.

Currently available data on provision and utilisation of treatment and rehabilitation services

There are 47 hospitals with detoxification units, 62 therapeutic communities, 403 outpatient treatment centres (291 within a network with a unified information system), and 71 treatment centres with methadone maintenance programmes. Information on the geographical distribution of these centres is available. It is difficult to estimate the treatment capacity of outpatient centres. There are 1,879 treatment slots at therapeutic communities, and 212 beds in hospital detoxification units. The waiting time to accede to a specific service fluctuates between one and five weeks, and there is no waiting time for outpatient treatment centres. Information is available on the status of governmental services, as well as on the private and voluntary services which collaborate with the public network or receive public funds.

The total number of drug users treated in one year (90) was 25,118; of those, 5,546 were dealt with at hospital detoxification units; 2,790 at therapeutic communities; and 3023 with methadone maintenance. Information on the number of first treatment demands (not for general services), as well as on all client characteristics, and the type of treatment given is available. Information on the number of drug users entering and treated in prison is available at a national level.

Information on financial resources from the national, regional, and local governments allocated to treatment and rehabilitation is available. The central administration transfers funds to the Autonomous Community administrations, which in turn transfer to the local administrations. The level of investment by local administrations and by the private sector is not known.

Currently available data on evaluation of treatment and rehabilitation interventions

Inpatient detoxification programmes have been evaluated. Evaluation studies on therapeutic communities, methadone programmes, and outpatient drug-free treatment are planned.

National information collection centres

The Government Delegation for the National Plan on Drugs and the Autonomous Community Plans collect data on treatment and rehabilitation activities and are considering evaluation projects.

FRANCE

Main types of treatment and rehabilitation services

Among residential services, aftercare centres are common, and inpatient detoxification units are used to a limited scale. 'Antennes toxicomanie' within prisons and foster families are also used.

Most types of non-residential treatment and rehabilitation interventions are common, except for crisis centres, methadone maintenance programmes, social counselling/housing services, and self-help groups, which are limited. Methadone prescription by general practitioners is not used.

There are some limited special services for pregnant women and HIV+/AIDS patients (therapy facilities). Special programmes for children of drug users, long-term drug users, and drug users on probation or with legal problems are not available.

Educators, social workers, psychologists, and psychiatrists are commonly involved in treatment and rehabilitation, while general practitioners do so to a more limited scale.

Currently available data on provision and utilisation of treatment and rehabilitation services

Information on the number of available services for all treatment types, as well as their geographical distribution, their treatment capacity, and their status (except for voluntary services) is available. Data on the characteristics of treated drug abusers are available, as well as the type of treatment provided and the number of drug abusers in prison. The Ministry of Health conducts a survey each November and based on data from this survey, estimations are made on the number of drug abusers in treatment or demanding first treatment.

Treatment and rehabilitation services depend on the national budget, therefore data on resources from this source allocated to treatment and rehabilitation are available.

Special services for the treatment of drug addicts:

- 6 special hospital units
- 155 drop-in centres for drug addicts and their families. The aims of these centres are very broad-based and include primary prevention, follow-up after non-residential detoxification and social, educational and psychological follow-up. They help drug addicts reintegrate and at the same time provide support for their families.
- 16 units for drug addiction in prisons, "antennes toxicomanies", to coordinate help for drug addicts in prison. They also prepare the prisoner for release by providing guidance on social reintegration and drug addiction services to ensure the right kind of follow-up.
- 39 residential treatment institutions - "post-cure" centres - which take drug addicts for between three months and one year after detoxification to maintain psychological stability and, ultimately, ensure social and occupational reintegration. Some of these centres specialise in psychotherapy and others are more concerned with vocational training and retraining. Some adopt both approaches. They are intended for very vulnerable drug addicts who need a large measure of supervision to regain their personal balance without the use of drugs. Each centre can take from six to 20 drug addicts.
- 21 centres with independent flats to provide residents with social stability through a flexible system of psychological and social education adapted to the situation. There are two kinds of flat, one where treatment is provided and the other acting as half-way house; the first provides educational and psychological follow-up for drug addicts who are still vulnerable while the second is really intended for former drug addicts who are ready to reintegrate and may even be able to contribute towards the cost of their accommodation but still need a crutch and an element of social stability before they can be fully independent.

Taken together these centres have about 1,000 places but there are some 250 foster families recruited and trained to take in drug addicts.

Currently available data on evaluation of treatment and rehabilitation interventions

One of the three methadone maintenance programmes has been evaluated. There is an ongoing national evaluation of specialized treatment centres which started in 1990 with residential (aftercare) centres and now proceeds with daycare centres.

National information collection centres

The Directorate General for Health, the General Directorate for Social Action, and the General Delegation for Combating Drugs and Drug Abuse collect information on drug abuser treatment and rehabilitation projects.

IRELAND

Main types of treatment and rehabilitation services

All types of specialised residential services are limited.

Among non-residential services, street agencies, drop-in and crisis centres, as well as drug free detoxification and/or therapy, methadone maintenance programmes, and self-help groups are common. All other non-residential approaches to treatment and rehabilitation are limited.

Special services are available for the different subgroups of clients, although those for long-term drug users and drug users on probation or with legal problems are limited.

All types of staff are frequently involved in these services, including nurses and obstetricians.

Currently available data on provision and utilisation of treatment and rehabilitation services

Information on the number, geographical distribution, capacity and utilisation of residential services is available and relatively comprehensive at a national level, while that on non-residential services is available but incomplete. Data on most client characteristics are available but incomplete at a national level and relatively comprehensive at a regional level. Details on the number of prison programmes and the number of drug users entering and treated in prison are also available.

Information on the financial resources allocated to treatment and rehabilitation by the central and local governments is available.

Currently available data on evaluation of treatment and rehabilitation interventions

Methadone programmes have been evaluated. Evaluation studies on inpatient detoxification and outpatient drug-free programmes are planned. It is planned that these evaluations will be collated.

National information collection centres

There is a centre that collates information on treatment and rehabilitation activities.

ITALY

Main types of treatment and rehabilitation services

The most common specialised residential services are therapeutic communities. Inpatient detoxification units and prison programmes for drug users, while available, are more limited. Foster families, and half-way houses are not used.

Among the specialised non-residential services, drug free detoxification and/or therapy are common, while most other approaches are more restricted, and methadone prescription by general practitioners and follow-up after release from prison are limited.

Special services for HIV+ and AIDS patients are commonly available, while those focusing particularly on other users subgroups are more limited.

Social workers, psychologists, psychiatrists, and infectious diseases physicians are frequently involved in the treatment and rehabilitation of drug abusers. Educators and general practitioners participation is more restricted.

Currently available data on provision and utilisation of treatment and rehabilitation services

There are 517 public drug dependency units and around 433 residential communities (private). Information is available on their geographical distribution, their approximated treatment capacity (not for general social and health services and within prisons), their status, the number of drug users treated in one year (65,000 drug users in drug dependency units, and about 10,000 in residential communities), the number of first treatment demands in non-residential services, the type of treatment given (39% pharmacological plus psychosocial, 10% pharmacological - pharmacological treatment includes methadone) and some of the characteristics of the clients (main drug:heroin, M:F ratio 4:1, medium age : 26 years).

The number of drug users entering prison at a national level is also available.

Information on the amount of financial resources for treatment and rehabilitation from the central government is available.

Currently available data on evaluation of treatment and rehabilitation interventions

No treatment programmes have been evaluated, except for some local programmes. The evaluation of methadone programmes is planned, as well as the collation of data from evaluations.

National information collection centres

The Ministry of Health collates information on treatment and rehabilitation activities as far as local and regional Health Units are concerned.

LUXEMBOURG

Main types of treatment and rehabilitation services

The use of most specialised residential services is limited, there are prison programmes for drug users sponsored by the EEC. Foster families are not available.

Among specialised non-residential services, street agencies and drop-in centres, crisis centres, methadone maintenance programmes, social counselling and housing services, aftercare support programmes, and job placement or employment facilitation programmes in the context of treatment centres are utilised to a limited extent. Other approaches to treatment and rehabilitation are not used.

Special services for drug users on probation or with legal problems are limited.

Most treatment and rehabilitation services count with educators, social workers, psychologists, and psychiatrists among their staff and, on a more limited scale, with general practitioners.

Currently available data on provision and utilisation of treatment and rehabilitation services

Data on the number of treatment services of each type, their geographical distribution, their treatment capacity, their status, the number of drug users treated (except for general services), some of their characteristics, the type and duration of treatment provided, and the proportion of clients completing treatment are available. The number of drug users entering and treated in prison is also available.

Currently available data on evaluation of treatment and rehabilitation interventions

Methadone treatment programmes have been evaluated.

National information collection centres

Information on treatment and rehabilitation activities are collated in four reports: the Annual Report from the Medico-Socio-Therapeutic Action Service (Ministry Health), the Annual Report from the non-profit organisation 'Jugend an Drogenhellef' (Youth and Drugs Aid), the Annual Report from the State Neuropsychiatric Hospital, and the Annual Report from the "Centre Thérapeutique" of Manternach.

NETHERLANDS

Main types of treatment and rehabilitation services

All types of specialised residential services are widely available, except for foster families, which are not used.

Most non-residential approaches to treatment and rehabilitation are commonly used, except for methadone prescription by general practitioners, family support programmes, occupational training centres, job placement or employment facilitation programmes, and self-help groups, which are limited.

Special services are common for all five groups of clients reviewed.

Most treatment and rehabilitation services count with social workers, general practitioners, psychologists, and psychiatrists among their staff and, on a more limited scale, with educators.

Currently available data on provision and utilisation of treatment and rehabilitation services

Data are available on the number of services of each type, as well as on their geographical distribution, treatment capacity, and status. The number of drug users treated in one year in residential services, and the number of first treatment demands (except for general services) are available.

Most of the characteristics of treated clients are also accessible, as well as some details of their treatment process.

Information on the financial resources for treatment and rehabilitation from the central government and the local government is available.

Currently available data on evaluation of treatment and rehabilitation interventions

All types of treatment programmes have been evaluated.

National information collection centres

There is a centre which collates information on treatment and rehabilitation activities.

PORTUGAL

Main types of treatment and rehabilitation services

There is limited availability of most types of specialised residential services, except for foster families, which are not available.

Among the specialised non-residential services, most types are commonly used, including follow-up after release from prison. Low threshold treatment options, methadone prescription by general practitioners, social counselling and housing services, and aftercare support programmes are not used.

Limited special client services are offered for pregnant women and people with HIV/AIDS. No special services are centred on the children of drug users, long-term drug users, and drug users on probation or with legal problems.

Psychologists and psychiatrists are frequently part of the staff at treatment and rehabilitation services. Educators, social workers, and general practitioners are present at a more reduced level.

Currently available data on provision and utilisation of treatment and rehabilitation services

Data are available on the number of services of each type, and on their geographical distribution, approximate treatment capacity, and status. The number of users treated and the number of first treatment demands, except for general health and social services, and voluntary agencies can be provided, as well as some of the client characteristics at a local level, and the type of treatment given. The number of drug users entering prison is known.

Information on the financial resources from the central government allocated for treatment and rehabilitation is available.

Currently available data on evaluation of treatment and rehabilitation interventions

Treatment and rehabilitation interventions have been evaluated at a local level. Studies are planned to evaluate therapeutic communities and outpatient drug-free programmes. The collation of these evaluations is also planned.

National information collection centres

There is a centre which collates information on treatment and rehabilitation activities.

The GPCCD (Cabinet for Planning, Co-ordination and Combat on Drugs), at the Ministry of Justice produced annual reports on drug enforcement, penal and health data till 1991. From 1992 onwards, health and prevention data will be dealt with by SPTT (Service for Prevention and Treatment of Addiction), at the Ministry of Health.

UNITED KINGDOM

Main types of treatment and rehabilitation services

The main thrust of services are community based multidisciplinary treatment programmes. The first line of contact is the generalist such as general practitioner, midwife, health visitor, social worker, probation officer. Nearly every district now has a Community Drug Team.

Inpatient detoxification units, therapeutic communities, and half-way houses are relatively common in the country as a whole, but limited in Scotland. The Ministers have announced the setting up of a drug reduction programme for newly admitted prisoners at one specific prison.

Most specialized non-residential services are common or limited, but increasingly available.

Services for special clients are also commonly available, except for those aimed at drug using pregnant women, which are limited.

All types of staff reviewed are commonly involved in drug treatment services.

Currently available data on provision and utilisation of treatment and rehabilitation services

At a national level, there is information on the outpatient/inpatient distribution of Home Office notifications from treatment centres and hospitals, but no information on individual services. Similarly, the Regional Drugs Database gives the proportion of episodes arising from particular agency types. The Regional Drugs Database can identify and count individual services, but it is in its infancy, in the future it will improve availability of information. Coverage may as yet be partial and variable. Social services have not yet been taken on board. SCODA and Turning Point have during the past year completed a survey on residential treatment services. The number and geographic distribution of residential services is known at a national level, and of non-residential services at a regional level. The treatment capacity within prisons is available. The prison service in Scotland has details of the numbers of prisoners treated for drugs before and during imprisonment. Service directories are published by SCODA, the Scottish Drugs Forum, Re-Solv, local voluntary organisations, etc.

Currently available data on evaluation of treatment and rehabilitation interventions

Methadone detoxification programmes have been evaluated. An evaluation study on prison treatment programmes for drug users in Scotland is in progress. The Department of Health has commissioned a large study of the role of general practitioners in the treatment of drug users.

National information collection centres

There is a centre which collates information on treatment and rehabilitation activities (SCODA directory).

4. INDICATORS OF DEMAND FOR ILLICIT DRUGS

BELGIUM

Currently available data from surveys

Regional and local school surveys and national military conscript surveys are conducted on an ad hoc basis in the Flemish Community.

The French Community has conducted different types of ad hoc surveys: national, regional and local general population surveys, national military conscript surveys, and local school and student surveys. Surveys on women and youth no longer at school have also been conducted. A study on the unemployed is planned. Information on these surveys is included in the intercommunity report 1980-1990.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

No data are available.

Currently available data on drug users in the penal system

Estimates of the number of drug users in the penal system are available at a national level, since the Department of Justice centralises information on arrests and trials for crimes related to drugs.

Currently available data from qualitative studies

Some studies are planned at a local level in the Flemish Community.

Currently available data from indirect indicators:

. Treatment. The Flemish Community has data on overall demand. Data collection on first treatment demand within the French Community is in progress.

. Drug-related deaths. Data on direct and indirect drug-related deaths are available at a national level. They include the deceased known to the police due to drug abuse. The centralisation of these data is insured at a national level, by the Central Office for the Repression of the Illicit Trafficking of Narcotics (OCRTIS).

. Non-fatal drug-related emergencies. Some local studies on non-fatal overdoses have been carried out in the French Community.

. Other medical/social indicators. Information on HIV, ARC, and AIDS is available at a national level.

Overall drug use situation

Within the French Community the main drug is alcohol. Heroin is slightly decreasing, while cocaine is somewhat increasing.

Data collection centres. Periodical reports

At a national level, the OCRTIS centralises data relating to drug seizures and to people arrested for drug-related actions, both at a national level (PJ, national police, local police, and customs) and at an international level (OIPC-Interpol). The OCRTIS produces a quarterly national report ("Drug Report"). An intercommunity centre is planned.

The VLIS, in the Flemish Community collates information from drug use indicators. There are two periodical reports on this issue: the "Jaarboek V.A.D.", and the "Rapport de synthèse intercommunautaire".

The French Community has a centre that collects this type of information between the 3 communities. A first report was produced for 1980-1990, and a similar report is expected to be published every two years.

An ad hoc group of epidemiology experts is working between the 3 communities and is in connexion with the "Intercommunity Co-ordination Commission" (C.C.I.).

DENMARK

Currently available data from surveys

Regular national general population and school surveys are conducted. Ad hoc regional military conscript surveys are also carried out. The results are published by the National Board of Health. Prevalence of drug use among the general population, based on a nationwide survey in 1990 among adults (16 years old and above) and school children (15 years old) was, for adults: 22% lifetime prevalence of use of cannabis, 3% of amphetamines, 1% of cocaine, and 0% of heroin. Among children, 16% had ever used cannabis, 1% amphetamines, .2% cocaine and 0% heroin.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

Denmark has an estimated 10,000 drug addicts.

Currently available data on drug users in the penal system

Data are available at a national level. In 1989, 27% of all prisoners were drug users, among these, 43% were hard drug users (injecting).

Currently available data from qualitative studies

Denmark has conducted this type of studies at a local level (homeless drug addicts in Copenhagen, 1990).

Currently available data from indirect indicators:

- . Treatment. Among the 3,326 drug addicts treated in Denmark in 1989, 68% were drug injectors, using most of them more than one drug. Of those treated, 1,943 received methadone maintenance.
- . Drug-related deaths. Data are available on direct and indirect drug-related deaths. Drug related deaths were stable from 1985 to 1990 (150 in 1985 and 135 in 1989).
- . Non-fatal drug-related emergencies. -----
- . Other medical/social indicators. No data available.
- . Non-health indicators. Police seizures at a street level, and at borders, airports and ports; police arrests; and price and purity. Police data on charges for offending the law on drugs show an increase in the number of charges during the eighties, from 10,000 in 1986 to 15,000 in 1990.

Overall drug use situation

There are no significant changes since 1990, when the previous report was produced.

Data collection centres. Periodical reports

The National Board of Health collects data from the regional and local areas, and from the police. It publishes periodically a report summarizing trends in drug abuse and drug use.

GERMANY

Currently available data from surveys

Data from a 1990-91 national survey on consumption and abuse of illegal drugs, alcoholic beverages, medicines and tobacco among 12-39 year olds in West Germany indicated a 16.3% overall lifetime prevalence of use of illicit drugs, mostly due to cannabis (10.5%). Lifetime prevalence of use of heroin and cocaine were .9% and .8% respectively. A higher proportion of men than women had a lifetime experience with illicit drugs. These data implied an increased use since 1986, but the increase was concentrated on 18-29 year olds, while the proportion of users didn't change much for 12-17 year olds. Last year prevalence was 4.8% for all drugs (3.9% hashish, .3% cocaine, .2% opiates), and current use was 6.2% for all drugs.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

The number of regular hard drug users has been estimated at 80,000.

Currently available data on drug users in the penal system

No data are available.

Currently available data from qualitative studies

No data are available.

Currently available data from indirect indicators:

. Treatment. Germany collects data from 300 of the 600 existing outpatient services. Based on those data, estimates have been made for the total 600 facilities. In 1990, a total of 17,950 drug users were treated in outpatient facilities; of those, 14,100 were heroin and other opiate abusers, 550 were cocaine abusers, and 3,300 were other drug abusers. Estimates on the number of heroin and cocaine users treated in residential facilities were made, based on 3,000 residential slots, a 90% annual utilization rate, and on average duration of treatment of 5 months. This estimate indicates that 6,500 heroin and cocaine abusers were treated in residential facilities in 1990.

. Drug-related deaths. Data on direct and indirect drug-related deaths are available from the Federal Criminal Investigation Office (BKA). Drug-related deaths in the Federal Republic of Germany totalled 1,478, which is 487 persons more than the previous record mark reached in 1989. The probable causes for this shocking figure are, on the one hand, the fact that long-term users die as a result of physical debility and, on the other hand, the high degree of purity of the drugs currently on the market. It is also likely that the years with a high birth-rate now involved are a further contributory factor. The situation is not expected to relax, since the number of first users has risen for the first time to over 10,000 people, who must be regarded as the potential victims of the future.

. Non-fatal drug-related emergencies. No data are available.

. Other medical/social indicators. Information on HIV/AIDS and ARC is available from the Federal Health Office, AIDS centre (BGA).

. Non-health indicators. No information is provided.

Overall drug use situation

A representative survey about the consumption and abuse of illegal drugs, alcoholic beverages, medicine and tobacco was carried out 1990/91 by the IFT with funds from the Federal Ministry of Health (BMG). The age range of the subjects is from 12 to 39 years. Only the comparison with 1986 (old Länder) refer to age ranges from 12 to 29 years, because at that time the older subjects were not included in the study. This group of the population represents about 21.850.000 people in the old parts of Germany and about 6.660.000 in the new Länder. The questionnaire contains 126 items.

In the new Länder only 1.5% of the subjects have experience with drugs. In general they consumed hashish. The following data, relating to the consumption of illegal drugs, therefore only refer to the old Länder.

16.3% of the people who reported in the old Länder state to have consumed at least once illegal drugs (lifetime prevalence). Most of them (namely 10.5%) have only experience with hashish or marihuana. 1.8% have consumed stimulants or hallucinogens, 0.8% cocaine and 0.9% opiates.

19.7% of the men, but only 12.8% of the women ever used illegal drugs. People older than 24 years have more often experience with drugs (18.6%) than younger people (13.8%). These age differences are very clear for two groups of drugs. Stimulants and hallucinogens gave been used by 2.5% of the older, but only by 1.0% of the younger subjects. There is also a higher frequency of consumption of opiates for the older ones (1.2%) than for the younger ones (0.5%).

Compared with 1986 there has been an increase in drug abuse in the age group 12-29 from 12.1% to 16.1% (1990). A differentiation by age shows approximately constant values for the 12-17 years old and an overproportional increase for the age group from 18 to 29.

The frequency of drug use within the last 12 months compared to lifetime prevalence shows a decrease for people (12-39 years) who consumed illegal drugs from 16.3% (lifetime) down to 4.8% (12 months), most of them are using hashish (3.9%). The number of cocaine (0.3%) and opiate (0.2%) is much smaller.

In comparison to 1986 the percentage of current users (age 12-29) has increased from 4.5% to 6.2% (1990). There are nearly constant values for the group from 12 to 17 years and an increase especially for subjects from 18 to 29.

Data collection centres, Periodical reports

There are several centres that collect different types of data, and produce their respective reports.

The Federal Criminal Investigation Office (BKA) produces a report from police data. The Federal Health Office publishes data on HIV infection rates. The German Centre against Addiction Risks (DHS) puts together a Yearbook, and EBIS and dosy publish treatment data.

GREECE

Currently available data from surveys

Two national surveys were conducted in 1984 on the population at large and the school population.

Currently available data on known prevalence

No data available.

Currently available data on estimates of total prevalence

Currently available data on drug users in the penal system

Information is available on the number of drug users in the penal system.

Currently available data from qualitative studies

No data available.

Currently available data from indirect indicators:

- . Treatment. No data are available.
- . Drug-related deaths. No data are available, although there is a reporting system.
- . Non-fatal drug-related emergencies. Some data are available on non-fatal drug overdoses.
- . Other medical/social indicators. Some data are available on viral hepatitis; HIV, ARC and AIDS; and other organic complications.
- . Non-health indicators. No information provided.

Overall drug use situation

Data collection centres. Periodical reports

A data collection centre is planned, other centres are the National Statistical Office (limited data), and the Central Council for Combating Drug Abuse. Annual statistics are published on: deaths, arrests, crimes, and drug seizures. A periodical report that will summarize the drug use situation is planned.

SPAIN

Currently available data from surveys

A summary table of 8 different general population surveys conducted in various locations in Spain (including 3 nationwide studies), between 1980 and 1989, using different methodologies and covering different age ranges (from more than 11 to 16-45) was furnished. The prevalence of use in the last six months, showed a minimum cannabis use of 5.6% in Galicia (88), and a maximum of 20% in Spain (1980). The use of cocaine ranged from 1.2% in Aragon in 1985, to 3.5% in Spain in 1980. For heroin, the extreme values were .3% in Madrid in 1989 and 2% in Spain in 1980.

A review of these surveys shows that consumption of amphetamines, cocaine and hallucinogens is more widespread than that of heroin. This is relevant because, despite there being a smaller number of heroin consumers, this is the drug to which most of the serious problems found can be attributed. Consumption of cannabis is relatively widespread among young people; however, the level of consumption has declined throughout the 1980s.

Consumption of amphetamines among students declined after the implementation of a Selective Programme for the Review of Medications (PROSEREME) in 1982-83 with regard to proprietary medicines containing psychostimulants.

The current prevalence (last month) of benzodiazepine consumption in persons over 15 is probably greater than 5%.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

No data are available.

Currently available data on drug users in the penal system

Among those people entering prison in Spain in 1990, 41% were heroin users and 40% used cocaine (there is some overlap between these two groups).

Currently available data from qualitative studies

There are local studies on cocaine consumption, HIV infection, and high-risk behaviour.

Currently available data from indirect indicators:

. **Treatment.** Spain collects data on opiate and cocaine users undergoing treatment in 300 outpatient centres through the country. In 1990, 25,118 persons received treatment, for 97%, the main drug was heroin, in 96.6% of the cases (24,158), and for 2.4% (598) it was cocaine. The mean age of the clients was 26.23 years (increasing with respect to previous years), and 83% were male. There is an increasing trend in treatment admissions. This increase in the number of cases between 1989 and 1990 could be due in part to improvements in assistance coverage and to the spread of opiate maintenance treatment. The proportion of people under treatment for cocaine abuse has increased.

. **Drug-related deaths.** An increasing trend in the number of deaths due to acute reaction after the consumption of opiates or cocaine is detected between 1983 and 1990, although the numbers between 1989 and 1990 remained similar (466 drug-related deaths in 1990 in 9 cities). Among these deaths, heroin and morphine derivatives were found in the blood of the deceased in 94% of the cases, benzodiazepines in 47%, and cocaine in 25%.

. Non-fatal drug-related emergencies. Sixty hospitals from 14 Autonomous Communities report on non-fatal hospital admissions associated with opiates or cocaine. In 1990, in those Autonomous Communities where coverage was stable, there was an increase in the number of emergencies compared to 1989. Ninety-three percent of the emergencies were related to heroin (20,591 cases). The proportion of emergencies related to cocaine had increased (723 cases in 1990). The average age of persons involved had also increased. The most frequent reason for consultation was the presence of some organic problem, primarily a disease linked to HIV infection.

. Other medical/social indicators. 70% of all AIDS cases were IVDU (5,670 by March 91), and 40% of treatment admissions and 75% of drug-related deaths were HIV+, this association being a very important problem in Spain. 70 hospitals participate in a voluntary information system on hepatitis and other drug use associated infections. This system shows a decreasing trend in hepatitis B and candidiasis.

. Non-health indicators. Over the last decade, the number of arrests for drug trafficking and the number of drug seizures increased dramatically. The most significant increases took place between 1985-88. After that year the numbers of arrests and of seizures began to fall slowly. This fall was related to heroin, cannabis and the "other drugs" category, but not cocaine, which continued to rise. In 1990 a large proportion of arrests and of seizures (46%) were still related to trafficking in or possession of cannabis. The quantities of heroin, cocaine and cannabis seized have continued to increase since 1976 but, contrary to what happened with the number of arrests and seizures, no change of slope has been noted since 1988.

Overall drug use situation

The consumption of cannabis derivatives is relatively widespread among young people; however, use of medical services for this type of drug use is very rare. The prevalence of consumption appears to have decreased during the 1980s.

In recent years, the number of admissions for treatment for opiate or cocaine consumption has increased, as has the number of hospital emergencies and deaths related to these drugs.

The majority of admissions for treatment and of emergencies are related to the consumption of heroin, and in most of the deaths due to an acute reaction to opiates or cocaine notified by pathologists, metabolic derivatives of heroin have been detected. Admissions for treatment and emergencies relating to cocaine remain rare, although their proportion among the total of admissions and emergencies notified has increased in recent years.

Consumption of benzodiazepines among the general population does not apparently cause any major problems. However, these drugs do appear to play a significant role in hospital emergencies and deaths when used in association with opiates.

Consumption of amphetamines began to decline in the early 1980s. It is not at present a significant public health problem, and neither is the consumption of hallucinogens.

Spain's greatest problem is the high prevalence of HIV infection among drug consumers and the increased prevalence of high-risk behaviour (sharing syringes, not using condoms, etc.).

Data collection centres. Periodical reports

The Government Delegation for the National Plan on Drugs collates information which is sent by the various Autonomous Communities.

The Annual Report from the National Drug Addiction Information System (SEIT) includes data referring to three indirect indicators relating to opiates and cocaine.

The Annual Report from the National Plan on Drugs includes details on indicators and a general analysis of the situation in Spain with regard to drug use.

FRANCE

Currently available data from surveys

Regular national school and military conscript surveys are carried out, as well as ad hoc student surveys. The Ministry of Social Affairs (SESI) conducts a national survey of drug addicts requesting treatment from specialist and non-specialist services. This covers November each year. A drug addiction data bank was set up in 1986 by the "Institut National de la Santé et de la Recherche Médicale" - INSERM (Unit 302) based on the results of five-yearly surveys of clients in specialist centres. An annual epidemiological survey of drug addicts in prison has been conducted since 1989, also by Unit 302. A national survey 1991-1992 of the health of young persons at school between 11 and 20 years of age, including questions on drug use, is being conducted by Unit 169 of INSERM. The forces health service carries out a national survey of persons doing military service.

Currently available data on known prevalence

No studies have been carried out.

Currently available data on estimates of total prevalence

Statistical methods allow an estimate of 150,000 drug abusers requiring care. Statistical methods to estimate the total prevalence are planned.

Currently available data on drug users in the penal system

It has been estimated that drug abusers imprisoned represent a 15% of the total prison population. Data from the national annual epidemiological survey carried out in the 16 "Antennes Toxicomanies" since 1989 are available.

Currently available data from qualitative studies

Ethnographic studies have been carried out on drug abusers in prisons (on drug abuse, medicaments and pharmacodependencies), on prostitution, and on AIDS and drug abuse.

Currently available data from indirect indicators:

- . **Treatment.** The number of people treated in medical and social institutions increased by 18% between 1989 and 1990, and by 42% from 1987. Among those treated, 73% were male, and their mean age continued to increase, reaching 26.9 in 1990. Heroin was the main drug for 53.6% of the patients, followed by cannabis (17.6%), psychotropic medicaments (10.4%), and cocaine (1.9%), although 50% were multiple drug users. These data are collected by the Ministry of Social Affairs (SESI/DGS).
- . **Drug-related deaths.** France experimented a steep rise in the number of direct drug-related deaths, from 127 in 1985 to 350 in 1990 (a 176% increase in five years). These data are collected by the Ministry of Interior (OCRTIS).
- . **Non-fatal drug-related emergencies.** Data not available.
- . **Other medical/social indicators.** Data on viral hepatitis, HIV, ARC and AIDS, and other complications are available. With respect to HIV infection, the estimated seroprevalence rate among drug abusers is 30%, with wide regional variations. As of September 30, 1991, drug abusers represented 20.8% of the cumulative AIDS cases since 1978.
- . **Non-health indicators.** Number of drug trafficking charges - for use or use and resale by substance, theft of toxic substances and prescriptions, death as a result of drug abuse, drugs seized.

Overall drug use situation

Available data on drug abuse are essentially coming from the annual survey conducted in November of each year by the Ministry of Social Affairs (SESI).

The November 1990 findings reveal the following:

- The number of abusers being treated in medical and social institutions is on the increase: 18% up on the previous year and 42% up on November 1987.
- Substantial increases are reported for first-time admissions and re-admissions alike.
- Male patients continue to predominate (73%) and the ageing phenomenon continues: the average age in Nov. 1990 was 26.9 years compared with 25.7 in Nov. 1987.
- Heroin remains the main drug, with 53.6% of patients, followed by cannabis (17.6%) and the psychotropic drugs (10.4%). Despite spectacular seizures over recent years, cocaine remains relatively insignificant, being the main drug for 1.9% of the patients.

Roughly every other addict consumes more than one type of drug.

As in most other countries in western Europe, there has been a steep rise in the number of drug-related deaths in France, with 350 in 1990 compared with 127 in 1985, an increase of 176%.

The reasons for this dramatic increase are being investigated by a number of Community Member States in concert.

Data collection centres. Periodical reports

The national drugs and drug addiction monitoring centre ("Observatoire") will collect drug-related data. It is now being created.

The Ministry of Social Affairs (SESI) and the Ministry of Interior (OCRTIS) produce annual reports.

IRELAND

Currently available data from surveys

Ad hoc national and regional school surveys are conducted, as well as regional and local surveys of other population groups.

The most recent school survey is a follow-up (1990) of a study of "smoking, drinking and other drug use among Dublin post-primary school pupils". A sample of 2,000 pupils was randomly selected. Data from this survey, as well as reports of earlier work both in Dublin and in urban and rural areas outside Dublin are available. Other studies in defined areas of Dublin in the early 1980's and on pregnant opiate users have been conducted.

Currently available data on known prevalence

A notification system and case-finding studies are planned at a national level. Data from both types of activities are available at a regional level, referring mostly to treated drug misuse and hepatitis B cases in the Dublin area (treated prevalence and incidence rates for drug misuse in the greater Dublin area for 1990). Plans exist to extend this system nationally.

Currently available data on estimates of total prevalence

No data are available at the moment, but plans exist to consider ways of obtaining estimates.

Currently available data on drug users in the penal system

Data are available at a regional level for the largest male prison in Dublin (1981-86). Approximately 30% of all prisoners were considered to have a serious history of drug misuse.

Currently available data from qualitative studies

No data are available.

Currently available data from indirect indicators:

. **Treatment.** Data are available and relatively comprehensive at a regional level from the Dublin Drug Misuse Reporting System operated by the Health Research Board (H.R.B.). This reporting system is an important part of the Government's strategy to prevent drug misuse. Prevalence and incidence rates for treated drug misuse in the greater Dublin area, together with data on the characteristics of drug users and their drug practices are available. The term "people in treatment" refers to those who received treatment for their drug misuse (licit and illicit drugs, excluding alcohol and tobacco) in the greater Dublin area during 1990. The treatment services include medical, non-medical; statutory and voluntary and represent almost complete coverage of all treated drug users. The following figures include some element of double count, as a proportion of people would be attending more than one centre concurrently. A total of 2,037 people were treated during 1990. The main drug of abuse was heroin for 795, other opiates for 818, cocaine for 16, amphetamines for 7, marijuana for 233, and others for 168.

. **Drug-related deaths.** Sources are the Central Statistics Office, Coroners' records, and Gardai, or police records. The definition usually employed is an ICD one. Sometimes a toxicological analysis is performed. These data are not considered reliable.

. **Non-fatal drug-related emergencies.** Data on drug overdoses and other incidents are available, but incomplete at a national level. The sources are specific accident and emergency hospitals, and in most cases ICD-9 is used as a definition.

. Other medical/social indicators. Data on viral hepatitis and HIV, ARC and AIDS, as defined by CDC, are available at national or regional levels from the Virus Reference Laboratory in Dublin, the Dublin Drug Misuse Reporting System, the National AIDS Co-ordinator, and specified hospitals. Data on admissions to Irish Psychiatric Hospitals and on discharges from Irish General Hospitals of patients resident in the greater Dublin area with a primary or secondary ICD-9 diagnosis of drug misuse could be obtained at a regional level from the National Psychiatric In-patient Reporting System and the Hospital In-patient Inquiry System.

. Non-health indicators. Data on persons charged by the police for drug offences, on seizures of illicit drugs by the police or customs service, and on street price of illicit drugs which purity is established by the forensic laboratory (drugs seized in the process of criminal investigation), are available at a national level. The sources are the Report on Crime, Commissioner Garda Siochana and the Forensic Science Laboratory, Department of Justice.

Overall drug use situation

All available evidence suggests that problem drug misuse is mainly confined to the Dublin area and is of fairly recent origin. After a period of stabilisation following an opiate epidemic in certain disadvantaged areas of Dublin in 1983, there are now indications of an increase in drug activity, both in the country as a whole, and in Dublin in particular.

This evidence can be seen in the increase of seizures for illicit drugs for each of the past three years. With the 1990 figure up by 48% on the previous year.

Likewise, statistics for the number of persons charged for drug offences in Ireland, and most of these relate to Dublin, show a similar increase in the past three years, with a dramatic gain of 54% between 1989-1990.

First contact with treatment services in the Dublin area is also up for 1990, with opiates the preferred drug of misuse. The police confirms increased street availability of heroin and cannabis in those parts of the city associated with drug activity. While the street price of heroin has remained stable in Dublin, the price of cannabis and more so for cannabis resin has risen. Cannabis is more readily available in areas outside Dublin. There is no street market in cocaine - crack is virtually unknown.

Forty four percent of our listed number of AIDS cases are drug related, mainly due to the high number of IV drug users.

Data collection centres. Periodical reports

There is a centre which collates information on indicators of demand for illicit drugs. The Irish Government Strategy to Prevent Drug Misuse is in the process of extending indicators of drug misuse developed by the H.R.B. in association with the Pompidou Group to the country as a whole. A periodical report summarizing the drug use situation is produced through the aegis of the Pompidou Group of the Council of Europe.

ITALY**Currently available data from surveys**

No data from surveys are available. A survey on the prevalence of urine positivity for opiate metabolites among Army recruits and university students has been planned. This study will use an anonymous-unlinked testing technique.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

A total number of 150,000 heroin drug injectors has been estimated using a multiplier formula.

Currently available data on drug users in the penal system

There are 10,771 drug users in prison in Italy.

Currently available data from qualitative studies

No data are available.

Currently available data from indirect indicators:

. Treatment. Data on overall demand and first demand for treatment are available. Italy reports an increase in demand for treatment, which reached 65,000 events in 1990. Heroin was the main drug for 60,000 patients, followed by marijuana (4,000), cocaine (500), and other drugs (500). Among those treated, there were four males for each female, and their mean age had increased from 24 years in 1985 to more than 26 years in 1990. The proportion of HIV+ ranged from 10% in Naples to 60% in Milan, with a national average of 40%.

. Drug-related deaths. There were 1,147 overdose deaths in 1990, showing a rate of increase lower than the one of previous years: 87 to 88 = 49%, 88 to 89 = 20%, 89 to 90 = 18%. The estimated rate of increase for 1991 is 14%.

. Non-fatal drug-related emergencies. No data available.

. Other medical/social indicators. Data on viral hepatitis and HIV, AIDS and ARC are available, but incomplete.

. Non-health indicators. -----

Overall drug use situation

There is an increase in demands of treatment, mainly due to people using heroin intravenously.

The number of people found to be drug users among Army recruits remained stable over the last 5 years.

A total number of 150,000 drug injectors has been estimated and about 65,000 subjects attended drug dependency units in 1990.

The HIV prevalence rate among drug users attending treatment was about 40%, however, wide regional variations were observed (from less than 10% in Naples to over 60% in Cagliari and Milan).

The mean age of drug users entering treatment increased in the last years from 24 in 1985 to +26 in 1990.

Male/female ratio is about 4/1.

Data collection centres. Periodical reports

The Ministry of Health, the Ministry of Interior, and the Regional Health Authorities collect drug-related data.

The Ministry of Health publishes the "Bollettino per la Farmacodipendenze e l'Alcoolismo".

LUXEMBOURG

Currently available data from surveys

A national survey in secondary schools has been carried out.

Currently available data on known prevalence

No data are available.

Currently available data on estimates of total prevalence

No data are available.

Currently available data on drug users in the penal system

Data are available.

Currently available data from qualitative studies

No data are available.

Currently available data from indirect indicators:

- . **Treatment.** Data are collected, although incomplete. These data indicate an increase in the age of first-time applicants, as well as in the number of requests for treatment.
- . **Drug-related deaths.** Data on direct drug-related deaths are compiled through a reporting system.
- . **Non-fatal drug-related emergencies.** No data are available.
- . **Other medical/social indicators.** No data are available.
- . **Non-health indicators.** Luxembourg reports a worsening in the drug situation, evidenced by an increase in the number of minor drug users and of first-time offenders.

Overall drug use situation

The data provided by the Sûreté Publique (CID) for 1990 indicate that the situation is worsening:

- substantial increase in minors using drugs
- increase in number of first-time offenders

The data provided by the residential and non-residential treatment centres for 1990 indicate:

- an increase in the age of first-time applicants for treatment
- an increase in the number of requests for treatment

Data collection centres. Periodical reports

A data collection centre is planned. There is no periodical report.

NETHERLANDS

Currently available data from surveys

Ad hoc general population, school and prisoner surveys have been carried out at a national level. There are regular general population surveys at a local level. A survey among people aged 15 and older in the Netherlands in '87 found a lifetime prevalence of cannabis use of 6%, of 2% for stimulants, and of 1% for 'hard drugs'.

Currently available data on known prevalence

Case-finding studies have been carried out at a local level.

Currently available data on estimates of total prevalence

The estimated number of regular heroin users in the Netherlands is 21,000, of which 60% would be injectors, and the rest smoke inhalers (chasing the dragon). An estimate based on capture-recapture methods gave 5,000-7,000 addicts in Amsterdam.

Currently available data on drug users in the penal system

An ad hoc survey among prison inmates in the Netherlands showed that 30% of all prisoners were drug users.

Currently available data from qualitative studies

Detailed studies on the characteristics and lifestyle of drug addicts in the Netherlands have been carried out. Increasing misuse among socially and economically disadvantaged groups and ethnic minorities has been detected.

Currently available data from indirect indicators:

- . Treatment. Data on overall demands and first treatment demands are collected through a reporting system. More than 16,000 clients were treated in 1989 in the Netherlands, of which 37% received methadone.
- . Drug-related deaths. Data on direct drug-related deaths are available. Those on indirect drug-related deaths are available, but incomplete. There were 52 drug-related deaths in the Netherlands in 1989.
- . Non-fatal drug-related emergencies. No data are available.
- . Other medical/social indicators. Data on AIDS, HIV and ARC are available, but incomplete.
- . Non-health indicators. -----

Overall drug use situation

Cannabis products and heroin are the most popular drugs. Heroin is still the preferred drug among addicts, although they do not restrict their use to heroin, but combine all types of substances. "Crack" and LSD use are almost absent in the Netherlands.

The average age of addicts is increasing and today lies between 25 and 35; people are older when they take drugs for the first time.

Cocaine use among the general population seems to be mainly experimental and/or recreational. An in-depth field study in Amsterdam among experienced users (at least 5 years of use) revealed that the average age of cocaine users was 30 years and the age at which they started was 22 years. The large majority was non-deviant and 50% never uses more than half a gram a week. The users did not underestimate the negative effects, which mainly occurred at a level of 2.5 gram a week. Since the use is embedded in non-marginalized social settings where confrontation with the police is rare, some kinds of informal use-control rules could be developed (Cohen, 1989). A follow-up study is being carried out.

Several qualitative and descriptive field studies of drug (mainly heroin) use have been conducted. Examples are several studies into life histories of addicts, providing a typology of lifestyles; a study on foreign drug users in the Netherlands; and studies into the life situation of addicted street prostitutes. All of these studies provide a detailed insight into the lifestyles of addicts, their reasons for drug use, their prospects seen from their own perspectives; and some have also enabled the government to identify and to develop appropriate treatment approaches tuned to the needs of addicts.

Over the years drug misuse increased among groups in a relatively disadvantaged social and economic position, particularly among ethnic minorities from Morocco and Turkey.

A minority of addicts injects drugs (opiates, etc.): 40%. In some smaller cities this percentage is even lower, and sometimes injecting is an absolute taboo. The majority 60% smokes drugs or "chases the dragon" (inhales the fume).

Data collection centres. Periodical reports

The Netherlands Institute on Alcohol and Drugs collects drug-related data. There are periodical reports by the Dutch Union of Consultation Bureaus for Alcohol and Drugs, the National State Inspectorate for Drugs, and the Municipal Health Services.

PORTUGAL

For more information, please consult the previous report.

Currently available data from surveys

National military conscript surveys are conducted regularly by the Navy, and on an ad hoc basis by the Army and the Air Force. Data from school surveys are available for Greater Lisbon (1987/88), continental Portugal (1989), and the counties of Lisbon, Coimbra and Porto (1990). A national prison survey was conducted in 1989.

Currently available data on known prevalence

No data are available. Local case-finding studies are planned.

Currently available data on estimates of total prevalence

No data are available.

Currently available data on drug users in the penal system

Information is collected on this indicator. Data on users and dealers convicted since 1984 is available. Portugal is developing a "Rotation System" in prisons aimed at identifying drug users convicted for reasons other than drug-related crimes.

Currently available data from qualitative studies

No data are available.

Currently available data from indirect indicators:

- . Treatment. Data on first treatment demands are available. In 1990 there were over 5,500 total first treatment demands, of which around 82%, were related to heroin, 2% to cocaine, 4% to marijuana, and 12% to amphetamines and others.
- . Drug-related deaths. Data on direct drug-related deaths are available. In 1990 there were a total of 81 drug-related deaths. The distribution by drug was the following: 62 involved heroin, 2 other opiates, 2 cocaine and 15 others.
- . Non-fatal drug-related emergencies. No data are available.
- . Other medical/social indicators. Data on viral hepatitis and on HIV, ARC and AIDS are collected.
- . Non-health indicators. Indicators such as wholesale and retail drug prices, drug seizures and arrests are available from the police. Arrests include the identification or detention of subjects, as well as preventive arrests. A copy of each sentence involving drug consumption or trafficking is sent to GPCCD (Cabinet for Planning, Co-ordination and Combat Drugs), and included in a statistical database.

Overall drug use situation

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Data collection centres. Periodical reports

There are two centres for data collection, as well as periodical reports.

The GPCCD, at the Ministry of Justice produced annual reports on drug enforcement, penal and health data till 1991. From 1992 onwards, health and prevention data will be dealt with by SPTT (Service for Prevention and Treatment of Addiction), at the Ministry of Health.

UNITED KINGDOM

Currently available data from surveys

School surveys on the use of solvents have been carried out on an ad hoc basis, as well as on the use of anabolic steroids by sportsmen, and on the use of cocaine among drug users.

Currently available data on known prevalence

The number of drug addicts notified to the Home Office increased by 20 per cent between 1989 and 1990 to almost 18,000. Within this, the number of new addicts notified rose by 23 per cent to 6,900, the highest number ever recorded. Some of this increase may reflect increased compliance by doctors. Most notified addicts were reported to be dependent upon heroin. Fewer than 10 per cent of new addicts were reported to be addicted to cocaine. Most addicts were men aged between 21 and 34 (average age: 28.8). Information on the injecting practices was provided for 80 per cent of addicts notified in 1990. Two-thirds of these, some 9,500 people, were reported to be injecting drugs, a similar proportion to 1988 and 1989.

Currently available data on estimates of total prevalence

Rough estimations from the Home Office on the number of regular users indicate between 35,000 and 90,000 heroin users based on notifications to the Addict Index. Findings of self-report surveys (British Crime Surveys 1982, 84) suggest that between 1 and 1.5 million people had used marijuana in the years in question.

Currently available data on drug users in the penal system

Currently available data from qualitative studies

Currently available data from indirect indicators:

. **Treatment.** The Home Office Addicts Index collects data on overall demand and first demands for treatment. The Regional Drugs Misuse Database has recently been set-up.

. **Drug-related deaths.** Almost 300 previously notified addicts died in 1989. Drugs caused or were implicated in about 60 per cent of addict deaths over the last ten years. Drug dependence, non-dependent abuse of drugs and poisoning by controlled drugs were associated with almost 1,200 deaths in 1989. This total includes the drug related deaths of previously notified addicts. Some 250 deaths were attributed to drug dependence or non-dependent abuse of drugs. The total number of deaths where drug dependence or non-dependent drug abuse was considered to be an underlying cause more than doubled between 1979 and 1989. In 1989 almost 40 per cent of the 250 deaths in this category involved morphine type substances and a third involved volatile substances. Almost 80 per cent of those who died were aged under 35 years and two thirds were aged under 30 years.

. **Non-fatal drug-related emergencies.** No data are collected.

. **Other medical/social indicators.** Regular reports on HIV/AIDS sufferers who inject drugs are produced. Another indicator used is the prescribing of controlled drugs to addicts.

. **Non-health indicators.** Seizures of drugs and arrests and cautions for drug-related offences are registered.

Overall drug use situation

The total notifications to the Addicts Index in England for the last three years show an increasing number of addicts (11,590 in 1988, 13,740 in 1989, and 16,120 in 1990). The breakdown by drug (heroin, other opiates and cocaine) shows the same trends for the three groups of drugs, although the highest increase is for other opiates between 1989 and 1990. If figures for first and re-notifications are split, the first notifications show less increase than re-notifications.

Trends can be partly determined by changes in the level of compliance (e.g. automatic 'reminder system' used by the Home Office since 1987 has increased compliance). Despite this warning, it is obvious that there has been a significant increase in the number of addicts in this country over the last ten years. Unfortunately, it is impossible to measure that trend accurately.

Data collection centres. Periodical reports

The Home Office Addicts Index collects data and produces quarterly reports and an annual bulletin.

The Department of Health produces 6-monthly reports on the Home Office Addicts Index and gathers selected information from the Regional Drug Misuse Database on which it proposes in future to publish reports.

5. MANPOWER TRAINING

BELGIUM

Main types of training provided

At a national level there is no university programme specifically on the problem of drug addiction. Instead, university faculties organise training programmes and seminars for medical students, both in the framework of specialisation in general medicine, and of continuing education programmes for general physicians. In addition, training models intended for health, social work, and education professionals are organised by certain universities. A full time masters course aimed at people with university qualifications in paramedical and social studies will be organised in 1992 by the University of Liège. The provincial authorities of Liège organise since 1989 a 200 hours course for non-academic graduates: "Certificate on managing the public health problems posed by drug abuse".

Within the Flemish Community there are limited university post-graduate drug abuse specialised curricula and occasional courses. The authorities do not provide any type of training, and the NGOs working in the field offer common lectures, seminars and conferences, and limited interdisciplinary short-term courses and in-service continuing education. The dissemination of resource materials aimed at specific types of professionals is relatively common, while multidisciplinary materials are more limited.

The French Community counts with frequent occasional university courses and limited pre-graduate and continuing education drug abuse training in universities. The authorities offer limited lectures, seminars and conferences, and in-service continuing education. The NGOs working in the field organise frequent lectures, seminars and conferences, and limited interdisciplinary short-term courses and in-service continuing education. The distribution of multidisciplinary information materials is common, and materials aimed at specific groups of professionals are more limited.

There is no university in the German Community and professionals and prevention workers are trained by the A.S.L.

Currently available data on provision and utilisation of training programmes

In the Flemish Community there is information on the number of post-graduate programmes in universities and of in-service training. No information is available on the amount of financial resources allocated to manpower training.

The French Community has information on the number of universities with drug abuse in the curricula, of those offering post-graduate courses, and of those which organise continuing education on drug abuse. Non-university training leading to a certificate takes 200 hours. A masters course cycle is offered at the University of Mons and being developed at the University of Liege for the academic year 92-93. Information on the number and type of information materials distributed to professionals is available.

Currently available data on evaluation of manpower training activities

In the Flemish Community it is not known whether evaluations of training activities have been carried out.

The French Community has evaluated continuing education and has plans to evaluate the information materials for professionals.

National information collection centres

DENMARK

Main types of training provided

Currently available data on provision and utilisation of training programmes

Currently available data on evaluation of manpower training activities

National information collection centres

GERMANY

Main types of training provided

No university training on substance abuse is offered.

The local, regional or national authorities provide customary lectures, seminars and conferences, and less frequent interdisciplinary short-term courses and in-service continuing education.

All types of training provided by NGOs working in the field, such as interdisciplinary training courses, lectures, seminars and conferences, in-service continuing education (a continuing education post-graduate training programme with special curricula for 3-4 years) are relatively common.

The dissemination of resource information materials aimed at specific groups of professionals is relatively common.

Currently available data on provision and utilisation of training programmes

No data are available on the number of training programmes, their intensity or duration, or their training capacity. Neither are they available on the utilisation of such services, except for the proportion of professionals receiving continuous education. The EBIS information system has some information on the number of professionals in training or having finished, and the type of training provided.

No information is available on the resources for training from the central or local governments, or the voluntary and private sectors.

Currently available data on evaluation of manpower training activities

No drug abuse manpower training activities have been evaluated.

National information collection centres

The Deutsche Hauptstelle gegen die Suchtgefahren (German Centre against Addiction Risks) collates information on manpower training activities.

GREECE

Main types of training provided

Pre-graduate drug abuse university training integrated in curricula (optional) and occasional courses are limited. Post-graduate drug abuse specialised curricula and continuing education modules on drug abuse are not available.

The local, regional or national authorities offer interdisciplinary short-term courses, lectures, seminars and conferences, and in-service continuing education at a limited scale.

Courses, seminars and conferences, and in-service continuing education are also furnished by NGOs working in the field on a restricted basis.

No resource information materials for professionals are disseminated.

Currently available data on provision and utilisation of training programmes

No data are available on the number of training programmes in any of their varieties, their duration/intensity, capacity, or utilisation.

No information is available on the financial resources allocated to training.

Currently available data on evaluation of manpower training activities

National information collection centres

SPAIN

Main types of training provided

At a university level, training in the form of post-graduate drug abuse specialised curricula (3 state universities in collaboration with a private foundation, in Madrid, Barcelona, and Bilbao), and occasional courses is available, although limited. Pre-graduate drug abuse training integrated in curricula, and continuing education modules on drug abuse are not utilised.

The local, regional or national authorities offer, in collaboration with professional associations, private organisations, scientific societies, and foundations, frequent lectures, seminars and conferences. They also organise more limited interdisciplinary short-term courses. In-service continuing education, except for sporadic courses, is not used.

The dissemination of resource information materials aimed at specific groups of professionals is common.

Currently available data on provision and utilisation of training programmes

In most of Spain's 17 Autonomous Communities (Regions), the regional administration, in occasional cooperation with private administrations, organises courses and other training activities for professionals and for specific population groups (parents, youth leaders, etc.).

Data are available on post-graduate programmes in universities and on interdisciplinary courses, as well as on their intensity/duration. Postgraduate courses: 280 hours (1 year) and 640 hours (2 years); the duration of the interdisciplinary courses varies between 15 and 30 hours.

Information is available on the financial resources from the central government allocated to training. At a national level, the Ministries of Education, and of Health and Consumer Affairs have budgets assigned to the training of education and health professionals. The various regional governments also assign funds to this end. In general, it is difficult to separate the part assigned to drugs from the general budget for education.

Currently available data on evaluation of manpower training activities

It is not known whether evaluations have been carried out.

National information collection centres

There is no centre which collates information on drug abuse training activities.

FRANCE

Main types of training provided

At a University level, pre-graduate drug abuse training integrated in curricula, post-graduate drug abuse specialised curricula ('Capacité en Toxicomanie'), and continuing education modules on drug abuse (continuous medical training) are common. Occasional courses are used to a limited extent.

Local, regional or national authorities offer regularly lectures, seminars and conferences and, with less frequency, interdisciplinary short-term courses and in-service continuing education. The dissemination of resource information materials for specific groups of professionals is relatively common.

Currently available data on provision and utilisation of training programmes

Data are available on the number of training programmes in Universities (pre-graduate, postgraduate and continuing education), as well as on the intensity/duration of these programmes. The proportion of university students receiving drug abuse training and the number of specialists on drug abuse trained each year are also available.

Data on the financial resources allocated by the State for training are accessible.

Currently available data on evaluation of manpower training activities

Post-graduate programmes in Universities and information materials for professionals have been evaluated.

National information collection centres

The future drugs monitoring centre ("Observatoire") will collate information related to manpower training activities.

IRELAND

Main types of training provided

At a University level, pre-graduate training integrated in curricula, continuing education modules, and occasional courses on drug abuse are limited.

The local, regional or national authorities provide frequent lectures, seminars and conferences, as well as in-service continuing education. Interdisciplinary courses offered by the authorities and all types of training from NGOs are limited, as well as the dissemination of resource materials.

Currently available data on provision and utilisation of training programmes

Relatively comprehensive data on the number of universities with drug abuse in the curricula at a national level, as well as some data on post-graduate programmes and continuing education are available. Some information is also available on the intensity, duration, capacity, and utilisation of training at university level.

Information on financial resources from the central and local governments allocated to manpower training is available.

Currently available data on evaluation of manpower training activities

Studies to evaluate drug abuse curricula in universities are planned.

National information collection centres

There is no centre which collates information on manpower training activities.

ITALY

Main types of training provided

Occasional courses are frequently offered in University training. Pre-graduate drug abuse university training is not so common, but it is integrated in the curricula.

Local, regional or national authorities provide interdisciplinary short-term courses, lectures, seminars and conferences frequently.

Interdisciplinary short-term courses, in-service continuing education and NGOs working in the field, as well as lectures, seminars and conferences are common.

The dissemination of multidisciplinary resource information materials for professionals is customary.

Currently available data on provision and utilisation of training programmes

Data are available on the number of universities with drug abuse in their curricula, and of those offering continuing education on drug abuse.

Information is available on the intensity/duration of the training, the training capacity, the financial resources allocated for training, and on the utilisation of training resources. The National Fund for Antidrug Action has allocated 9.5 million ECU in 1991 for training of manpower at a regional level and 2.5 million ECU for training activities carried out by other Central Administration Departments. (Ministry of Defense, Ministry of Interior). At a national level, 250 people are trained each year.

Currently available data on evaluation of manpower training activities

Evaluations are planned for training programmes at a regional level.

National information collection centres

The Department of Social Affairs and a clearing house established by the Ministry of Health and the U.N.I.C.R.I. collate informations on manpower training activities.

LUXEMBOURG

Main types of training provided

Colleges of higher education offer limited continuing education modules on drug abuse, as well as occasional courses. Pre-graduate drug abuse university training integrated in curricula and post-graduate drug abuse specialised curricula are not available.

The local, regional or national authorities provide training in the form of limited interdisciplinary short-term courses and lectures, seminars and conferences. In-service continuing education is not offered by the authorities.

A limited number of interdisciplinary short-term courses, and lectures, seminars and conferences are available from the NGOs working in the field, not so in-service continuing education.

Some resource information materials for police officers are disseminated.

Currently available data on provision and utilisation of training programmes

No data are available.

Currently available data on evaluation of manpower training activities

No evaluations have been carried out.

National information collection centres

There is no centre which collates information on drug abuse training activities.

NETHERLANDS

Main types of training provided

The Universities offer customary continuing education modules and occasional courses on drug abuse, and to a more limited scale, pre-graduate drug abuse training integrated in curricula and post-graduate drug abuse specialised curricula.

Both the local, regional or national authorities, and the NGOs working in the field provide relatively common interdisciplinary short-term courses, lectures, seminars and conferences, and in-service continuing education.

The dissemination of resource information materials aimed at specific groups of professionals is relatively common.

Currently available data on provision and utilisation of training programmes

No information is available on the number of training programmes within universities or the number of interdisciplinary courses. Information is available on the number and intensity/duration of in-service training. Information on the training capacity is available for continuing education, interdisciplinary courses, and in-service training. Data on the number and type of information materials for professionals distributed, the number and type of short-term courses offered, and the number of participants in short-term courses in each year are available.

Information on financial resources for training from the central government is available.

Currently available data on evaluation of manpower training activities

Continuous education activities and information materials for professionals have been evaluated. Data from these evaluations are collated.

National information collection centres

There is a centre which collates information on manpower training activities.

PORTUGAL

Main types of training provided

University training takes place, at a limited level, in the form of occasional courses. Pre-graduate drug abuse university training integrated in curricula, post-graduate drug abuse specialised curricula, and continuing education modules on drug abuse are not available.

Local, regional or national authorities, as well as NGOs working in the field offer, on a wide basis, in-service continuing education. Interdisciplinary short-term courses, and lectures, seminars and conferences are also organised, but limited.

The dissemination of multidisciplinary and specific resource information materials for professionals is relatively.

Currently available data on provision and utilisation of training programmes

No data is available except for the intensity/duration of in-service training, the financial resources for training from the central government, and, at a local level, the proportion of professionals receiving continuous education and the number and type of short term courses offered.

Currently available data on evaluation of manpower training activities

No evaluations have been carried out.

National information collection centres

There is no centre which collates information on drug abuse training activities.

UNITED KINGDOM

Main types of training provided

There is a network of regional drug training units running courses aimed at both generic and specialist drug workers. These provide some 6 month full-time courses and some part-time courses. There is one part time course for training general practitioners. There is an International Diploma in Addictions full one year course run at the National Addiction Centre at the University of London. There are at least three other diploma courses being established in different UK centres.

Occasional University courses are common, and pregraduate drug abuse training is integrated in the national nurse training curricula. Continuing education modules on drug abuse and non-certificated in-service and vocational training aimed at social work and voluntary organisations staff (Scotland) are limited.

Interdisciplinary short-term courses, and lectures, seminars and conferences offered by statutory bodies or NGOs are common. The statutory bodies in Scotland do also provide, at a more limited extent, in-service continuing education and a post-graduate diploma in addictions aimed at the National Health Service, social work staff, and full time students.

The dissemination of resource materials, both multidisciplinary and aimed at specific groups is common in Scotland and limited in the rest of the country.

Currently available data on provision and utilisation of training programmes

Information on the number of universities with drug abuse curricula, of interdisciplinary courses, and of in-service training is available.

The national nurse training, organised by statutory authorities provide a limited number of ENB specialist courses (College of nurses education), but available to nurses nationally.

The duration of in-service training can range from half a day workplace seminars to week long residential courses. DTP and ASC both provided this type of training. The ENB courses last one academic year. Approximately 2.5 full time ASC posts and 3 DTP posts are devoted to in-service training.

In 1991-92 the Scottish Office provides a grant of 110,000 ECU to SDF and of 126,000 ECU to ASC.

No data are available on the utilisation of training services.

Currently available data on evaluation of manpower training activities

Information materials for professionals have been evaluated, and evaluation studies on postgraduate programmes are planned.

National information collection centres

There is no centre that collates information on manpower training activities.

6. RESEARCH AND EVALUATION

BELGIUM

Types of research and institutions

Within the Flemish Community, limited sociological and epidemiological research is carried out. Other discipline backgrounds are not used. Treatment is a common focus of research, while prevention, harm reduction, rehabilitation, and policy-making are more limited. Causes and risk factors, and consequences are not researched upon. Universities, research institutions and service providing agencies carry out limited research on drug abuse.

In the French Community, sociology is a common discipline background for research on substance abuse. More limited research is conducted from the epidemiology, medicine, psychology, basic science, law, or multidisciplinary backgrounds. No historical research on drug abuse is carried out. Prevention and treatment are limited focuses of research, which is carried out in universities and service providing agencies.

Currently available data on research resources, projects and outcomes

Information on the number and types of units conducting research on prevention, harm reduction and treatment in the Flemish Community is available, as well as the number and type of treatment research projects being carried out.

The French Community has information on the resources allocated to research on prevention, harm reduction and treatment.

Collation of data on research results, Periodical reports

There is a centre in the Flemish Community that collates data from research results. There is no periodical report summarising research projects and results, except the "Rapport intercommunautaire 1980-1990".

Most important or recent research projects

Main evaluation studies

DENMARK

Types of research and institutions

Research in all the fields reviewed is limited.

Research takes place in universities, research institutions, and independent researchers to a limited extent, and not at all in service providing agencies.

Currently available data on research resources, projects and outcomes

Since 1986 a special initiative on drug research has been funded by the Research Council, it takes place within the humanities, medical science and social science, and it is aimed at promoting research on drug issues. This initiative ends in 1992.

Collation of data on research results. Periodical reports

Data from research results are collated.

A periodical report summarising research projects results is planned.

Most important or recent research projects

A reference list is furnished as well as contact centres for further information. The projects listed cover areas such as epidemiology, drug control policy, drug use and pregnancy, and drugs and crime.

Main evaluation studies

GERMANY

Types of research and institutions

Research on substance abuse from the perspectives of epidemiology and psychology is common. That based on sociology, medicine, basic science, law, and multidisciplinary is more limited.

Research on substance abuse most commonly focuses on residential and non-residential treatment, rehabilitation, and consequences. On a more limited scale, it deals with prevention, harm reduction, causes/risk factors and policy making.

Research institutions frequently carry out research on substance abuse. Universities, service-providing agencies, and independent researchers do so to a smaller extent.

Currently available data on research resources, projects and outcomes

No data are available on the number or type of units carrying out drug abuse research. A study list on these topics is currently in progress (GSF/DG-Sucht/IFT). Data are available on the number and type of research projects on prevention and causes or risk factors.

Information on the amount of resources allocated for research on prevention is available, as well as on the financial resources for research from the central and local governments.

Collation of data on research results. Periodical reports

The IFT collates data from research results, and IDIS produces a quarterly abstract documentation on research projects.

Most important or recent research projects

Study on substance abuse prevention methods, by IFT.

Main evaluation studies

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GREECE

Types of research and institutions

Research from the anthropology/ethnography, sociology, epidemiology, medicine, psychology, law, and multidisciplinary perspectives is limited.

The most common focus of research are causes and risk factors, and secondarily, prevention, harm reduction, treatment, rehabilitation, consequences, and policy making.

Universities, research institutions, and service-providing agencies carry out limited drug abuse research activities.

Currently available data on research resources, projects and outcomes

Data are available on the number and type of institutions carrying out research on prevention and treatment, as well as the resources allocated to research on these two areas, and on the number and type of research projects on prevention, treatment, rehabilitation, causes and risk factors, and consequences.

Information on the amounts allocated to research by the national government is available.

Collation of data on research results. Periodical reports

Most important or recent research projects

- Project for the social reintegration of former drug abusers in the municipality of Kallithea (Athens region), funded by the EEC.
- The Department of Psychiatry of the University of Athens has developed two projects, a health education project in 22 secondary schools starting 1989, and a pilot health education project in two secondary schools in Athens and the surrounding community (European project in which participate the Council of Europe, WHO, and the EEC).
- The Department of Psychiatry of the University of Crete has developed a project in high schools of Iraklion. The objectives are to estimate the degree of drug use, to ascertain specific personal and social factors involved, and to identify the high risk population.
- The University of Crete, with participation of the University of Ioannina is developing a study based on police arrests in Iraklion, to identify the characteristics of drug abusers and heroin addicts. This project is partly funded by the European Community.

Main evaluation studies

SPAIN

Types of research and institutions

Research on substance abuse is common in the areas of sociology, epidemiology, and medicine, and more limited on anthropology/ethnography, psychology, law, history and multidisciplinary.

It focuses primarily on treatment, rehabilitation, and consequences, and, at a lower level, on prevention, harm reduction, causes/risk factors, and policy making.

Universities, research institutions (public research institutes), service-providing agencies (hospitals), and independent researchers conduct a limited amount of research on drug demand reduction. Professional organisations and associations do also carry out research.

Currently available data on research resources, projects and outcomes

Detailed information is not available, there are no specific data on resources allocated to research on specific areas, although the distribution corresponds to the focus of research listed above.

Collation of data on research results. Periodical report

Data from research results is collated in the "Census of Sociological Research into Drug Addiction in Spain".

There is a periodical report summarising research projects and results: "Report from the Social Security Fund for Health Research".

Most important/recent research projects

A reference list is provided. It includes epidemiology studies and research into service providing.

Main evaluation studies

Annual report from the DGPNSD (Government Delegation for the National Plan on Drugs). This report summarises the most significant activities and programmes carried out by the various public and private institutions within the National Plan on Drugs (PNSD).

FRANCE

Types of research and institutions

Research in the fields of sociology, epidemiology, medicine, psychology, and basic sciences is common. Studies from the anthropology/ethnography, law, history, or multidisciplinary point of views are more restricted.

The most common focuses of research are prevention, harm reduction, treatment, rehabilitation, and causes/risk factors, and, on a second level, consequences and policy making.

Research on substance abuse is most frequently carried out in research institutions (National Institute for Health and Medical Research, INSERM), and not so frequently, at universities, service-providing agencies, and independent researchers.

Currently available data on research resources, projects and outcomes

Data are available on the number and type of units carrying out research on all the different areas, as well as on the resources allocated to each of the areas of research, and the number and type of projects being carried out.

Information is available on the financial resources allocated by the national government to research.

Collation of data on research results. Periodical reports

The collation of data from research results is planned, as well as the production of a periodical report summarising this type of information. Both activities will be carried out by the National Monitoring Centre for Drugs and Drug Abuse ('Observatoire'), which is in the process of being set up.

Most important or recent research projects

- Drug abuse database at the INSERM: epidemiological review of drug abusers seen within structures specialised in drug abuse.
- Study on drug abuser careers (INSERM).
- Evolution of treated and non-treated drug abusers (IREP).
- Drug abusers' own perception of their health status (IREP).
- Characteristics of treated and non-treated cocaine users.

Main evaluation studies

IRELAND

Types of research and institutions

Epidemiologic research is relatively common (Health Research Board), while that from other discipline backgrounds is more limited, and carried out at universities or drug treatment centre (medicine).

The most common focus of research is prevention, all other areas are limited, except for the consequences of drug use, which are not investigated.

Most frequently, research is conducted at universities and service-providing agencies.

Currently available data on research resources, projects and outcomes

Some information on this topic is available at a regional level, mostly in the areas of harm reduction and treatment.

Information on the financial resources committed by the central and local governments is available.

Collation of data on research results. Periodical reports

The collation of data from research results is planned. There is no periodical report summarising research projects and results.

Most important or recent research projects

The most relevant and coherent research in progress in Ireland is that carried out under the aegis of the Pompidou Group, Council of Europe, often in association with the European Commission.

For the past 10 years Ireland has participated in the epidemiology programme of the Pompidou Group in the development, with other European countries, of a range of indications of drug misuse e.g. First Treatment Demand; Hospital Admissions; Viral Hepatitis; Drug related Deaths; Police Arrests; Imprisonment; Seizures of Illicit Drugs; Price/Purity of Drugs; Drug-related AIDS; and survey work.

Several studies have emerged from this above-mentioned Pompidou activity e.g. The Multi-city Study of Drug Misuse, the Dublin-London Research Project, and Cocaine Misuse in Europe.

Main evaluation studies

ITALY

Types of research and institutions

Research from the perspectives of epidemiology, medicine, psychology, and basic science is frequently carried out, while that on sociology, law, and multidisciplinary is more limited.

The most common foci of research are harm reduction and consequences. Prevention, treatment, causes/risk factors, and policy making are studied less frequently.

Universities, research institutions, and service-providing agencies conduct research on drug abuse relatively commonly. Independent researchers' drug abuse research activities are more limited.

Currently available data on research resources, projects and outcomes

Information is available on the number and type of research units carrying out research on harm reduction at a local level, as well as the number and type of research projects of this type, on treatment, and on consequences.

Collation of data on research results. Periodical reports

A clearing house collates data from research results and produces a periodical report summarising this type of information.

Most important or recent research projects

- Prevalence surveys on drug use, with a special focus on AIDS.
- Planning a computer-based network linking peripheral facilities with regional offices and the Ministry of Health (anonymous and confidential), in order to use multiple indicators to assess drug use trends.

Main evaluation studies

A study on the impact of prevention and training projects funded by the National Fund for Anti-Drug Action is in progress.

LUXEMBOURG

Types of research and institutions

In 1992, a survey in secondary schools will be conducted.

Currently available data on research resources, projects and outcomes

No data available.

Collation of data on research results, Periodical reports

No data available.

Most important or recent research projects

- Evaluation of methadone programmes with the help of a German University.
- Survey study mentioned before by a Luxembourgish interdisciplinary team.

Main evaluation studies

NETHERLANDS

Types of research and institutions

The most common research disciplines are anthropology/ethnography, sociology, and epidemiology. Research from medicine, psychology, basic sciences, law, history, and multidisciplinary is more limited.

The principal focuses of research are harm reduction and treatment, and on a secondary level, prevention, rehabilitation, causes/risk factors, consequences and policy making.

The main lines of research on drug abuse in the Netherlands are evaluation studies of treatment, prevention (AIDS prevention), and legislation; and prevalence studies such as household surveys, school surveys, and secondary analysis of registrations and other existing material.

Institutions with common drug abuse research activities are universities, research institutions, and service-providing agencies. Independent researchers' studies on substance abuse are less frequent.

Currently available data on research resources, projects and outcomes

Data on the number and type of units carrying out drug abuse research on the different fields, as well as on the number and type of drug abuse research projects are available.

Information on resources allocated to research financed by national, regional or local governments is available.

Collation of data on research results. Periodical reports

Data from research results are not collated. However, there are plans to give the Institute for Alcohol and Drugs a more coordinating role in the field of research. One of its tasks would be the collation of data from research results.

Once in two years an inventorisation of scientific research in the Netherlands and Flander (Belgium) takes place, financed by the Ministry of Welfare, Public Health and Cultural Affairs. It covers research on users and consequences of alcohol, drugs and other psychotropic substances (Schippers/Broekman). The last one covered 1989-90. Practically all relevant information on research in the area of drugs is therefore available. There is no report summarising research results.

Most important or recent research projects

- Cocaine field study in Amsterdam: 160 persons with a minimum cocaine use of 25 life instances were sampled by means of a snowball method and interviewed. This study concluded that there is no need for increasing treatment slots for cocaine in Amsterdam and that very restrained policy against the users of cocaine is indicated, since informal ways of social control prevent the vast majority of this group from developing addiction problems.
- Prevalence study in Amsterdam: a representative sample of 4,400 individuals 12 years or older was interviewed. Information was obtained on drug use and its association with demographic and socio-economic characteristics.
- Methadone supply in the Netherlands: and inventorisation of all (66) methadone programmes, with a total number of 6,861 clients (Jan 90) a month. It concluded that 75% of the heroin addicts have contact with the addiction care system, and 75% of this group receives methadone. This study provided information about the characteristics of methadone maintenance programmes and their treatment. The goals of the institutions have changed since the early eighties from trying to get clients drug free to improving the social and medical situation of the clients.

Main evaluation studies

There is an evaluation study being carried out on the new financing scheme for the ambulatory addiction services (TFV), whereby the responsibility for care was decentralised to the regional or municipal level (1.1.90).

Innovative studies:

- Development of programme evaluation for clinics in such a way that the effects of treatment are measured and the results of the evaluation may lead to improvement in treatment methods.
- Development of new intake procedures for the ambulatory care and new referral procedures.
- Evaluation of drug free programmes in prisons.

PORTUGAL

Types of research and institutions

Research from the perspectives of epidemiology, medicine, and psychology is carried out at a limited scale.

The most common focuses are prevention, treatment, and causes/risk factors, although the number of studies is restricted.

Universities and independent researchers carry out limited drug abuse research activities.

Currently available data on research resources, projects and outcomes

Data are available on the number and type of units carrying drug abuse research on prevention, treatment, and causes/risk factors, as well as the resources allocated to research, and the number of research projects on these areas.

Data on the financial resources for research from the central government are available.

Collation of data on research results. Periodical report

The collation of data from research results is planned.

Most important/recent research projects

- The Department of Psychology of the University of Porto is carrying out a longitudinal study on "Addicts and Social Reinsertion" from a drugs and criminal research perspective.

- The Department of Medicine of the University of Coimbra is researching on the neuropharmacologic characterization of addicts.

- The Ministry of Health is currently financing some research projects in different areas of substance abuse, including, for example, drug use among pregnant women.

Main evaluation studies

UNITED KINGDOM

Types of research and institutions

Research on drug abuse is common from most discipline backgrounds, except for basic science and history, which are not used.

There is a tendency to increase research on substance abuse from the anthropology/ethnography perspective.

All focuses of research are common, except for rehabilitation, which is limited.

Drug dependency units attached to medical schools conduct research, as well as universities, research institutions, and independent researchers.

Currently available data on research resources, projects and outcomes

There is complete coverage on the number and types of units carrying out research on drug abuse through the ISDD research register "Drug Questions". Some information is available on the number and type of research projects on prevention, harm-reduction, treatment, and causes and risk factors.

Information on the resources allocated to the various areas of research is available, as well as on the amount of financial resources for research contributed by the central Government. Funds for university researchers are provided by the MRC, ESRC, and charitable foundations.

Collation of data on research results, Periodical reports

Data from research results are collated.

The Department of Health's "Research and Development Handbook" summarizes research projects and results.

Most important or recent research projects

Two recent Scottish research projects are a study on 'Perceptions of drug control problems and policies', which compares policies in Scotland, the Netherlands and U.S.A. The second, 'HIV/AIDS knowledge, attitudes and personal risk in the Scottish prison service', is a 18 month study which will assess the information, knowledge and attitudes of prison staff and inmates, as well as the efficiency of HIV/AIDS prevention measures that are currently available. The researchers will make recommendations for the optimum method of presenting HIV/AIDS educational information to staff and inmates. Three other Scottish studies deal with drug use and HIV transmission in prisons.

The study 'Copying strategies of illicit drug users not in treatment: implications for service delivery' will develop and assess qualitative and ethnographic methods to describe the social behaviour of drug misusers. These methods will then be used in a study of the sexual behaviour and networks of injecting drug misusers.

A list of other current and recent research is furnished. It covers a wide range of research issues, among them epidemiology (patterns and trends of drug use), drug use and HIV risk behaviours, drug abuse service providing agencies, treatment outcome studies, evaluation of education measures, help-seeking behaviour among drug users, and AIDS prevention initiatives (including needle exchange schemes).

The Home Office facilitated a list of drug research projects which were completed since 1986. It includes areas such as economic aspects of the illicit drug market, links between drug taking and crime, the notification to the Addicts Index, community responses to drug use, drug dependence among prisoners, and follow-up of drug users.

Main evaluation studies

ANNEX 2

SUMMARY OF ACTIVITIES

Commission actions 1988 - 1991

The Commission has been carrying out since 1988 (first year for which a budget was available) specific actions related to the fight against drugs, and in particular aimed at reducing drug demand, following the transmission of its Communication to the Council and to the European Parliament in 1986 (COM(86)601) concerning Community actions against the use of illicit drugs.

The following areas for action were identified in this Communication :

- Prevention of drug abuse (including information, training and education)
- Treatment and rehabilitation (including information for drug addicts, and exchanges of experiences on modes of treatment and rehabilitation)
- Comparative and basic statistical studies
- Medical research (prevention and treatment).

The structure of this chapter is based on the actions identified in this Communication.

Subsequently, **the Council and the Ministers for Health of the Member States meeting within the Council** have adopted one Resolution and four Conclusions in this area. The work required and undertaken on the basis of these texts was integrated in this document maintaining as much as possible the structure to have an overall comprehensive view :

A Conclusions of 16 May 1989 concerning the reliability of tests on body fluids to detect the use of illicit drugs, inviting the Commission :

- a) to examine the circumstances, purposes and frequency of testing;
- b) to determine the consequences of positive tests;
- c) to examine the compatibility of testing with new circumstances resulting from the establishment of the internal market;
- d) to examine the criteria currently used for reporting positive results;
- e) to examine the existing quality assurance programmes;
- f) to check on the availability of certified reference materials.

B Resolution of 16 May 1989 concerning a European network of health data on drug abuse which invites the Commission :

- a) to draw up an inventory of work already carried out or planned ;
- b) to identify areas where further work is required ;
- c) to present a report to Council indicating possible initiatives to be taken.

C Conclusions of 16 May 1989 regarding the prevention of AIDS in intravenous drug users requesting the Commission to prepare and to submit to the Council a programme in this area.

D Conclusions of 13 November 1989 on the implementation of coordinated measures for preventing drug addiction and coping with drug addicts, requesting the Commission :

- a) to make an inventory of areas appropriate for experimenting with coordinated action ;
- b) to encourage the exchange of practical experience and to promote the implementation of coordinated action between qualified persons and institutions active in the prevention of drug addiction and coping with drug addicts;

- c) to cooperate with the Pompidou Group and WHO ;
- d) to report on the results of this work.

E Conclusions of 3 December 1990 on reducing the demand for narcotic and psychotropic substances, which invite the Commission :

- a) to promote the Community-wide exchange of information in this field ;
- b) to promote the exchange of information on the methods used to evaluate the different measures taken ;
- c) to draw up regular reports on demand reduction policies;
- d) to carry out a feasibility study on the organization within the Community of regular training and update courses for qualified staff.

F The Council and the Ministers for Education meeting within the Council on 6 December 1990 also called on the Commission to give special consideration to the question of drugs in implementing the Council Resolution of December 1988 on Health Education in Schools.

G 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. In its conclusions of 14 December 1990, the European Council stressed "the considerable importance of a systematic and continued strengthening of the actions of the Community and its Member States in the fight against drugs and organised crime" and asked for "the rapid implementation of the programme prepared by CELAD", chapter II of this programme being devoted to drug demand reduction.

H The Council and the Ministers for Health meeting within the Council on 3 December 1990 invited the Commission to draw up regular reports, in collaboration with the Member States, on demand reduction policies.

I The Council and the Ministers for Health meeting within the Council on 4 June 1991 considered that the regular reports on actions to reduce drug demand, which the Commission has been requested to draw up in collaboration with the Member States, should include additional activities by the Commission in this area.

Regarding actions at Community level, the emphasis is placed on the European Plan: on one hand on the actions already identified by the Council and Ministers of State for Health and Education, and on the other hand on the need to develop, in close cooperation with WHO and the Pompidou Group, activities regarding information and education, statistics and epidemiology, medical prescribing and dispensing of narcotic drugs and psychotropic substances for the purposes of treatment.

Within this framework, the Commission has undertaken a number of actions since 1988 which have been summarized in the framework of the Communication of 1986 from the Commission to the Council and the European Parliament.

1. PREVENTION :

1.1 EXCHANGE OF EXPERIENCES AND INFORMATION

(Ref.: D-b, E-a, G-a)

General information is of great importance in the strategy for drug demand reduction and the Commission has supported actions aiming at exchanges of information, experiences and materials and dissemination of information.

The Commission subsidized a variety of seminars and symposiums on various aspects of public and special groups information on drug abuse : a Conference organized in Frankfurt in 1990 to allow an exchange of information and experience between a number of European cities and a congress on cities faced with drug abuse (Strasbourg) ; a symposium on Community actions against AIDS and Drugs (Paris) ; a congress of the Spanish Red Cross on drugs (Malaga); an East-West Conference on drugs held in Paris, because of recent events in Eastern Europe which has, most specialists believe, an increased interest in the fight against drugs. An International Congress to be organized in Brussels on the theme "Eurotox 93 Drugs, values and policies" has also been supported. It proposes to reflect on the constants and variables operating in medical, moral, judiciary and socio-economical factors among the various European ideologies regarding drug abuse.

The use made in the recent past of mass-media for the prevention of drug abuse will be analysed with a view to examine the possibilities of coordinated strategies in the future. The nation-wide French campaign "Combat pour la vie" will be assessed at the request of the French authorities for a future discussion at European level. A research on the use of mass-media for the prevention of drug abuse will be carried out as well throughout Europe.

Regarding the dissemination of information, various means were encouraged by the Commission : traditional information campaigns by non-governmental organizations; a European campaign of information on drugs (in several cities, with NGO participation); an original use of the Péniche Drogue Prévention association, with a broad-based set of posters and videos, which is to travel throughout Europe is underway. Information to parents of children with special needs (seminar in Athens) and to families (seminar of the European-wide Family Associations Confederation (COFACE), Luxembourg) were also supported by the Commission. As a follow-up to the COFACE seminar, this body develops exchanges of information on drug abuse prevention and coordinates pilot projects in this field, with the participation of the Greek Family and Care Centre and the Irish Countrywomen's Association. Exchange visits of vocational school students were also promoted. The support for these conferences has enhanced the exchange of practical experiences between qualified persons in different areas as requested by the Council.

The organisation "Europe against drugs" (EURAD) set up in 1988 by concerned parents and parents of young addicts in a number of countries both within and outside the Community was supported by the Commission to start its activities. The objective of this association is to provide information to parents and self-help groups about the ways in which they can contribute towards solving the problem of their children's addiction. Posters and leaflets were prepared and distributed, seminars and training workshops were organized.

1.2 EDUCATION AND TRAINING

(Ref.: F, G-a)

Starting in 1985, pilot health education projects mainly concerned with drug addiction have been carried out jointly by the Commission of the European Communities, the WHO and the Council of Europe. The main objective of this initiative was the effective coordination of health-promoting measures between schools, families and the local community. A European Conference (Strasbourg, 1990) concluded this experience by drawing up recommendations at Community level to promote education for health, in particular in the field of drug addiction, in schools and the wider community. The need to develop an evaluation methodology were also stressed.

The Commission supported The first European School in health education for teacher training in the framework of the concept "health promoting school" (including Drugs and AIDS), held at the University of Southampton in 1990. It allowed 47 participants, essentially teachers trainers, to exchange their experience and to develop a number of tools and concepts useful in their own work. This Summer School was organized jointly with the WHO, as well as the following one in Montpellier in September 1991.

The Commission co-organised the Second Summer School of GEERMM Europe "Prevention in schools conception and implementation of prevention programs" held in 1991 in Metz. The main objective of this Summer School was to give the possibility for European teachers and social workers to produce, create and coordinate prevention programs in their field of work. It was jointly organized with the University of Metz.

To assist the creation of drug education programmes for children and adolescents, the "Fondation toxicomanie et prévention jeunesse" is promoting with Commission support a common prevention approach in the Community Member States through a publication in the national languages aimed at 8-12 year-olds.

Education materials have been developed by the Irish Ministry for Health with Commission support, as well as a specific initiative by a local Family Association in Guadeloupe. Video material has been prepared by various organizations, such as Atelier 8, with a report on drug addicts' experience ; Prisma Films, with a specific document on Aids and drugs ; Dialogue Jeunesse et Société, which is to prepare a visual document on the basis of a preliminary work with a group of teenagers and drug prevention professionals ; Coro Ragazzi di Rozzano, for distribution of video clips on drug issues; "Actions et prospectives audiovisuelles" for video programs in the field of prevention of drug abuse.

In October 1991 the Commission co-organized with the Council of Europe and WHO a Conference in Lübeck on the prevention drug abuse in schools. This allowed a review of drug prevention programs in the Community, as well as an extensive exchange of information between experts from Member States.

The Brussels University Press is running with Commission support a major information campaign aimed at students. The objective is to provide in course books repetitive information on drugs which is seen several times a day for a whole year on the model on a previous campaign on AIDS which was well perceived by students. Future Promotion ASBL is also to launch a wider-ranging campaign of information for students in several Member States on drug abuse, taking account of this experience is also supported.

Furthermore, Conferences were supported because of their potential interest in the field of information and training of front-line professionals : the international conference on drug dependency (London Institute of Psychiatry) ; the European Conference of Drogenhilfen Federation in Berlin ; and a conference for nurses (Brussels).

Based on an assessment of the main dangers of solvents abuse, the development of pedagogic programmes aimed at target populations undertaken in Louvain was supported.

2. TREATMENT AND REHABILITATION

2.1 INFORMATION AND OUTREACH HELP SYSTEMS FOR DRUG USERS (Ref.: C, D-b, E-b, G-a)

As it is very difficult to gain proper and effective access to the environment of drug users it is important to improve the information which can be supplied to them. The work of Strathclyde Regional Council sending social workers to establish on-the-spot contact with drug users in certain social groups, especially prostitutes was supported. In a project coordinated with the previous one, the City of Dublin is pursuing a policy of providing information for drug users, with an approach centred on the local community. With support of the Commission, the identification of target groups and development of a programme evaluation methodology intended to be adaptable for application elsewhere is being undertaken.

In the European Community, a number of helplines have been set up for health problems, including drug abuse. Some helplines services were initiated with the Support of the Commission, such as the English Speaking Telephone Helpline Service of ADFAM National in Belgium. An overview of drug helplines in the European Community is being finalized with Commission support with a view to improve and extend their functioning.

Prevention and information actions towards prisoners, in particular drug users and prison staff, were undertaken in Luxembourg taking into account the experience already available in neighbour countries in the same context. An overview of the current situation regarding health related issues among drug users in prisons has been commissioned in a number of Member States of the Community.

The First and Second International Conferences on the Reduction of Drug Related Harm (Liverpool 1990 and Barcelona 1991) were supported by the Commission. These Conferences aim at developing improved strategies and training for the reduction of drug related harm.

2.2 MODES OF TREATMENT AND REHABILITATION (Ref.: D-b, E-b, G-a)

The evaluation of the different rehabilitation programmes for drug users is essential. To allow exchanges of information between experts working within therapeutic communities, a "European Conference of Therapeutic Communities" was held in Berlin in 1990, with support from the Commission. The International Conference of therapeutic communities and a workshop for the training of professionals organized in Athens were also supported in 1990.

Certain treatment programmes remain controversial, particularly in respect of heroin addiction and despite scientific evaluations. The development of harmonized protocols for evaluating the effectiveness of heroin dependency treatment methods is supported by the Commission.

Treatment methods are often criticized as not making sufficient provision for the rehabilitation of young addicts. A therapy team promoting the vocational rehabilitation of young people living on the fringe of society, in cooperation with their families, is being supported by the Commission as a pilot project. Another experiment supported by the Commission involves providing shelter and companionship for young people with problems - sporting activities in the mountains using relational methods far removed from conventional therapeutic approaches.

A specific initiative supported as a pilot project by the Commission was the Landschaftsverban Westfalen-Lippe project which is aimed at developing specific care systems for German drug addicts serving sentences for criminal offences in the Netherlands.

2.3 IMPROVEMENT AND COORDINATION OF EXISTING ACTIONS (Ref.: D-b)

Coordination is also a major concern, given the multiplicity of approaches to the drugs problem. Strathclyde Regional Council has coordinated for the Commission six local projects on hazards linked to drug addiction (Strathclyde, Dublin, Barcelona, Turin, Berlin and Lille). The objective was to facilitate the exchanges of experience between the six projects in organizing common workshops. The influence of the cultural factors on the action of socio-medical services was analysed as well as the serious problem of the relationship between drug addiction and prostitution. The detailed report containing a series of recommendations has been published.

Support is provided in the geographic area of Rhin-Meuse-Moselle to an association of secondary prevention outreach field workers for exchanges of experiences and the development of common approaches. The Second Congress of GEERMM-Europe on drug demand reduction was held in 91 in Luxembourg on the basis of a study commissioned by the Commission on the modes of treatment of drug users in Belgium, Germany, France, Luxembourg and the Netherlands.

An assessment of the possibilities for the exchange of experiences at a local level in all areas of drug demand reduction is underway, taking into account the experience of the Health Services of the City of Amsterdam as a focal point for visits from interested authorities, associations and professionals in Member States.

Cooperation between the Commission and WHO taking into account in particular the acute intoxications due to substance abuse is underway.

3. SURVEYS, STATISTICS AND EPIDEMIOLOGY

3.1 PUBLIC OPINION SURVEYS (Ref.: E-a)

In the framework of the Eurobarometer surveys of 1989 and 1990 a sample survey on "Europeans and Health" which included a section on drugs was carried out. The results show that Europeans consider drugs as the third from a list of six health threats, following cancer and Aids; moreover, they consider drugs as the first priority within the actions to be developed in Europe. At the same time, 24% of the respondents state that they know drug users and 11% that there is a drug user among their family or immediate friends. Regarding the purchase of drugs, more than 50% consider that there is no real difficulty to get drugs.

3.2 USE PATTERNS (Ref.: B-b, D-c, G-b)

A basic problem of statistics is linked with the lack of reliable and comparable indicators. One project funded by the Commission involves exploratory work on "first treatment demands". This multi-centre study, led by the Dublin Health Research Board, is based on the recommendations of the Pompidou group. Its objective is to standardize the collection of information on the subject and thus arrive at a reliable indicator of drug addiction in Europe. There is a growing number of deaths due to drug abuse and no available practical indicator at European level: the development of an overdose death indicator throughout the Community is being examined in close cooperation with Member States and the Pompidou Group.

A specific project has been supported by the Commission in Münster to consider the situation of German drug users who live in the Netherlands, and how to deal with other similar situations in the European Community.

A project also funded by the Commission undertaken by the city of Turin, and coordinated with the Barcelona project, has sought to improve knowledge of the current and probable future number of addicts in a specific area. The accent was on methodology and the possibility of applying the study elsewhere.

3.3 INFORMATION SYSTEMS (Ref.: B-a, D-a)

A guide to terminology in the field of drug addiction research and treatment is valuable both for professionals and information systems and is underway.

The Commission supported a preliminary study on the existing documentation centres and the possibilities for exchange of information between them.

The possible contribution of the Poison Centres to substance abuse prevention is being evaluated with Commission support.

4. SPECIFIC STUDIES

4.1 DRUG ANALYSIS ISSUES (Ref.: A-a,b,c,d)

In relation to the concern for a possible increase in testing for substances of abuse and their related analytical problems, a number of actions were undertaken and supported by the Commission.

As a follow-up to the meetings of the working party of representatives of Member States, held in 1989 and 1990, a comprehensive questionnaire on Legislation in this field and role of the state as employer has been established and transmitted to Member States. Furthermore complementary information has been requested from analytical laboratories, employer organizations and manufactures of testing kits.

Additionally, evaluations of existing quality assurance programmes and of the views of social partners on testing (Convention with ILO) were undertaken.

The First International Symposium on current issues on drug abuse testing which was held in Barcelona in 1990 was supported by the Commission. It focused in particular on the need for reference materials, the urgent establishment of quality assurance programmes and the delicate issue of the chain of custody of the samples.

In order to have a better view of the current situation in Europe, a compendium of European facilities for drug abuse testing is being prepared for the Commission.

Drug and alcohol-related problems affecting workers have become a serious concern throughout Europe; the International Labour Office is undertaking a project analysing the effects of drugs and alcohol on health and on safety at work and the legislative aspects and the role of the social partners, with the support of the Commission.

4.2 OTHER DRUG RELATED ISSUES

(ref.: C)

The European Centre for the Epidemiological Monitoring of AIDS has carried out a study to determine the HIV transmission risk factors among drug users and to evaluate ensuing changes in behaviour patterns in the European Community. The Commission has helped to finance this study which takes into account public health aspects of the issue.

The foetus and the neonate are also suffering from drug abuse as well as the drug addict mother. That is why a review of drug effects on perinatal development and reproduction has been commissioned. In addition, a training programme on reproductive toxicology was supported in 1990 (Berlin) to review the effects that abuse of drugs may cause on fertility.

The Commission is supporting the elaboration of a critical review of the literature about the permanent toxic effects of addictive drugs on the developing nervous system. An assessment of objective measurements (of neuroendocrine and neurobehavioural changes) which could be of value in the evaluation of rehabilitation methods has been commissioned by the Commission.

Experts from poison control centres throughout the world are preparing monographs dealing with abuse of substances, including not only the traditional hard drugs but also a wide range of chemical substances. These monographs will provide the scientific information to enable professionals to better diagnosis and treat intoxications by these substances as well as to prevent drug abuse. These activities are supported jointly by the Commission and WHO.

Designer drugs are of particular concern in the framework of evolving use patterns : a project for their identification with the aim to get a better understanding of the phenomenon, and to develop possible preventive initiatives is supported by the Commission.