Sundhedsstyrelsen

REPORT TO THE EMCDDA

by the Reitox national focal point of Denmark,

National Board of Health

DENMARK

DRUG SITUATION 2000

REITOX REF/ 2000

National Report on the State of the Drugs Problem in Denmark

2000

National Board of Health

December 2000

Summary

This annual report on the drugs situation in Denmark has been drawn up by the National Board of Health, the Danish "Focal Point. The report has been prepared during the autumn of 2000 and is the fifth report submitted to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The report is available in Danish as well as in English, and has been prepared in accordance with the guidelines set out by the EMCDDA.

The report provides an overview of the drugs situation in Denmark. It is based on the most recent statistical and epidemiological data as well as current information on focus areas, projects, activities and strategies within drug prevention and treatment. In addition, the report contains descriptions of current legislation and policy within the drugs field. This year's report also includes three special thematic chapters: "Infectious diseases among drug addicts", Cocaine" and "Drug strategies in Denmark".

Kari Grasaasen, Head of Section, has been responsible for the part on epidemiology as well as the thematic chapter on cocaine, while Hans Henrik Philipsen, Head of Section, has prepared the part describing prevention and treatment. Other sections of the report have been written in cooperation with the Danish Ministry of Justice, the Ministry of Social Affairs, and the Ministry of Health. Consultant doctor Else Smith has been responsible for the thematic chapter on infectious diseases. The Danish member of the EMCDDA Scientific Committee, special consultant Anne-Marie Sindballe, and the Advisory Drugs Committee under the National Board of Health have together contributed comments and constructive criticism. Birgitte Neumann was responsible for layout, design and proof reading.

The current drugs situation in Denmark

In recent years, the use of illegal drugs in Denmark has increased. This increase embraces in particular the use of centrally stimulating drugs, ie amphetamine, cocaine and ecstasy, as well as the use of hallucinogens in the form of mushrooms and LSD. An increasing number of young people experiment with these drugs, of which amphetamine is the most prevalent. Preliminary results from the 2000 population survey show that 7.5% of the young people between 16 and 24 years have tried amphetamine ever, whereas 1% had tried the substance last month. According to surveys made on the prevalence of heroin among school pupils and among the population, there appears to be no increase. Cannabis remains the most prevalent illegal substance in Denmark. Less than 1/3 of the young people between 16 and 24 years have tried cannabis ever. More than 5% of the young in the same age group have used cannabis within the last month (the population survey 2000).

"Heavy" drug use appears to have levelled out. It is estimated that there are approximately 14,000 heavy drug addicts in Denmark. There appears to be no significant changes in the types of drug addiction among drug addicts seeking treatment. Heroin is still the prevailing main substance among this group, whereas 2/3 of the treatment population report being multiple drug users. Among those seeking treatment for the first time, an increasing proportion seems to use cannabis as their main substance. 31% of the "newcomers" admitted to treatment in 1999 reported cannabis as their main substance. The centrally stimulating substances appear only to a limited degree as the main substance for persons admitted to treatment, however a mild increase is detected over the past year. More than 4% of the drug addicts admitted to treatment reported amphetamine as their main substance in 1999.

In 1999, the number of drug-related deaths reached a total of 242. Since 1994, the number of drug-related deaths has been stable, with a declining tendency in the last 2 years. When viewing the number of newly notified HIV cases among the drug addicts, there have been varying figures that fail to reveal any distinct tendencies. Less than 4% of the drug addicts are estimated to be HIV-infected. The number of notified AIDS cases seems to be falling moderately, which *could* be ascribed to the special combination therapy introduced

recently.

New developments within prevention and treatment

The Danish government has launched a new initiative of significance. The objective of this initiative is to intensify prevention against problems with ecstasy and similar substances and is a development project carried out in two selected counties (the counties of Northern Jutland and Aarhus). Over a period of two years, the two counties must strengthen and develop methods to prevent against the use of ecstasy and other substances among young people. The two “model” counties must launch an additional number of relevant initiatives in cooperation with their local municipalities, the police, the restaurants and other relevant settings. New initiatives will be targeted at parents, schools at a youth educational level, youth clubs and youth school, the primary and lower/upper secondary schools, discothèques/party settings, emergency wards and general practitioners as well as the counselling/treatment function. The National Board of Health and other central authorities must provide professional assistance to the development project. The experience gained must be communicated regularly to the counties not participating in the project, and evaluation therefore plays a pivotal role.

For the first time, an actual mass media campaign against drugs was launched in Denmark in the summer of 2000. The campaign was set afloat in cooperation with the Danish DeeJay Organisation and a private advertising agency. The campaign, which was labelled “ecstasy.dk – the drug above all drugs”, was backed by a large number of private sponsors as well as the Ministry of Health. The campaign took an ironic approach in order to reach the young people and instigate a debate on the substance. The campaign is being evaluated at present.

Focus on the evaluation of prevention and treatment projects has intensified. In 2000, a working group of county alcohol and drugs consultants have drawn up evaluation guidelines to be used by practitioners operating within the drugs field. In addition, a project planning and evaluation seminar has been held for the county consultants.

Several of last year’s initiatives have been strengthened in 2000 or they have been made permanent due to positive evaluation results. Thus, a pilot project under the auspices of the Danish Prison and Probation Service, where the prisoners are offered treatment as part of serving their sentence in a private treatment institution in close cooperation with prison staff, has been expanded to open yet another department of treatment, enabling the prison in question to treat 30 prisoners. Within general drugs treatment, the Ministry of Social Affairs, the Centre for Alcohol and Drug Research, the National Board of Health and the municipal parties have launched a pilot project in 3 counties on the development of treatment statistics within the drug area. The aim of these statistics is to register accomplishments in connection with the in and outpatient treatment of drug addicts so as to make a qualitative assessment of treatment services. Furthermore, it has been decided to intensify activities over the next 3 years vis-à-vis the most deprived drug addicts, in particular as regards the coherence between the services provided by the social sector and methadone treatment.

Thematic chapter on drug strategies in Denmark

Danish drugs policy is based on persistent and targeted prevention intervention, multiple coordinated services and effective control. Prevention is one of the most crucial instruments in curbing the emergence of new drug addicts and is consequently decisive as part of a broad and coherent policy to reduce and combat drug addiction. The National Board of Health represents the national authority of prevention intervention, whereas planning and initiatives launched within the area are based on the participation of and cooperation with counties and municipalities. Local projects are sought to be strengthened through exchange of experience, vocational training and local seminars held for key personnel.

Treatment services fall under the responsibilities and tasks of the public sector. These services are backed by voluntary organisations and non-profit, private institutions, whereby a concerted effort is secured, as is the possibility of more flexible, untraditional and alternative treatment and care services. The activities are based on differentiated requirements and goals in due consideration of the different needs and abilities of the drug addicts. It has been emphasized that the intensified treatment of drug addicts will embrace the criminal drug addicts as well.

Control activities should be included as an important – but not dominant – element in the overall work to combat drugs. Since the fight against drugs cannot be won through increased control alone, it must therefore – particularly in the streets – be balanced through prevention intervention and treatment services.

As part of the intensified efforts to combat drug addiction, an inter-disciplinary, advisory and professional drugs council has been appointed by the Minister for Social Affairs. The Council must monitor developments within prevention, treatment and control as well as contribute to qualification and improved coordination of the overall work performed in the area. The Council may, among other things, submit proposals for goals and strategies to be applied in the overall work.

Thematic chapter on cocaine

The use of cocaine appears to be on its way up, and this substance is estimated to have gained a ”broader” user group. School surveys conducted among the 15-16-year-olds reveal an increase in experimental use, ie 0.3% in 1995 and 1.1% in 1999 tried the substance ever. The preliminary results from the 2000 population survey indicate that more than 3% of the young people between 16 and 24 years of age have tried the substance. There is every indication that the age of debut for trying cocaine is a trifle higher than is the case with other centrally stimulating substances. Furthermore, there are large gender differences in the use of cocaine, given that a significantly higher number of men than women have tried the substance. The prevalence of cocaine reaches its maximum among men aged 20-24 years.

Data retrieved from the treatment system during the last three years have shown a regular increase in the proportion of clients using cocaine. 17% of the drug addicts admitted to treatment in 1999 used cocaine as a secondary substance. There also appears to be a mild increase in the proportion of “newcomers” admitted to treatment and in those who report cocaine to be the main substance of their addiction.

Thematic chapter on infectious diseases

Prevalence of HIV infection among injecting drug users appears to be on the decline. Prevalence is low and is estimated to be less than 4%. In addition, the number of newly notified HIV positive among injecting drug users has not increased during the 1990s. In 1995, 11% of all newly notified HIV positive were found among injecting drug users. This proportion dropped to 6% in 1988 and increased to 9% in 1999. As regards AIDS, 8% of the notified AIDS cases in 1999 were injecting drug users. The proportion had been mildly increasing from 1986 to 1995, and had subsequently dropped. This could be ascribed to combination therapy, but could also reflect an actual decline in transmission of the disease.

Generally, it is estimated that approximately 12,000 persons in Denmark have been infected with hepatitis C, of which the majority have been infected with chronic hepatitis C. Almost 90% of the hepatitis C-infected cases can be related to injecting drug use. Most of the injecting drug users appear to have been infected with hepatitis C already after a few years of drug dependence. Among those notified to have been infected with acute hepatitis C in 1999, 86% were injecting drug users. Injecting drug users accounted for 17% in 1992 and 43% in 1994 of all notified acute hepatitis B cases, and for 23% in 1999. Hepatitis A is not as big a problem among injecting drug users in Denmark, and neither in 1998 nor in 1999 had any acute hepatitis A cases been notified.

The prevention intervention launched to reduce transmission of the disease includes recommending the injecting drug users that they are vaccinated against hepatitis B, however far from all drug users follow this recommendation. Another innovative service is to offer free vaccination. The Danish Prison and Probation Service has recently introduced a program under which all injecting drug users may be screened for hepatitis B. Furthermore, as a measure to prevent transmission of the disease, condoms are available in the prisons.

It is believed that most HIV-infected injecting drug users in Denmark have been identified via an HIV test, although a great deal of those who have been infected die before developing AIDS, primarily due to an overdose. HIV testing may be made anonymously.

In order to improve monitoring of transmission of HIV, it is being considered to change HIV and AIDS monitoring practice and to secure useful behavioural data among the infected as well as among risk populations such as injecting drug users. In 2000, monitoring has improved to the effect that acute as well as chronic hepatitis B and C must be notified. Furthermore, efforts are being made to improve HIV and hepatitis monitoring among drug addicts by a routine check for serological markers among the drug-related deaths registered and in relation to which a medico-legal inquest has been performed.

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Developments in Drug Policy and Responses

1.1. Political framework in the drug field

In Denmark drug addiction is perceived as a complex problem requiring co-operation across job demarcation lines and different sectors. Efforts to combat drug addiction are, therefore, the responsibility of both local and central authorities as regards prevention, treatment and control.

The Danish Government's position on action in the drug area is, inter alia, the following:

- a refusal to legalise drugs
- striking a balance between prevention and treatment
- strengthening local prevention, including action targeted at vulnerable young people
- upgrading treatment, including care, based on the principle of differentiated requirements and goals
- treatment as an alternative to punishment

Danish drug policy is based on persistent and targeted prevention intervention, multi-pronged optional co-ordinated treatment and effective control.

Drug prevention policy rests on the principle of prohibition of drugs, a high level of information as well as action to impact on social conditions. In this connection, it is especially a deprived childhood, too little contact with adults and marginalisation in relation to education and training which result in a small group of young people becoming vulnerable to the experimental use of drugs, which subsequently, in many cases, leads to actual addiction.

The preventive efforts consist of both nation-wide information campaigns and more tangible and targeted support for individuals and small groups.

The treatment of drug addicts is the responsibility and task of public authorities.

Public action is supplemented by voluntary organisations and independent, private organisations. This ensures that there are many different kinds of initiatives, which enable clients to be offered several flexible, untraditional types of treatment and care.

The point of departure is individual and needs-oriented treatment of and differentiated goals for the individual drug addict where becoming completely drug-free is not the only target. It is, for example, also regarded as crucial to improve the quality of life of the drug addict.

Methadone is a substance, which is becoming increasingly important in the treatment of drug addicts in Denmark. In the late 1970s, it was decided to introduce long-term methadone treatment for the heaviest drug addicts as part of the general treatment. From the mid-1980s, much of the treatment has concentrated on methadone treatment. At present there are approximately 4,500 drug addicts in methadone treatment. Apart from the drug addicts who are expected to reach a normalised, drug-free existence through this type of

treatment, there is a residual group whose members, in the short time, cannot be expected to become drug-free. There are some in the residual group who may live normal lives based on continuous methadone prescription, whereas rehabilitation of the rest of them will, primarily, be based on physical restoration.

The responsibility for exerting drugs control lies with the police. Their operations are targeted at the persons and organisations within illegal drugs trafficking on a national as well as an international level, but also at street level.

In addition, there is the legislation concerning precursors based on EU rules governing control of manufacture of and trade in a number of products which are used for illegal production of narcotic and psychotropic substances. Customs and tax authorities are in charge of the control in this area.

New political initiatives

In cooperation with the Ministry of Justice, the Ministry of Social Affairs and the Ministry of Education, the Danish Ministry of Health has introduced an ecstacy prevention development project in 2 "model counties". The aim of the government's initiative is to prevent young people from using ecstasy and similar substances and in this way being caught up in drug abuse.

The National Board of Health and other involved central authorities have embarked on yielding professional assistance to two selected "model counties" (Northern Jutland and Aarhus counties) in their endeavours to: 1) launch and develop improved and widespread projects over a period of 2 years with the aim of finding ways to prevent against the use of ecstasy and similar substances among young people in the two counties, 2) convey experience gained on form, contents, scope and methods during the period and after to the remaining counties in their efforts to step up action against drug addiction.

In this there is an obligation for the two counties – in cooperation with the municipalities, the police and the restaurant business – to strengthen, launch or initiate new initiatives in relation to parents, schools at the youth training level, youth clubs and youth schools, primary and upper secondary schools, discothèques/parties, emergency units and general practitioners as well as the consulting/treatment function. It is up to the individual county to decide which of these or other elements that need to be incorporated in the individual areas and the scope of activities. The necessary political support is planned and organised on the outcome of their decision.

Key actors, their roles and co-ordinating structures

Government, counties and municipalities

Denmark has a population of just under 5.3 million people. Democratic elections take place at three levels: national, regional and local. The regional level includes 14 counties and the local level covers 275 municipalities. The average population figure in the counties is 330,000, and in the municipalities 18,000. Municipal tasks are defined by laws passed by the Folketing (Danish Parliament)

Government level

The responsibilities of the Government are to:

- develop policies
- prepare rules and regulations

- control the supply of drugs by operating and financing the police, prisons, the courts of law and the customs authorities
- monitor addiction trends by pooling, evaluating and disseminating data
- promote research
- guide and counsel local and regional governments
- co-operate internationally

Matters concerning the supply of drugs are considered in co-operation with the Ministry of Justice and matters concerning the treatment of drug addicts are considered in co-operation with the Ministry of Social Affairs.

With regard to prevention, a special responsibility rests with the Ministry of Health as part of its general responsibility for prevention of disease and for health- promoting action. There are, however, several ministries with tasks which are either laid down in or presupposed by the specific legislation which they administer. Thus, the Ministry of Social Affairs has certain tasks and obligations which are generally laid down in the Social Welfare Act in relation to prevention in the social area. The Ministry of Justice is responsible for law enforcement measures and for information as part of the crime-prevention activities of the police. The Ministry of Taxation has the responsibility for border control including measures against smuggling. The Ministry of Taxation is also the responsible national authority with regard to control of precursors and actual chemicals pursuant to the EU Regulation and the EU Directive on this subject. The Ministry of Education has the responsibility for information in primary and secondary schools, and for general education and information concerning youth and adult education. Finally, it may be mentioned that pursuant to specific legislation, the Ministry of Health has set up a Council on Health Promotion whose tasks are to monitor and assess public prevention initiatives and to submit proposals for prevention initiatives, inter alia, in relation to drug addiction.

The Ministry of Social Affairs is responsible for treatment provided in institutions, sheltered housing projects and other projects, which offer treatment, detoxification and care under the Social Welfare Act. This comprises communes and family care. The Ministry of Health has the responsibility for questions relating to medical treatment, including methadone prescription and the correlation between AIDS and drug addiction, as well as questions concerning care. The Ministry of Justice is responsible for the treatment of criminal drug addicts.

Research is conducted at a number of universities, specialised research institutions and organisations operated by the counties. The Ministry of Social Affairs is responsible for the research conducted at the National Institute of Social Research. The Ministry of Health is responsible for collecting statistics on drug addiction as part of its responsibility for co-ordination.

Police services

The individual police districts are responsible for operative action concerning drugs. According to general national provisions, the action takes place at two levels. The uniformed branch is primarily in charge of the action against

addiction and small-scale traffic at street level. The key activities of the C.I.D. are targeted at the manufacture, smuggling and large-scale traffic in drugs.

Each of the 54 police districts has either a special drugs unit or specially appointed contact persons who, in addition to their local tasks, act as liaison officers to other police districts and, in particular, to the central action and the co-ordination bodies in this area. With a view to reinforcing these activities and making them more efficient, a special information unit was set by the National Commissioner's Office, the so-called National Centre of Investigative Support. The objective of this unit is to collect, register, co-ordinate, analyse and disseminate all data relevant to drug crime, both at national level and at international level. According to service regulations, all police officers are required to investigate and report all types of incident and case in this area, both before and after the act has been committed. The National Centre of Investigative Support operates also as a liaison point to other bodies and authorities that are involved in prevention, treatment and control in this area.

National statistics and analyses are drawn up concerning numbers of cases, seizures and mortality rates. The National Centre of Investigative Support, which has a special computerised investigation register, operates also as a support and database for customs authorities in their activities in this field according to an agreement concluded between the police force and the customs authorities.

Customs authorities

The customs authorities comprise the Central Customs and Tax Administration, 31 regional customs and tax administrations and a customs office in Padborg, a town on the border between Denmark and Germany. The Central Customs and Tax Administration is in charge of the general management of taxation and customs authorities. Monitoring activities are carried out by a control department, which is also responsible for the two-way communication of data with foreign authorities and with national police units. Operational control activities are the responsibility of the regional tax and customs administrations and the customs office in Padborg. Border control, inclusive of drugs control is organised by 13 regions which all have a customs control department. Control of factories and businesses is the responsibility of the regional control sections which are responsible for import and export control, control of VAT and special excise taxes, and for source-deducted and income taxes. Thus, control departments have knowledge of the movement of money.

Counties and municipalities

The responsibility for the treatment of drug addicts lies with the counties, including methadone prescription.

Municipal authorities have the responsibility for general social welfare. According to the law, the treatment of drug addicts shall take place in close co-operation with the county authorities, and the specific distribution of tasks is set out in plans of action agreed on previously. The legislation makes it possible for a county council, subject to agreement with a municipal council, to leave it to the latter to offer support to drug addicts who are resident in the municipality. This has taken place in six major municipalities.

Relevant coordinating organisations, councils and committees

The Drugs Council

The Drugs Council is an interdisciplinary, advisory, specialist committee which in the fields of prevention, treatment and control is to monitor the trend and secure the quality and improved co-ordination of total efforts in the drug addiction area. The Council was set up under the Minister for Social Affairs and is an advisory body to the Folketing and the ministries involved. The Council is to contribute to co-ordinated action in the area, make proposals for objectives and strategies for the overall action in the area, identify areas where research is required and contribute to the collection, co-ordination and communication of data in the field.

The Association of County Councils

The Association of County Councils is an interest organisation whose aim and objective is to safeguard the interests of the counties. The Association of County Councils is in charge of co-operation between the counties and protects the interests of the counties in relation to legislation and in relations with the Government and the municipalities.

The Association of County Councils makes agreements with the Government and the Folketing on behalf of the 14 counties regarding the counties' economy, including preventive action against and treatment of drug addiction, where the counties are under an obligation to offer optional treatment to citizens who are drug addicts.

The National Association of Local Authorities

The National Association of Local Authorities is an organisation whose objective it is to safeguard the interests of the municipalities, especially in relation to the Government and the counties in the field of legislation.

1.2. Policy implementation, legal framework and prosecution

Penalties in Danish law for possession of drugs are laid down in the Euphoriants Act and in section 191 of the Criminal Code.

The Euphoriants Act prohibits the importation, exportation, sale, purchase, delivery, receipt, production, processing and possession of certain substances unless they are for medical or scientific application. These substances are included in a special list of substances which in the view of the health authorities pose a special danger because of their euphoriant characteristics. Violation of the Act is punishable by a fine, simple detention or imprisonment for a maximum of two years, cf. section 3 of the Act.

Section 191 of the Criminal Code supplements the above-mentioned Act and lays down that he who, contrary to the Act, transfers euphoric substances to a large number of people or upon a considerable remuneration or under aggravating circumstances, is liable to the penalty of up to six years in prison. Should the transfer involve a considerable amount of a particularly dangerous or harmful substance, or if the transfer of such a substance has otherwise been particularly dangerous in nature, the penalty can be increased to ten years in prison. He who imports, exports, purchases, delivers, receives, produces, processes or possesses such substances with the intention of transferring them can be punished in the same manner.

For first offences, possession of substances for own use usually results in the police issuing a warning to the person in question. A warning can also be issued in the case of subsequent offences, but in more grave subsequent offences and in cases of repeated possession of substances other than cannabis, pursuant to the guidelines issued by the Director of Public Prosecutions concerning fine tariffs in police court cases, a fine should be imposed that varies from DKK 300 to DKK 3,000 depending on the type and amount of the substance.

Money laundering of the gains of criminal activity has been criminalised to a certain extent. The most important provisions here are section 284 of the Criminal Code on handling of stolen goods and section 191 on handling drugs.

Pursuant to section 284 of the Criminal Code, it is punishable to receive or procure part of the gains from offences against property or by concealment, to assist in sale or in any other manner to contribute to another party gaining from such crime. Pursuant to section 191a of the Criminal Code and section 3(2) of the Euphoriants Act, it is similarly a criminal offence to receive or procure for oneself or others part of gains acquired by violating section 191 of the Criminal Code and to store, transport, assist in sale or in a similar manner contribute to ensuring that another party gains from such violation.

In December 1996, Denmark implemented two legislative amendments in the area of drugs as part of the endeavour to intensify efforts to combat the importation and dissemination of drugs.

The first amendment concerns Act no. 1054 of 11 December 1996 to amend the Euphoriants Act, pursuant to which repeated sale of a particularly dangerous or harmful substance is regarded as a significantly aggravating circumstance when sentence is passed for violation of the Euphoriants Act or pursuant to rules laid down in accordance with the Act. The objective of the amendment was to implement a significant increase in the level of punishment in cases of repeated trade in small amounts of hard drugs, also at street level.

In addition, two new provisions were added to the Danish Aliens Act with Act no. 1052 of 11 December 1996. These provisions make the rules on deportation more severe making it easier to deport aliens who have been convicted of a drugs crime. As a point of departure, an alien shall be deported from Denmark if the person in question has received an unconditional custodial sentence or other punishment of a custodial nature for violation of drugs legislation, irrespective of whether the general deportation conditions have not been fulfilled. When a decision concerning deportation is being taken, the considerations that usually lead to deportation not being effected, including consideration of the alien’s relationship to Denmark, will only be accorded decisive importance in exceptional cases. Deportation will not take place if this is contrary to Denmark’s international commitments.

By means of a number of amendments adopted on 28 May 1997, rules were implemented in Denmark for reversed burden of proof in confiscation in grave

drugs cases and access was established for “secret search”. The objective of the amendments was to enhance the possibility of the police force to investigate grave crime, and not least organised crime.

On 19 February 1998, the Danish Folketing (Parliament) adopted a proposal for a Parliamentary Resolution for permission to cultivate cannabinol-free hemp in Denmark. The Parliamentary Resolution was implemented by an amendment of the Executive Order on Euphoriants that entered into force on 4 April 1998. Pursuant to this Order, the Danish Medicines Agency, upon application, can grant permission for commercial cultivation of hemp with a content of tetra hydrocannabinol of a maximum of 0.3% on specified areas for one year at a time. Application shall be made to the National Commissioner who shall make a recommendation to the Danish Medicines Agency in each individual case before any acceptance of the application in question.

Within the given legislative framework, police control efforts are aimed at persons and organisations behind drug trafficking nationally and internationally and at street-level drug trafficking. In the area that concerns the police force – prevention and investigation of crime – it is natural to regard the drugs problem in an international perspective as very few drugs are produced in Denmark. In addition, an increasing number of police investigations show that drugs crime contains elements of organised crime. For this reason the Danish police continue to place increasing emphasis on international co-operation, which takes place in many fora and especially under the auspices of Europol and in the PTN co-operation between the police and customs authorities of the Nordic countries, where liaison officers posted abroad play a special role.

Law enforcement

Law enforcement in relation to drugs is based on either Section 191 of the Criminal Code or on the Euphoriants Act.

Prosecution practise in general

Section 191 of the Criminal Code provides for penalties between 6 and 10 years' prison. The maximum penalty of 10 years is used in particularly grave cases and only in cases involving hard drugs. In particularly grave cases, punishment may be raised by up to 50%. This implies that the offender may be sentenced to imprisonment for a period of up to 15 years. The highest sentence imposed up until today is imprisonment for 14 years.

Notwithstanding the above, the precondition for resorting to section 191 of the Criminal Code is that, be it for possession or importation purposes, the criminal offence involves the transfer or the intention to transfer at least 25 grammes of heroine/cocaine, approximately 50 grammes of amphetamine/ecstasy or 10 kg of cannabis or more.

Where the case involves lower quantities than the ones mentioned above, the offence is referred to the Euphoriants Act, under which the penalty is a fine, simple detention or imprisonment for a maximum period of two years.

Where possession of drugs is meant for own consumption, such an offence is

punishable by a fine provided that it is not repeated. For first offences, possession of very small quantities for own use normally results in the police issuing a warning to the person in question.

As a rule, transfer of hard drugs will be punishable by a custodial sentence. Following an amendment of the Euphoriants Act in 1996, cf section 1.2.a of this report on the developments in the Criminal Code, it will be considered a particularly aggravating offence when the transfer involves even very small quantities of particularly hard drugs.

Law enforcement performed by the police and the prosecution in connection with the transfer of drugs has high priority in general. However, the responsibility for planning of police operations to combat drug crime lies with the chiefs of police of each police district (in Copenhagen the Commissioner). Depending on the current situation, the activities carried out by the individual police districts are targeted against the organisations and people engaged in drugs trafficking on a national and an international level, as well as at street level.

Police activities have been particularly intensive in Copenhagen, where in a certain area near the Copenhagen Central Station street-level drugs trafficking has gained solid ground.

As a result of the increasing ecstasy addiction emerging primarily in the discothèque environment, the police have also been involved in numerous targeted operations throughout the past few years.

As far as the efforts to combat cannabis is concerned, it has been noted that the police and the prosecution are spending resources on following the trails of the group of more professional offenders. However, in areas where cannabis is trade on a street level, the police endeavour to take action against this type of crime as well.

Law enforcement in relation to drug addicts

As regards drugs for own use, reference is made to the section above concerning drug addicts in possession of drugs for own use.

Drug trade

Where a drug addict is engaged in drugs trade, this would normally have no bearing on the sentence. However, sentenced persons who display motivation will be offered to participate in detoxification treatment for drug addiction during their prison term, including integration into society through open institutions treating drug addicts. In the comments related to the proposed law amendment of the Euphoriants Act from 1996 mentioned above, it is stated that the Ministry of Justice will render relevant treatment possible during prison service to those drug addicts who are sentenced to imprisonment of longer duration due to drug sales meant to finance the addict's own drug addiction.

If a person who is charged with drugs sale has been released during the period preceding his trial, the court may pass a conditional sentence in certain instances. This happens if during the trial the defence is able to submit well-

Drug-related crime

documented evidence that the person in question is in the midst of a promising treatment process.

Individuals who are heroine addicts are often involved in offences against property, including in particularly burglary into private homes, companies and shoplifting. In the case of offenders who have not previously been punished, the punitive reaction would often be the court passing an order requiring the offender to subject him/herself to detoxification.

However, if it turns out that the offence is repeated, the court will normally refrain from passing a second order requiring the offender to subject him/herself to detoxification. An unconditional sentence would be the normal sanction. When serving the sentence, the motivated drug addict will be granted the chance of treatment, cf above.

New legislation

Act on Detention of Drug Addicts

Act on Detention of Drug Addicts in Treatment has been revised during the Folketing year 1999/2000 and now applies – unamended – for a new period of 4 years, following which it will be revised again. Up until now, the act has not been applied by the county authorities.

Act on the Approval and Supervision of Treatment Centres

Effective 1 July 2000, an Act on the Approval and Supervision of Treatment Centres for Adults was passed. The Act provides that private 24-hour treatment services, for instance, offered to drug addicts must be approved by the local county as generally suitable for treatment for drug addiction before being taken into use.

Individuals' duty to notify authorities of pregnant drug addicts

Effective 1 January 2001, the Minister for Social Affairs will be entrusted with the authority to lay down regulations, under which persons in public service or office are under an obligation to notify the local authorities if during the exertion of their service or office, they become aware of a pregnant woman with addiction problems of such severity that there are grounds for assuming that she may need support.

The Minister for Social Affairs may lay down similar rules for other groups who become aware of such conditions during the execution of their profession.

As from 15th December 1999 the use of dihydroetorphin, gamma-hydroxybutyrate, 4-MTA and Remifentanyl has been prohibited in Denmark except for medical and scientific purposes.

1.3. Developments in public attitudes and debates

The establishment of injection rooms, in which addicts may inject drugs without feeling stress and under hygienic conditions, has been debated as an option that should be offered to this group. Against this background, Denmark has obtained statements from the UN International Narcotics Control Board (the INCB) on such a scheme in relation to the provisions laid down in the UN drugs conventions. The INCB replied that the establishment of injection rooms is in

contravention with the 1988 convention, in which the parties have committed themselves to proceed against non-medicinal use of drugs.

In 1999, one of the parties in the Danish Folketing once again moved the introduction of an experiment, whereby heroin was to be prescribed to particularly heavy drug addicts. As was the case the first time it was moved, the proposal was not adopted. The Government proclaimed that instead it would launch two trial projects, the first one allowing for intensified psycho-social support to drug addicts undergoing methadone treatment, the second including open out-patient treatment to active drug addicts.

During the past year, there has been public debate in the media on young people's use of ecstasy. A significant reason for the debate has been some presumed "ecstasy" deaths, out of which this year (1.11.2000) three have been confirmed as caused by poisoning from MDMA (3,4 Methylenedioxy-methamphetamine), PMA (para-methoxyamphetamine), and PMMA (para-Methoxymethamphetamine).

The media debate has specifically focused on the possibilities of increasing control with ecstasy consumption. Some of the proposals discussed included testing young people for the presence of drugs by applying rapid-action saliva and sweat tests. The focal point of the debate was the question as to who should perform the tests and where. Furthermore, it was discussed in the media whether to offer testing of pills presumed to be "ecstasy" in discotheques/clinics according to the Austrian/Dutch model. Finally, it was also debated whether the medical system is ready to receive young addicts of central stimulating substances (also under the age of 18).

The Danish debate which has been launched in the media has, judging by the contributions, left the impression that the largest addiction problem among young people in Denmark is caused by ecstasy. Figures disclosed by ESPAD's nationwide survey conducted in 1999 shows a tendency to an increasing consumption of ecstasy among the teens aged 15-16 years compared with the figures from 1995, but there are no Danish surveys and epidemiological figures to establish that ecstasy is the most widespread substance among young people (see also chapter 2).

No population surveys have been conducted this year on the general attitude towards drugs.

1.4. Budget and funding arrangements

On the Budget for 2000, the government has reserved DKK 6.2 million for prevention intervention. The grants are being used for campaigning and information activities, development and analysis, education, etc. The use of funds includes activities initiated by the National Board of Health as well as activities launched in cooperation with other authorities, organisations, groups and individual persons and activities backed financially by the Ministry of Health and implemented by local authorities, unions, associations, etc.

To the two trial projects including intensified psycho-social support to drug addicts in methadone treatment and the open outpatient services to active drug addicts an amount of DKK 50 million has been set aside for the years 2000-2002, with DKK 10 million allocated to the trial of open outpatient treatment services and DKK 40 million to the psycho-social methadone treatment.

Expenditure incurred by the government, the counties and municipalities for drug treatment in a social context has increased by 161% during the period from 1995 to 1998, ie from DKK 170 million to 445 million. In 1999, the Ministry of Social Affairs established a special drugs pool in order to improve initiatives from a qualitative perspective. The pool is allotted to 39 projects launched in counties, municipalities and through private initiatives. These projects are primarily targeted at post-treatment, including employment and activation. Support has also been granted to new kinds of treatment of special target groups such as female and mentally ill drug addicts. The drugs pool allocates approximately DKK 21 million for a 3-year period. In addition, the Ministry of Social Affairs grants funds worth DKK 3.3 million over a 3-year period (1999-2001) to the Centre for Alcohol and Drug Research (Center for Rusmiddelforskning).

Chapter 2

Prevalence, Patterns and Developments in Drug Use

This chapter describes the results of surveys made on the prevalence of illegal drugs among the population in general and among the young people. In addition, the newest trends are described, based on information from regional hearings and a qualitative survey. In conclusion, the chapter provides a description of the results of the recent estimate on the number of heavy drug addicts in Denmark.

2.1. Consumption of illegal drugs in the population

The most recent survey on the self-reported consumption of illegal drugs among the Danish population in general was conducted in 1994[1]. A follow-up on the 1994 survey was initiated this year and is expected to be finalised during the summer of 2001. The final results from this survey include the most recent developments in the prevalence of illegal drugs in the population. In 1999, a follow-up was made on the 1996 school survey which describes the development of prevalence of illegal drugs among teens aged 15-16 years.[2]

A review of the results from the population surveys in 1990 and 1994 are available in previous editions of the annual reports submitted to the EMCDDA. The main results from these surveys will be included in this report together with the preliminary results from this year's survey[3]. Results from the school survey conducted in 1999 compared to previous studies on teens aged 15-16 years will also be included.

2.1.1. Surveys among the general population

As it appears in table 2.1.1.1 the use of cannabis remains more or less the same from 1994 to 2000.

Cannabis

Table 2.1.1.1. Share (in percentage) of the 16-44-year-olds using cannabis the last month and last year in 1994 and 2000.

	1994 (n=2,521)	2000 (n=4,363)
Used cannabis last month	2	3
Used cannabis last year	5	4

It is primarily the young segment of the population (16-24 years of age) who have smoked cannabis within the last year, both in 1994 and 2000. More men than women report in 1994 and in 2000 that they have experimented with cannabis within the last month and last year. The difference in consumption between the two genders is, however, least pronounced among the young segments of the population – among the 16-24-year-olds, (table 2.1.1.4).

Hard drugs

While the use of cannabis has stabilised from 1994 to 2000, the use of "hard" illegal drugs has increased significantly from 1994 and up until today. Less than 1% of the 16-44-year-old reported in 1994 that they had used hard drugs such as

[1] DIKE. Sundhed og sygelighed i Danmark. 1994. [Health and Morbidity in Denmark. 1994]

[2] ESPAD Report. 1999.

[3] SIF. Sundhed og sygelighed i Danmark. 2000. [Health and Morbidity in Denmark. 2000. Preliminary results.]

amphetamine, cocaine, heroin and hallucinogens within the last year, whereas even fewer had tried the hard drugs within the last month.

Table 2.1.1.2. The share (in percentage) of the 16-44-year-olds who have used one or several illegal "hard drugs" during the last month and the last year in 1994 and 2000.

	1994 (n=2,521)	2000 (n=4,363)
Used one or more of the hard illegal drugs		
last month	0.2	1.0
last year	0.5	2,1

As it appears from table 2.1.2 2, 2% of the 16-44-year-olds report in 2000 having experimented with one or several of the hard drugs within the last year, including 1% within the last month. The share of this group who report having tried hard drugs within the last month has thus increased approximately 5 times from 1994 to 2000, and the share of this group who report having tried hard drugs within the last year has gone up by more than 4 times as much during the same period.

Use of the various illegal drugs among the group aged 16-24 years in 2000

The 1994 survey questionnaire included two substance categories: cannabis and "other illegal drugs" (heroin, amphetamine, cocaine and LSD). The survey questionnaire this year includes the use of various illegal drugs. In order to obtain sufficient data basis it has, however, been necessary to consolidate the groups aged 16-19 years and 20-24 years. Once again it should be mentioned that these results are based on preliminary figures. Table 2.1.1.3 states the use of the various drugs among the 16-24-year-olds.

Table 2.1.1.3. The share (in percentage) of the 16-24-year-olds reporting that in 2000 they have tried one or several of the various illegal drugs within the last month, last year, and ever. (n=118)

	Last month	Last year	Ever
Cannabis	5.3	14.3	29.6
Amphetamine	1.1	4.7	7.5
Cocaine	0.6	1.9	3.2
Psilosybin mushroom	0.5	1,4	3.0
Ecstasy	0.8	1.5	2.9
LSD	0.4	0.6	1.1
Heroin	0.1	0.2	0.4
Other drugs*	0.7	1.5	2.5

*This category includes drugs such as GHB, various pharmaceuticals, etc.

As regards the group aged 16-24 years, amphetamine is the most frequently used drug, with the exception of cannabis. This appears with regard to the more current consumption, and to consumption which is further away than last month (last year and ever). However, it is worth noting that more than 5% of the 16-24-year-olds have tried cannabis within the last month.

There are marked gender differences in consumption of illegal drugs among the 16-24-year-olds, with the exception of cannabis which has been tried by an equal number of men and women. More than 9% of the male population and a little less than 6% of the female population of this group report having tried amphetamine ever. As regards ecstasy, almost 4% of the men and 2% of the women have experimented with the drug ever, and as regards heroin, less than 5% of the men and 1.5% of the women have tried the drug ever. Almost 5% of the men and more than 1% of the females report having experimented with mushrooms ever. The gender differences are significant, both as regards actual consumption and consumption ever.

As regards cannabis, it is possible to compare the prevalence from 1994 to 2000 within the group of young people aged 16-19 years and 20-24 years.

Table 2.1.1.4. The share (in percentage) of women and men aged 16-19 years and 20-24 years reporting that they have tried smoking cannabis within the last year in 1994 and 2000.

	1994	2000
among those aged 16-10 years		
Men	19	15
Women	10	10
among those aged 20-24 years		
Men	14	19
Women	9	12

As it appears from table 2.1.1.4, fewer men aged 16-19 years in 2000 compared to 1994 report having tried cannabis within the last year. As regards the 16-19-year-old women, the level remains the same in 1994 as in 2000. As regards the 20-24-year-olds, there is an increase from 1994 to 2000, among men as well as women.

This preliminary statistic material resulting from the SIF survey includes a small survey population, ie a total of 1118 people aged 16-24 years. Consequently, the preliminary findings are subject to uncertainty from a statistical perspective, but will be qualified after the third and final data collection round.

2.1.2. Surveys among the young people

In 1999, a follow-up was made on the 1995 ESPAD survey. This survey describes the prevalence of illegal drugs among the teens aged 15-16 years. The findings of the survey are included and compared with previous surveys conducted among young people.

The following surveys of self-reported use by young people have been included:

"Young people, alcohol and drugs", National Board of Health 1991, 1b
A national survey conducted in the autumn of 1990 among a representative cross-section of 9th grade pupils (15 and 16 year olds). A stratified sample was made (stratification criteria: urbanisation and size of school) where all 9th grades at the primary and lower secondary schools, private schools and continuation schools had equal possibilities of being selected. A total of 1,183 pupils took part in the survey. The response rate was 93% and data were collected by means of questionnaires. The questionnaires were completed by the pupils during a school lesson and returned to the teacher.

ESPAD, Svend Sabroe, Kirsten Fonager, 1996.
This national survey was conducted in the spring of 1995 among a representative cross-section of the 15-16 year-olds. A cluster sample was selected and the cluster unit was school classes from primary and lower secondary schools, private schools and continuation schools. A total of 2,439 pupils participated and the response rate was 90%. The questionnaires were completed by the pupils during a school lesson and returned to the teacher.

ESPAD, Sven Sabroe, Kirsten Fonager, 1999.
A national survey conducted in the autumn of 1999 among a representative cross-section of 15-16 year-old pupils. School classes from primary and lower secondary schools, private schools and continuation schools were selected. 90% of the pupils of the selected school classes were present on the survey day, which gave a 90.1% response rate. A total of 1.557 pupils took part in the survey and the questionnaires were completed by the pupils during a lesson and returned to the teacher.

"Gymnasie- og HF-elevers sundhedsvaner og livstil" (Health habits and lifestyle of upper secondary school pupils and pupils preparing for the higher preparatory examination). Nielsen, 1997.
A national questionnaire survey of the health habits and lifestyle of upper secondary school pupils and those preparing for the higher preparatory examination, conducted by DIKE for the Ministry of Education in 1996/97, in which approximately 25,000 of the approx. 71,000 pupils in Denmark participated. There was a small over-representation of first-grade upper secondary school pupils. The questionnaire was completed on a PC in the computer room of the school. Each pupil was given a password. This ensured both anonymity and that one questionnaire per pupil could be completed. 91 of a possible 155 schools participated. The response rate was very high in the classes in which the pupils were given the opportunity to complete the questionnaire. Failure to take part in this survey may have been due both to a lack of interest and technical problems with the computers.

Cannabis

In 1995, more than 17% of the 15-16 year-olds report ever having tried cannabis. There was a significant increase in 1999 where the share that state having ever

tried cannabis is over 24%. 8% had used it within the last month; in 1995 this was 6%. There are great differences in experimental use between boys and girls in 1999 when 30% of boys and 19% of girls state having ever used cannabis. Twice as many boys as girls had used cannabis during the last month (table 2.1.2.1).

Table 2.1.2.1. Experience with illegal substances among 9th grades in 1990, the 15-16-year-olds in 1995 and 1999, and experience with illegal substances among upper secondary pupils and pupils preparing for the higher preparatory examination (HF/Gym) 1997. In percentage.

	9th grade*	ESPAD**	HF/Gym***	ESPAD****
	1990 (n=1183)	1995 (n=2439)	1997 (n=24644)	1999 (n=1557)
Tried cannabis	16	17.4	22	24.4
Cannabis last month	7	6.1	-	8.1
Tried amphetamine	1	1.6	3.5	4.0
Tried cocaine	0.3	0.3	0.9	1.1
Tried heroin (injection)	0.2	0.2	0.5	0.1
Tried smoking heroin	-	1.5	0.7	1.3
Tried ecstasy	-	0.5	1.4	3.1
Tried LSD	-	0.2	1.1	1.0
Tried psilosybin mushrooms	-	0.5	1.3	1.8
Tried sniffing	5	6.3	1.9	7.5

*1990: A national survey conducted among a representative cross-section of 9th grade pupils in primary and lower secondary schools, private schools and continuation schools.

** 1995. A national survey conducted among a representative cross-section of the 15-16-year-olds.

***A national questionnaire survey of the health habits and lifestyle of upper secondary school pupils and pupils preparing for the higher preparatory examination (Nielsen 1997).

**** 1999. A national survey conducted among a representative cross-section of the 15-16 year-olds.

Amphetamine, ecstasy, LSD and cocaine

There is also a surprisingly large rise between 1995 and 1999 in the share of 15-16 year-olds who have experimented with hard drugs such as amphetamine, ecstasy, LSD and cocaine. With respect to *amphetamine*, there has been a rise from 1.6% in 1995 to 4% in 1999, for *ecstasy* from 0.5% to 3.1%, for *LSD* from 0.2% to 1%, and for *cocaine* from 0.3% to 1.1%. Apart from LSD which was tried by more girls (1.2%) than boys (0.8%), a significantly greater number of boys have tried amphetamine, ecstasy and cocaine, respectively. 5.5% of the boys and 2.6% of the girls report in 1999 having tried amphetamine, while 4.3% of the boys and 2.1% of the girls, respectively, have tried ecstasy, and 1.4% of the boys and 0.9% of the girls have tried cocaine.

Psilocybin mushrooms

In 1995, 0.5% stated that they had experimented with the hallucinogen psilocybin mushrooms. In 1999, the share had risen to 2%, of which 2.8% of the boys and 1% of the girls report having experimented with the mushrooms ever.

Heroin

While there was an increase in the experimental use of heroin from 1990 to 1995, the level has stabilised at around 1.5% from 1995 to 1999. Smoking heroin was the dominant form of heroin in both 1995 and 1999. In1999, there is no difference

between the shares of boys and girls reporting having ever experimented with smoking heroin or injecting heroin.

Sniffing

In 1995, as many as 6.3% of the 15-16-year-olds had tried sniffing solvents; in 1999 this figure is 7.5%. There is thus a small rise between 1995 and 1999 with a rather equal distribution between boys and girls in 1999.

Use of illegal drugs among pupils at the higher preparatory and upper secondary level

The most recent nation-wide survey from 1997 among upper secondary school pupils and pupils preparing for the higher preparatory examination reveals that 22% have tried cannabis ever. Slightly more boys than girls had experimented with cannabis. The survey did not include a question about use of cannabis within the last month, but 3.5% of the young people state that they were regular users of cannabis. Three times as many boys as girls use cannabis regularly.

With respect to hard drugs used by upper secondary school pupils and pupils preparing for the higher preparatory examination, as is the case among the adult population, amphetamine is the most frequently used illegal substance apart from cannabis. Less than 5% of the boys and more than 2% of the girls have tried amphetamine ever. Heroin was tried by just under 1% of the girls and 1.5% of the boys – in particular smoking heroin. In the case of cocaine 1.4% of the boys and 0.6% of the girls have tried the substance ever. LSD has been tried by 0.7% of the girls and 1.7% of the boys while 2.2% of the boys and 0.8% of the girls have tried psilocybin mushrooms. Sniffing of lighter fluid and/or glue has been tried by 2.6% of the boys and 1.6% of the girls.

2.2. New groups of users, addiction patterns and new drugs

Last year, the National Board of Health had a qualitative survey conducted on the attitudes linked to experimental use of illegal drugs in order to acquire more insight into the addiction patterns of particularly the young people and the culture and attitudes linked to experimental use of drugs. In addition, an experiment was launched with the establishment of regional hearings in 5 counties. The latter initiative was extended this year to include regional hearings on a national basis. This implies that the Medical Officer of Health institutions under the National Board of Health will conduct hearings on the drug use situation on a regional as well as a local level. Both initiatives have been launched as part of the establishment of an "Early Warning System" in Denmark and in Europe.

Regional hearings

The objective of the regional hearings is to collect current "soft" information on changes emerging in the drugs scene with respect to changing patterns of addiction, new groups of experimenting young people as well as any new ways to use so-called "well-known" drugs. The hearings are also meant to supplement information about any new drugs in the market. The hearings were held in May and August this year. Available summaries of the outcome of the regional hearings reflect the general impression of the drugs addiction situation in Denmark. Where the hearings contain special regional characteristics, these have been mentioned separately.

According to input from drug addiction consultants, the young people create their own new drug cultures in the city nightlife. They establish their own behavioural

limits and set up norms for their social life. It appears that the young people are aware of the damage caused by using drugs, and there seems to be a stronger myth that "all young people" have tried or have been offered drugs.

It is reported that the use of ecstasy principally is still related to the techno environment. The massive debate in the press on ecstasy consumption throughout the summer appears to be somewhat exaggerated, and the experimental use is primarily concentrated around downtown and social settings. The experimental use thus prevails among a certain group of young people, but not all young people try the various drugs. This summer's debate, however, has lead several counties to consider whether to introduce Drug Wipes in the discothèques.

According to reports received there is an increase in young people experimenting with cocaine. Cocaine is also being more frequently used by the more "well-known" addicts. Reports received from the treatment sector imply that an increasing number of young people admitted to treatment for drug addiction encounter problem drug use with cocaine.

From several parts of Denmark it has also been reported that there is a tendency to an increase in the use of amphetamine as well as cannabis. The use is most prevalent among men aged 17-25 years. From the pubs, discotheques, etc an increasing number of reports are received on the problems related to the "aggressive" effect of amphetamine.

As regards the use of cannabis, this drug is becoming more and more "common" among young people in upper secondary schools. It has been reported from some of the somatic emergency wards in Denmark that they receive an increasing number of young people who are under the influence of drugs, and the children and youth psychiatric wards also report that many young people with cannabis problems as well as other illegal substances are referred to these wards.

Some of the young people experimenting with drugs are reported to have a considerable secondary addiction including, among others, anabolic steroids, psychopharmaceuticals and sleeping pills/sedatives. This secondary addiction appears primarily among the more exposed young people and "risk groups".

The drugs market is under constant change, and new drugs appear. GHB ("fantasy") which has been launched on the illegal market during the past few years was prohibited in Denmark in 1999. According to reports, GHB seems to have gained ground, however to a limited extent.

Evaluation of the pilot project including regional hearings

Since it is the first time that regional hearings are held on a national basis, the National Board of Health and the involved Medical Officer of Health institutions in Denmark will perform an evaluation of the hearings. In particular the methods used when collecting data have varied. It should be considered whether the general practitioners should be involved to an increasing extent in connection

with the hearings with a view to, among other things, report the contact to the young people via the emergency wards/hospitalisation.

Qualitative survey of the experimental use

A qualitative survey of young people's attitudes to and experience of illegal drugs was conducted in the autumn of 1999, commissioned by the National Board of Health[4]. The survey, inter alia, concentrated on new trends on the drugs scene with special focus on new groups, new substances and new social and cultural patterns in young people's use of drugs. The survey was based on 56 qualitative interviews with young people in party and educational settings, users as well as non-users. In addition, there were interviews with experts and key figures with links to the drug environment as well as special informants familiar with the drug environments (such as disco owners, disc jockeys etc.). The survey endeavoured to achieve equal geographical representation of big cities, small towns and rural areas.

The drug scene seems to have changed in recent years, in that the norms and attitudes of the young towards the use/habitual use of illegal substances are undergoing change. This development is described in the survey as a trend based on the following characteristics:

- the use of illegal drugs has become mainstream and the prevalence of drugs is not limited exclusively to subcultural groups such as hip/hop or techno environments,
- the trend is that well-known drugs are marketed in new forms, with special emphasis on the various application possibilities of the drugs for the purpose of achieving specific substance-based experiences,
- there seems to be a pronounced liberal attitude towards illegal drugs among young people in general.

The survey shows that young people's use of illegal drugs is beginning to resemble the alcohol culture. The attitude of the young appears to be that they accept the use and presence of illegal drugs in public places. Illegal drugs are to be found today, not only in trend-setting subcultures such as the rock scene, the techno scene and the hip/hop scene. Thus, drugs are also to be found today in entertainment environments, which are frequented by young people in general. It seems, therefore, that the prevalence of drugs may, to a greater extent than earlier, be identified independently of particular youth groupings. It seems that drugs are becoming an integral part of youth culture.

According to the survey, the young people who experiment with drugs are often conscious users. They are described as "quality-conscious", knowing which *particular drug* will achieve a *particular kind of intoxication* and a *particular effect.* When new types of "pills" enter the market, information about effects and

[4] "Unges brug af rusmidler". Qualitative survey on young people's addiction, drawn up by the communication firm, Advice, for the National Board of Health. 1999.

intoxication spread rapidly, and young people select very consciously on the basis of individual wishes for a specific kind of intoxication.

According to statements made by young people acting as informants in the survey, the consumption of drugs in the form of pills is seen as easy, clinical and clean. The form of consumption gives the young a feeling of being able to manage their drug use and reinforces the feeling of “being in control of everything”.

According to the survey, today's youth culture is undergoing social and cultural changes. The apparent social acceptance of use and presence of illegal drugs among the young is explained, inter alia, as the result of non-existent parental impact on the socialisation of the young during childhood and youth. Young people's attitudes to drugs are shaped by themselves through social life and their pursuit of common idols and interests. Young people are oriented towards each other and identity is closely linked to the group they belong to. Therefore, the individual's attitudes towards drugs depend on the group's attitudes towards drugs. The drug culture is gradually developing in that the young people’s language, habits, rules and preferences reflect increasing tolerance of illegal drugs.

2.3. Social problems linked to drug addiction

Whether there are inherent social problems related to drug addiction depends on the type of drugs used, the way in which they are used, who the user is, and the social environment, in which they are used. According to the ESPAD survey conducted in 1995 it turned out that the 15-16-year-olds who had smoked cannabis more than twice were noticeably more absent from school, had frequent school shifts and were less satisfied with the school than the other pupils. There was, by contrast, no significant difference between the socio-economic backgrounds of the pupils assessed on the basis of their parents' schooling. In the adult population, current use among the age groups over 30 is most frequently found among the socially marginalised groups (the unemployed, the long-term ill and recipients of social assistance). Young people who have used one of the hard drugs, centrally stimulating drugs, hallucinogens or opiates are significantly more absent from school, change schools more often and are less content at school than other young people. It has not been possible to carry out further analyses on the social problems related to the use on illegal drugs on the basis of the ESPAD survey in 1999 and on the preliminary figures from population surveys.

As set out in chapter 3, the social background variables in the register of drug addicts in treatment indicate a marginalised and socially deprived group. With regard to housing, economy, education and training and in connection with the labour market, the social circumstances of this group are significantly different from those of the general population.

2.4. Geographical and regional differences in illegal drug addiction

The findings of population surveys show that the prevalence of drugs is concentrated around the capital and large cities compared with small towns and rural municipalities. By contrast, police statistics of seizures reflect increasing

geographical spread of illegal drug addiction throughout the 1990s.

2.5. Estimate of the scope of problematic drug addiction in Denmark

Making an estimate of the number of drug addicts is subject to much uncertainty. First, the estimate depends on the definition of a drug addict; second, the estimate depends on what methods and data material the estimate is based on. The number of heavy drug addicts in Denmark is estimated to total approximately 14,000[5]. The present estimate of the National Board of Health is based on the capture/recapture method, which is a well-known method. The method is used together with extracts from the national register of drug addicts in treatment, provided by the National Board of Health and the National Registry of Patients. Both extracts are based on data from 1996 (see also last year's edition of the annual report).

2.5.1. Capture–recapture survey in Copenhagen

Furthermore, in 1998[6] a local capture-recapture survey was conducted. The objective of the survey was to achieve a more reliable estimate of drug addicts in the City of Copenhagen. The survey was based on register extracts from the following registers: the National Commissioner's Office register of charges of violation of the Euphoriants Act, the City of Copenhagen's status and research register of drug addicts in the City of Copenhagen admitted to treatment for drug addiction in the City of Copenhagen, as well as the National Registry of Patients of persons admitted to both somatic and psychiatric hospital wards.

The findings of the survey show that in the City of Copenhagen there are currently an estimated 4,000 persons dependent on heroin and other opiates. There are, furthermore, 2,000 persons with drug addiction problems where alcohol or mental problems dominate their lives.

2.5.2. Risk behaviour

The National Board of Health register of clients admitted for treatment, as described earlier in this chapter, contains information provided by clients on the sharing of syringes/needles. 20% of clients (726 persons) who were admitted for treatment in 1998 report that they have had this type of risk behaviour. The information must, however, be considered with some reservation as it is only 60% of the clients who have responded to these questions.

Considering the proportion of injecting drug users in treatment, the number of those who previously received treatment is greater in 1996, 1997 and 1998 than among the newcomers in treatment. This is probably due to the fact that smokable heroin is still on the increase in the illegal market and that intravenous drug use is simultaneously on the decrease. Everything else being equal, a drop in injecting drug use will prove a step forward in relation to the transmission of HIV, hepatitis etc.

Syringes and needles distributed free of charge are still much in demand. Thus, since 1986 the City of Copenhagen has made syringes and needles available

[5] New figures from the National Board of Health. No. 3, April 1999.

[6] City of Copenhagen. The Prevention Committee on drug addiction and HIV. ”How many drug addicts live in Copenhagen”.

free of charge through pharmacists, dispensing machines, hostels and other outlets. In 1999, a total of 613,932 sets were distributed, which is a small decline compared to 1998. Furthermore, an increasing number of separate needles were dispensed[7].

[7] The Medical Officer of Health in Copenhagen. Annual Report 1999.

Health Consequences of Drug Abuse

There are numerous sources, each describing the particular consequences of drug addiction. These sources account for the social and the health conditions as well as the risks of being a drug addict. The lines below provide information on the various problems and consequences of addiction.

3.1. Drug addicts in treatment

In 1999, a total of 3,429 persons were admitted to treatment on a national basis. This information derives from the registry of drug addicts in treatment established by the National Board of Health in 1996. The total number of persons in treatment for drug addiction during 1999 was 7,482. Although the number of persons in treatment for drug addiction in 1999 has dropped moderately compared to 1998 (3,588), the total number of drug addicts in treatment increased by 5.6% from 1998 to 1999. The reason for the drop in number of newly admitted persons in relation to the increase of all persons in treatment is that a large number of people were admitted to treatment during the past years and that these people have continued to be in treatment, also in 1999.

The register comprises all persons that the county/municipal centres have referred for drug addiction treatment, irrespective of whether the form of treatment is out-patient, day or residential in-patient, methadone-supported or drug free[8]. A count of all clients admitted to treatment in *1999* appears from table 3.1.1.

Table 3.1.1. Clients receiving treatment for drug addiction in 1999 with the date of admittance being in *1999* in Denmark as a whole.

	3,429
Not previously treated (%)	30
Share of men/women (%)	75/25
Average age men/women (%)	31/30
Main substances: opiates (%)*	75
Injected by previously treated heroin addicts (%)	63
Injection by heroin addicts not previously treated (%)	40
Earned income %)	7
Benefits (%)	8
Cash benefit (%)	62
Early retirement pension (%)	14
Other income (%)	3
Number with own home (%)	45
Single men/women (%)	81/66
Children under the age of 18 at home	525
Children under the age of 18 in care	
Foreign nationality (%)	8.3
Of these: 1st generation immigrants (%)	5.8
Of these: 2nd generation immigrants (%)	2.2

*Percentage of those reporting on use of a main substance

Source: National Board of Health. Register of drug addicts in treatment 1999.

[8] National Board of Health. Register of drug addicts in treatment in 1999.

In 1999, a total of 3,429 people were admitted to treatment for drug addiction[9]. As mentioned earlier, the number of persons admitted in 1999 dropped in comparison with 1997 and 1998. The likely reason is that many drug addicts were admitted to treatment during the period from 1996-1998, and they are still undergoing treatment in 1999. When including the addicts admitted to treatment in the previous years and who are still undergoing treatment, a total of 7,482 drug addicts have been admitted to treatment throughout 1999. A few characteristics related to these addicts will be described later in this chapter.

30% of those admitted in *1999* had not previously received treatment for drug addiction. A special count and description of this group of "newcomers" will also be dealt with separately later in this chapter.

Nature of addiction

Heroin is the most frequently used drug, but cannabis, methadone and benzodiapines are also used by many. The distribution of the drugs used corresponds, by and large, to the distribution among the drug addicts who were admitted to treatment the previous year. The vast majority of drug addicts seeking treatment use several drugs. In 1999, 66% reported having used more than one drug prior to being admitted, which corresponds to about 2/3 of those admitted suffering from multiple drug addiction before embarking on treatment.

Age of debut for cannabis and heroin

The centrally stimulating substances which are in focus when young people experiment with drugs are infrequently the main substance of drug addicts in treatment. 4.1% report amphetamine as the main substance, 1% of them report cocaine. These substances are used more often as a supplement. The same applies to a significant degree to cannabis, which more than 13% of the clients in drug addiction treatment report as their main substance. The trend is the same as in the two previous years. There is a mild increase in addicts in treatment who report amphetamine and cannabis as their main substance.

The client registration holds much information on age of first use of different substances: *1,191* out of *1,740*, corresponding to as much as 69% of those who presently suffer from cannabis addiction used it for the first time before the age of 18. More than half (62%) of these people had already made their cannabis debut before reaching the age of 15. Information on the age of debut for 1,507 out of 1,736 heroin addicts is also available. The age of debut is typically somewhat later than the age of debut for other drugs. Out of those who are current heroin addicts, 23% (392 persons) made their debut before the age of 18, and 40% (684 persons) between the age of 18 and 25.

Age and gender distribution

In 1999, men accounted for 75% and women for 25%, which corresponds, by and large, to the gender distribution in 1996, 1997, and 1998. Persons admitted to treatment in 1999 had an average age of 31 for both genders. The average age for persons admitted to treatment in the City of Copenhagen was higher than the national average, ie in 1997 it was 35 years, in 1998 it was 33.5 years, and in

[9] The National Board of Health register on drug addicts admitted to treatment in *1999*.

1999 it was 34 years.

Social background variables

Data on variables of social background show a picture of an impoverished and marginalized group of people. The drug addicts are up against all odds when it comes to being established and leading an adult life. A vast majority of the clients live on transfer incomes, whereas merely 18% are connected with the labour market and half of these receive unemployment benefits. Of the total number, less than 20% have an educational level beyond that of primary and lower secondary school. 21% has left school before the final examination in the 9th form. The low educational level should be seen in the context that most of them make their debut as drug addicts at a rather young age, cf the above.

Furthermore, drug addicts hold an unfavourable position in terms of housing. A mere 45% have a dwelling of their own - as many as 8% are, in reality, homeless.

Foreign nationality

A minor proportion of drug addicts in treatment are foreign nationals, a total of close to 8%. The proportion of drug addicts admitted to treatment in the City of Copenhagen who are foreign nationals was 15% in 1999, which is slightly up on the previous year when it was 14%. The percentage of clients of foreign nationality both in the City of Copenhagen and the rest of the country corresponds more or less to the percentage of foreign nationality among the general population.

Family and children

From a family perspective, a great number of both male and female drug addicts live as singles, which is unusual given that the majority of the group are young adults. In 1999, a total of 525 children lived together with a drug addict in treatment. Among the total number of drug addicts who were admitted in 1999 and have children, 467 of these are placed outside the home.

Total treatment population in 1999 compared with those no longer in treatment

In Denmark, person identifiable data are collected on drug addicts in treatment. In Denmark, it is possible to follow the drug addicts for several years and look into their addiction career, morbidity and mortality among drug addicts who have been or still are in treatment.

Also, it is possible to identify, which drug addicts have received treatment during a period of one year, ie to include the drug addicts who were admitted to treatment in previous years and which have not been discharged from treatment in the count on drug addicts in treatment. The figure arrived at gives a more concise picture of treatment activities as many drug addicts in (methadone) treatment remain in the drugs treatment sector for many years.

In 1999 a special analysis was made, in which the characteristics of drug addicts who are no longer in treatment were compared with those who are newcomers in the drugs treatment sector.

A total of 1,487 persons were discharged from the drugs treatment sector during the period from 1998 to 1999. 157 of the addicts have died and an additional 149 have left the country or are missing. The characteristics related to the remaining

1,182 persons no longer in treatment appears in table 3.1.2. There are several reasons why drug addicts are no longer in treatment. They may have been cured of their drug addiction, be imprisoned, admitted to a hospital, or they may still be drug addicts no longer registered in the drugs treatment sector.

Table 3.1.2. Characteristics relating to the entire treatment population in 1999 compared with the drug addicts undergoing treatment in 1998, but not in 1999.

	In treatment in 1998, but not in 1999	**In treatment in 1999**
Number	1,182	7,482
Average age as at 1.1.1999	31.3	32.
Men/Women %	73/27	73/27
Single/double/undisclosed %	73/24/3	73/21/6
Earned income %	11	7
Benefits %	58	55
Early retirement pension %	14	22
Immigrants %	6	7
Own dwelling %	51	55
Children living outside home %	87	89
Previously treated %	55	69
Drug free past month %	12	6
Injection of heroin among heroin users %	46	50
Heroin as main substance %	36	37
Opiates as main substance %	48	69
Prescribed methadone as main substance %	8	27
Cannabis as main substance %	19	11
Average age of debut, cannabis, year	15.5	15
Average cannabis career, years	15	14
Average age of debut, heroin	22,7	22
Average heroin career	9	10

The group of persons who are no longer undergoing treatment differ from the persons who are still in treatment in that the percentage of those using opiates and methadone as their main substance is lower, but the percentage of cannabis addicts is higher. The proportion of addicts with heroin as the main substance and the share of injection addicts are almost the same. Among those who were no longer in treatment in 1999, a proportionately higher number of persons reported that they were receiving treatment for the first time when they were admitted (45% compared to 31%).

This might imply that those leaving the drugs treatment sector have a shorter addiction career that those who are still undergoing treatment.

However, this does not seem to be the case given that the average cannabis and heroin career is of the same duration for the two groups. The average cannabis career is approximately 15 years, whereas hard drug addiction lasts for a

duration of approximately 10 years within the two groups.

This could imply that the group no longer in treatment in 1999 is a mixed group. The group most likely consists of the less deprived users, eg very young cannabis addicts living at home, and the heavy drug addicts with a long career of addiction.

Newcomers to treatment

The national register of drug users in treatment contains information on whether or not the clients have been admitted to treatment. These data are particularly interesting as this group reflects recent developments as to what drugs are used in which environments, and what modes of intake dominate among which age groups, etc. In other words, is it possible to follow near trends over time with regard to addiction and recruitment to drug addiction.

As appears from table 3.1.3, 30% (960) of clients in 1996 had been in no previous treatment. In 1997, this proportion had dropped to 28% (1,123 clients), with the proportion rising again in 1998 to 30% (1,087). Again in 1999, 30% (1026) of those admitted had not previously been in treatment. It came as no surprise that the average age in all the years was considerably lower than the average age of the population treatment as a whole. In 1999, the average age was 28 years for men as well as for women. While the proportion of men in the entire treatment population was 75% in 1999, the proportion of men admitted to treatment who had not previously been admitted to treatment was lower, totalling 74% in 1999.

Table 3.1.3 Clients receiving treatment for drug addiction in 1997, 1998 and 1999 and who have not been admitted to treatment previously.

	1997	1998	1999
Clients not previously treated	1,123 out of 4,580 (25%)	1,087 out of 3,588 (30%)	1,026 out of 3,429 (30%)
Men/Women	77/23	76/24	74/26
Average age men/women	28/29	29/29	28/28
Main substance: Opiates (%)	65	59	52
Main substance: Cannabis (%)	26	26	31
Addicts of injected heroin %	42	40	40
Earned income %	11	15	13
Benefits %	8	11	11
Cash benefits %	58	57	53
Early retirement pension %	10	11	10
Other income, and non-disclosed %	13	6	13
Number with own home %	47	47	43
Single men/women %	78/67	81/65	82/69
Foreign nationality. %	7	8	8

Source: National Board of Health. Register of drug addicts in treatment, 1996, 1997, and 1998.

Main substance and manner of intake

There is a significantly larger proportion among the newcomers who report cannabis as their main substance compared with those who have been in previous treatment. The proportion of newcomers reporting cannabis to be their main substance has furthermore gone up from 26% in both 1997 and in 1998 to 31% in 1999.

When considering those having received treatment earlier, close to 7% report cannabis as their main substance in 1999. By contrast, a total of 87% of those treated earlier report opiates as their main substance (60% of these report heroin), whereas 52% among the newcomers report opiates as their main substance (out of whom 82% report heroin).

There is much geographical spread in the choice of cannabis as the main substance among newcomers as well as among those treated earlier. One of the explanations of the great variations could be that the treatment services provided by the counties differ, and consequently, that the supply of cannabis-addiction treatment varies between the different parts of the country.

When considering the mode of heroin intake among the two "client groups" there are also variances, given that 40% of those who have not previously been treated report having injected the drug, whereas 63% of those who have previously been treated have injected heroin in 1999. The difference in the manner of intake between the two client groups is most likely due to a "shorter addiction career" and therefore that young addicts continue to smoke rather than inject heroin. Cf also 2.5.2 concerning risk behaviour.

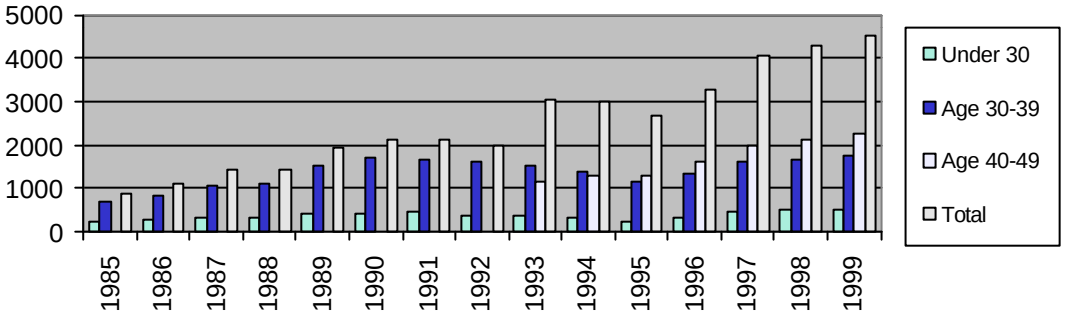
At present it is not possible to indicate new addiction trends based on the relatively few statistics on the newcomers in treatment. However, over a number of years this may become possible. Nevertheless, it has been possible to detect a mild increase in the use of amphetamine and ecstasy since registration began in 1996. The number of drug addicts who were admitted to treatment in 1999 with ecstasy as their main substance amounted to 16 persons. Furthermore, it looks as if the percentage of newcomers who use cannabis as their main substance is on the uprise.

3.1.2. Methadone treatment and prescriptions

Since 1985, the National Board of Health has counted the number of clients in lengthy treatment, ie for 5 months or longer. Figure 3.1.2 shows the development in the number of drug addicts in methadone substitution therapy from 1985 to1999.

There has been a considerable increase in the number of persons in lengthy

Figure 3.1.2 Persons receiving lengthy methadone treatment (5 months or more) 1985-1999



substitution therapy after the counties assumed responsibility for prescriptions, supply and control of methadone on 1 January 1996. The number has gone up by 43% from 1.1.1996 to 31.12.1999. During the years 1993 to 1995, the number remained at a stable level of approximately 3000 a year. At the end of 1996, it had increased to 3,267, at the end of 1997 to 4,047, at the end of 1998 to 4,298 persons. In 1999, the number of persons in lengthy methadone substitution therapy increased to 4,498 persons.

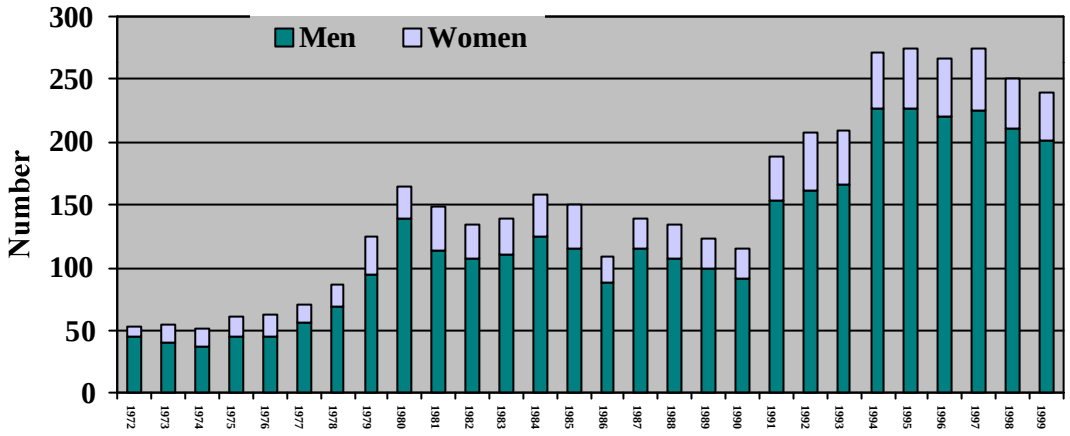
Until 1996, methadone registration was based on prescriptions only. Since the law reform in 1996, the statistics include persons who had methadone "dispensed" without prior prescription from the county treatment centres. This is a contributory factor to the considerable increase from 1996 to 1997.

The increase in number of persons in lengthy substitution therapy from 1996 also indicates a change in treatment provided. Since there seems to be no corresponding increase in the number of drug addicts during the same period, the increase is most likely attributable to improved treatment.

3.2. Drug-related deaths and mortality among drug addicts

The National Commissioner's Office has registered drug-related deaths since 1970. The register has not been computerised and is based on annual counts of the number og deaths, broken down by age, gender and finding place (geographical). The register comprises deaths which have been reported to police with a view to assessing whether an inquest is to be conducted, including whether the manner of death was accidental or suicide and whether the death was directly or indirectely caused by:

Figure 3.2. Drug-related deaths by gender, 1972-1999



- addiction to illegal drugs
- addiction to other substances where the deceased was known to be a drug addict
- addiction to substances which are not illegal but which are used with a view to intoxication (eg sniffing solvents)

As appears in figure 3.2.1, the drug statistics of the National Commissioner's Office show a relatively low number of deaths during the 1970s, a somewhat higher, stable level at the beginning of the 1980s (showing a falling tendency at the end of the 1980s) and a substantially higher level in the 1990s.

In 1999, a total of 239 drug-related deaths were registered, which is a small drop from 1998 when 251 drug-related deaths were registered (table 3.2.1). Until the late 1980s, the majority of the deaths occurred in Copenhagen, but the picture has changed since then. The proportion of drug-related deaths is stable in Copenhagen, somewhat increasing in Jutland, and an increasing, later a falling tendency on the islands. In 1999, the 239 registered deaths are distributed with 28% in Copenhagen, 37% on the islands and 35% in Jutland (table 3.2.2).

The average age at death increased slowly during the period from 1970 to 1999. In 1991, the average age reached at death was 31.5 years. In 1999, it was 36 years. Primarily men appear in the police register on drug-related deaths. The proportion of men has increased during the period from 72% in 1976 to 84% in 1999.

Mortality and causes of deaths among drug addicts

In 1999, the National Board of Health conducted a nation-wide survey of mortality and causes of death among drug addicts admitted to treatment[10]. The objective of the survey was to compare the registration of drug-related deaths carried out by the National Commissioner's Office with other deaths among drug addicts in the various registers. The survey of the National Board of Health is based on the same method as national cohort surveys conducted in other European countries.

The findings of the surveys will supplement knowledge gained from previous surveys of mortality and causes of deaths among drug addicts in Denmark, and the main findings will be set out in the following.

The survey makes use of a special treatment cohort, consisting of the drug addicts who were admitted to treatment in 1996. These drug addicts have been followed closely and compared with data about the drug addicts whose deaths the National Commissioner's Office registered as drug-related deaths in 1996, and who appeared also in the Registry of Causes of Death kept by the National Board of Health and in the Central National Register.

Mortality rates in the treatment cohort is 15 times higher than the expected mortality rates within this age group. Excessive mortality is more pronounced among women than among men. 40% of the deaths occur among drug addicts from Greater Copenhagen, ie from the County of Copenhagen, the City of Copenhagen and the Municipality of Frederiksberg, and the average age at death is 36.

Opiate addicts show a higher mortality rate than other drug addicts. It comes as no surprise that mortality among heroin addicts who inject the substance is higher than among the heroin addicts who smoke the substance. Generally, mortality rates are lower among drug addicts who have never injected drugs than among the other addicts. There is no significant difference between mortality among drug injecting users who have exchanged equipment and those who have not. This is no surprise as the prevalence and mortality rates among drug addicts caused by HIV/AIDS is very low in Denmark (cf section 3.3.).

Previous surveys of mortality and causes of mortality among drug addicts have shown that the risk of dying from natural causes increases with age (typically diseases and conditions which are indirect consequences of intravenous drug use, including AIDS). Among old drug addicts, causes of death related to cirrhosis of the liver constitute a considerable proportion[11]. Finally, it is concluded in the survey conducted by the National Board of Health that there is still no practically feasible and unambiguous definition of what is contained in

[10] Haastrup, S et al., National Board of Health ”Dødsfald blandt stofmisbrugere 1970-1995”. Dødeligheden i en gruppe af 300 intravenøse stofmisbrugere” 1996.

[11] Haastrup, S. et al. Sundhedsstyrelsens publikation ”Dødsfald blandt stofmisbrugere 1970-1995”. ”Dødeligheden i en gruppe af 300 intravenøse københavnske stofmisbrugere”. 1996.

substance-related (drug-related) deaths.

Concurrently with the implementation of a European standard for registration of substance-related (drug) deaths, the National Board of Health in cooperation with the National Commissioner's Office and the departments of forensic medicine are currently adjusting the coding practice and a definition for qualifying annual counts of drug-related deaths and causes of death.

3.3. Infectious diseases among drug addicts

The principles governing the efforts to combat AIDS were established by the Folketing in 1987 and were reconfirmed in February 1997 during a parliamentary debate. The Danish action against AIDS is based on the principle of voluntarity, anonymity, openness, direct and honest information and confidence for individuals in their contact with the health authorities. The freedom of the individual is key. HIV testing is voluntary, and persons who are HIV-infected are reported anonymously. The HIV reporting system comprises age, gender, information about any earlier HIV test and the presumed source of infection. AIDS cases are reported by name and personal information.

HIV/AIDS

Table 3.3.1 shows the number of first-time HIV-positive injecting drug users from 1991 to 1999. The number of first-time HIV-positive has generally varied from one year to another, and the same applies to the number where the source of infection has been reported as being an intravenous-injecting drug addict. In 1995, the proportion of first-time HIV-positive where the source of infection has been reported as being intravenous-injecting drug addiction is 11% (34 persons). The percentage dropped to 6% (13 persons) in 1998 and had again gone up to 9% (24 persons) in 1999. Based on the data provided by the HIV reporting system, "Statens Sterum Institut" has estimated that the spread of the infection among drug addicts has dropped since the mid-80s. It is assumed that less than 4% of the drug addicts are HIV-infected[5]. This estimate is based on the analysis, under which there are 11,000 injecting drug users in Denmark.

Table 3.3.1 Newly identified HIV-positive, HIV-positive injecting drug users, AIDS-diagnosed and number of new AIDS cases among injecting drug users, 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999
Newly reported HIV-positive	327	380	331	298	304	268	273	211	282
First-time HIV-positive with intravenous-injecting drug addiction(%)	35 (11)	52 (14)	24 (7)	28 (9)	34 (11)	25 (9)	30 (11)	13 (6)	24 (9)
AIDS-cases	210	209	239	236	214	158	109	73	72
New AIDS-cases with intravenous drug addiction (%)	16 (8)	18 (9)	21 (9)	24 (10)	28 (13)	18 (11)	11 (10)	4 (5)	6 (8)

In 1997, the proportion of newly-reported AIDS-cases, where the presumed source of infection is believed to be intravenous drug use was 10% of the total number of registered newly-reported AIDS-cases (11 out of a total of 109

[5] Else Schmidt. "Status over hiv/aids-situationen i Denmark ved udgangen af 1995". Ugeskrift for Læger, særtryk. 1997.

persons) and 5% in 1998 (4 out of a total of 73 persons). In 1999, the proportion was 8% (6 out of 72 persons). The proportion was on the increase from 1986 to 1995, but has since then been on the decline or stabilised. (table 3.3.1). Approximately 2/3 of all persons found to have AIDS were residents of the City of Copenhagen[6].

Hepatitis A, B and C

The proportion of cases of hepatitis A, where the source of infection is considered to be drug addiction varies between 0 and 11% over the last 10 years. In 1999, there were no cases related to intravenous drug use(table 3.3.2).

Table 3.3.2 Cases of acute Hepatitis A, B, and C, and number and (%) who were injecting drug users, 1991-1999.

	1991	1992	1993	1994	1995	1996	1997	1998	1999
Hepatitis A	220	172	227	144	103	105	115	86	88
Proportion of Hepatitis A with intravenous-injecting drug addiction (%)	1(0.5)	1(0.6)	24(11)	6(4)	1(1)	2(2)	0	0	0
Hepatitis B*	69	52	105	115	128	103	103	97	61
Proportion of Hepatitis B with intravenous-injecting drug addiction (%)	13 (19)	9 (17)	36 (34)	49 (43)	38 (30)	36 (35)	32 (31)	26 (27)	14 (23)
Hepatitis C*	27	31	65	56	67	31	28	25	14
Proportion of Hepatitis C with intravenous-injecting drug addiction (%)	12 (44)	23 (74)	49 (75)	38 (68)	39 (58)	20 (65)	21 (75)	15 (60)	12 (86)

* among the cases with acute hepatitis B and C there is an overlap, in that a total of 101 persons (90 IDUs) spread across the period were reported suffering from both hepatitis B and C.

The proportion of all cases of hepatitis B which may be related to intravenous drug use varies between 17% in 1992 and 43% in 1994, and in 1999 the proportion was 23%. The increase in 1993 and 1994 was due to an epidemic which broke out among drug addicts on Funen. There are no reports on an epidemic in 1999.

New cases of hepatitis C have been rather constant during the 1990s and the proportion of cases that may be related to intravenous drug use is approximately 90%.[7]

3.4. Other health consequences

Drug addicts in psychiatric treatment

Table 3.4.1 shows the number of registered persons admitted to psychiatric treatment (the total of entire in-patient, part-day and out-patient treatment) for addiction related to opiates, cannabis, sedatives and hypnotic drugs, cocaine, centrally stimulating substances, hallucinogens and solvents as well as multiple drug addiction. ICD-10 coding is used, and the diagnoses F11.x to F19.x are used as extract criteria. Data are shown from the period 1994 to 1998.

[6] Peter Ege. Personal information. October 1999.

[7] Christensen P B. Hepatitis C-epidemiologi. Ugeskrift for Læger 1998. 160/24; 352-353

It appears from table 3.4.1 that the number of persons admitted increased from 1994 to 1995, and that there was no change in 1996 and 1997. From 1997 to 1998, there was again a minor increase. in the number of persons admitted to psychiatric treatment. While there is a drastic drop in number of persons hospitalised as a result of intake of sedatives and hypnotic drugs, there is also an increase in persons admitted to hospital as a result of intake of cannabis and drug addiction. The number of persons admitted after use of centrally stimulating substances, hallucinogens and solvents during the past few years seems to have stabilised.

The male proportion accounted for 63% of opiate addicts, 81% of cannabis addicts, 33% of sedative/hypnotic drug addicts, and 73% of addicts of both the centrally stimulating and multiple drug addicts.

Drug addicts in the traffic

Each year, analyses are made on a number of blood samples collected from road users in order to determine the presence of substances other than alcohol. These tests are made at the Department of Forensic Medicine in Copenhagen. Out of 223 analyses in 1999, a total of 17% showed the presence of cocaine. 52% of the tests showed the presence of benzodiapines, 43% cannabis, 23% morphine and 13% amphetamine. For the first time, ecstasy (MDMA) was detected in 1999 and found in 2% of the samples. A total of 64% of the tests showed simultaneous consumption of several substances [8]. Compared to previous years, there has been an increase in 1999, especially with a view to determining the presence of cocaine and cannabis.

[8] Anni Steentoft. Personal information. October 2000.

Chapter 4

Drug Markets and Social and Legal Correlates and Consequences

Chapter 4 is a compilation of chapters 4 and 5.

This chapter describes the scope and development of drug-related crime in Denmark, including a description of drug addicts detained in the institutions under the Prison and Probation Service. The chapter also accounts for the scope of the various drugs seized as well as the assortment of illegal drugs on a "user" level.

4.1. Crime problems resulting from drug abuse

In Denmark, all crime linked to the possession, purchase, sale or other transfer of illegal drugs is registered. No recent statistics are available on the socalled secondary crime in connection with the abuse of illegal drugs.

Ongoing registration is made of notifications, charges and decisions under the Euphoriants Act, which primarily covers possession and sale of small quantities of drugs, and sections 191 (1) (sale), 2 (smuggling) and section 191a (handling of stolen goods) of the criminal Code, which cover serious drug crime.

Charges for violation of the drug legislation

The police bring charges, which may result in a decision in the form of a prison sentence, other sanction or acquittal. The National Centre of Investigative Support (NEC) established by the National Commissioner's Office registers notifications and charges annually. Danmarks Statistik registers decisions and types of decisions.

Up through the 1980s and until 1993, there was a considerable increase in charges brought as well as number of people charged. After this period, there was a decrease until 1998. While the number of charges continue to drop from 1998 to 1999, there is an increase in the number of persons charged from 1998 to 1999 (table 4.1.1). Out of the 9,424 persons charged in 1999, a total of 4,667 were charged for the first time. The number of charges and persons charged are defined as persons violating either Section 191 of the Criminal Code or the Euphoriants Act.

4.2. Drug addicts serving time under the Prison and Probation Service

The Prison and Probation Service publishes an annual count of the number of drug addicts in prison. The procedure is that a census count is made, typically in November of December. Drug addicts are defined as "persons who, more than only a few times, have used one or more euphoriants within the last six months before imprisonment". Heavy drug addicts are defined as persons who have habitually used substances other than cannabis, sometimes combined with use of cannabis.

The proportion of drug users serving time has been showing a regularly increasing tendency for some years, ie from 23% in 1985 to 36% in 1997. Since 1997, the proportion of drug users has remained an unchanged 36% (table 4.2.1)[12]. During that same period, the average age of drug addicts in prison increased by about 3 years. As shown in table 4.2.1, the proportion of heavy drug addicts in relation to all drug addicts in prison increased from 37% in 1985

[12] Direktoratet for Kriminalforsorgen. "Opgørelse over antal stofmisbrugere og stofkriminelle ikke-brugere inden for Kriminalforsorgen" as per 10 November *1999. 2000.*

to 51% in 1999. The proportion of injecting drug users has varied, but was 25% in 1999. More than half of the drug addicts in prison (53%) in 1999 were imprisoned for “general offences”, ie criminal activity other than violating drug legislation.

4.3. Development in the seizure of drugs in the illegal market

Police and customs authorities keep a current count of the volume of illegal drugs seized as well as the number of seizures of illegal drugs carried out at borders, airports and ports in connection with major investigations and at street level. The data on the seizures are reported currently to the National Centre of Investigative Support of the National Commissioner’s Office, which draws up quarterly and annual statistics, which are available to the public.

Statistics concerning the volume of drugs seized and the number of seizures are very rough indicators of the assortment of drugs in the illegal market. The statistics published make no distinction between seizures of major quantities destined for further sale, and quantities sold in the streets. Therefore in 1995, a concurrent spot check-based registration of drugs sold at street level was launched, cf below.

Statistics on seizures made are an indicator of the assortment of drugs in the illegal market as well as an indicator of police efforts. In the mid-1980s, police activity at street level was intensified as the uniformed branch was authorised to combat drug abuse at street level, which had not been their responsibility up until then. This meant a rise in the number of seizures. From 1993 to 1994, police efforts were restructured where the hunt-down of dealers was intensified and in turn persecution of abusers at street level was alleviated. In both cases, it is assumed that the changes in police activities was reflected in the statistics regarding the number of seizures and charges under the Euphoriants Act. The number of seizures in 1999 totalled 7,906, which was a decline compared to previous years when the number of seizures made in 1997 and 1998 totalled 10,741 and 11,908, respectively.

Increased assortment of illegal drugs in the 1990s

Tables 4.3.1 and 4.3.2 show the trend in quantity and volumes of heroin, cocaine, amphetamine, cannabis and hemp seized from 1989 to 1999. Furthermore, from 1995 and onwards, seizures of ecstasy and LDS are included. The tables show a tendency towards an increased assortment of drugs in the illegal market from the late 1980s and up through the 1990s – in spite of great fluctuations in the volume of drugs seized within most types of drugs in each year.

In 1994, there was a minor drop in the seizure of heroin and subsequently a substantial increase in 1996, followed by another decline from 1997 to 1999. From 1998 to 1999, the volume of seizures increases from 55 kg to 96 kg, respectively. The volume of amphetamine seized in 1997 increased drastically compared to 1996, but dropped again in 1998 and 1999 to the level of 1996. Although a rather large volume of the amphetamine seized was allegedly destined for the other Nordic countries, the major police districts in Denmark report that the abuse and the prevalence of amphetamine seems to be on the

increase. Several sources indicate, furthermore, that there is an increase in producing amphetamine as tablets sold as ecstasy[13],[14].

Up through the 1990s, it turns out that there are moderate fluctuations in the volume of cannabis seized. However, in 1994 and 1999, these fluctuations in volumes seized were particularly pronounced and are due to particularly major seizures in both these years. As regards hemp, there has been a moderate decline in quantity as well as in number of seizures over the past 10 years.

Other illegal drugs available on the market are ecstasy and hallucinogens, which are seized to an increasing extent. There has been a mild increase from 84 seizures in 1996, 110 seizures in 1997, 143 seizures in 1998 to 197 seizures in 1999. From 1996 to 1997, there was, however a drastic decline in the seized volume of ecstasy from 15,262 tablets in 1996 to 5,082 tablets in 1997. In 1998, the number rose again to 27,039 tablets, following which there was a minor decline to 26,117 tablets in 1999. As regards LSD there has been an increase from 6 seizures in 1995 to 15 seizures in 1999.

There has been a steady decline in the seizures of Khat, which was prohibited in Denmark in 1993. In 1996, a total of 4,535 kilograms was seized in 135 seizures, and in 1999, a total of 1,905 kg was seized in 65 seizures.

4.4. Monitoring drugs sold illegally at user level

In 1995, ongoing monitoring of illegally sold drugs at user level was launched. The objective is *firstly* to follow developments in the relation between prices and purity of the drugs as an indicator of the relation between supply and demand in the illegal market, *secondly* to identify the incidence of "dangerous substances" to assess the prevalence and locality of drugs with high purity, and *finally* to follow the introduction of new drugs into the illegal market[15].

The data include random sampling-based minor seizures (from 6 police districts in Denmark; Copenhagen, Aarhus, Odense, Aalborg, Esbjerg, and Elsinore) subsequently submitted to the departments of forensic medicine for analysis. The identity of the illegal drugs as well as any additives are registered during forensic analysis. Furthermore, the purity (concentration w/w) and weight of the sample are established.

Results from analyses in 1999

The most important results from the analyses of the data collected from 1995 to 1998 are shown in tables 4.4.1 and 4.4.2.

Among the 216 samples analysed in 1999, 50% of these consisted of the centrally stimulating substances amphetamine and cocaine. This percentage has been on the increase the past few years, when 35% in 1997 and 40% in 1998

[13] The Police Annual Report 1999.

[14] Elisabet Kaa. Personal information. Oktober 2000.

[15] National Board of Health, Street Plan Project. ”Drug trafficking at street level 1998”, 1999.

consisted either of cocaine or amphetamine. Ecstasy (MDMA) was found in 3% (7 samples) in 1999 and all ecstasy tablets were seized in Jutland (4 in Aarhus, 2 in Esbjerg and 1 in Aalborg). 45% of the samples were heroin. Heroin is still the most frequently prevailing substance in all towns, with the exception of Aalborg where only 2 of the 20 samples seized turned out to be heroin.

Since 1995, a steady increase in heroin base for smokable heroin has been registered. Around 90% of heroin samples in Copenhagen and Aarhus are heroin base (smokable heroin). In Odense, 95% of the samples are heroin chloride (white heroin).

Large variation in purity

Purity of white/beige heroin chloride has been between 66% and 71% from 1995 to 1999 (table 4.3.2). By contrast, the average purity at the end of the 1980s was 45%. For heroin base, differences of 61% (median 30%) were found in 1999, and for heroin chloride the difference was most pronounced in Greater Copenhagen, ie 18-81% (country-wide median of 79%). There was no significant difference in purity of the individual illegal substances in the various parts of Denmark, but the variation interval was large all over the country. In all police districts there were still substances of both low and high purity in the market at the same time. For none of the substances it was possible to identify periods of the year when purity was particularly high or low. For amphetamine, apart from a few exceptions, purity was relatively homogenous and low (19%). For cocaine, the average purity was relatively homogenous and high (61%) in the individual police districts.

For neither heroin, amphetamine nor cocaine were any differences in purity found in the samples which the departments of forensic medicine analyse on a routine basis at the request of the police in connection with police investigations. Consequently, there are no indications that the drugs are diluted prior to sale at street level.

Uncertainty concerning price as an indicator

As in earlier years, the conclusion must be that the information about the price of the individual seizures collected for analysis is so inadequate that no qualified assessment of changes in the illegal market may be based on this information.

Chapter 6

Trends per drug

This chapter should be viewed in connection with the previous chapters . It is an attempt to describe the development of drug use related to the major groups of drugs that are usually to be found on the illegal market in Denmark

There is a wide variety of different illegal drugs in the market and the pattern of consumption is dependent on the geographical area and the settings and subcultures that are examined. Moreover, the pattern of consumption or the drug profile among the population in general varies according to gender, age and urbanisation.

The existing data basis makes it difficult to describe the trends in Denmark. The relevant sources, police information about drugs seized, information from the drugs treatment sector and surveys of self-reported use of drugs by the population provide different pictures of the prevalence of consumption. A lack of continuity and basis for comparison in Denmark also makes it difficult to obtain an adequate description of the present development of the prevalence of illegal drugs among the general public.

Apart from the results of surveys among young people and in the population as a whole, this chapter includes information provided by the drugs treatment sector and from police seizures. However, seizure statistics are only a rough indicator of the availability of drugs and should be seen in the context of police prioritisation in the field of drugs as a whole.

6.1. Cannabis

Cannabis has always been the most prevalent illegal drug in Denmark. Typical consumption is of an experimental/recreational nature among the young people. The prevalence of cannabis seems to have been fairly stable for a number of years, but the results from the latest survey of the self-reported use of drugs among the 15-16-year-olds seem to indicate an increase during recent years. The tendency showing an increase in the prevalence of cannabis among young people is also confirmed by comparing prevalence among the 16-24-year-olds from 1994 to 2000. While prevalence is relatively stable among the 16-19-year-olds there is, by contrast, an increase among women and men between 20 and 24 years of age from 1994 to 2000. Among the population in general, prevalence of illegal drugs appears to have stabilised from 1994 to 2000.

Data provided by the drugs treatment sector, however, show somewhat surprisingly that cannabis addiction is the greatest problem for a significant group of young drug users. Furthermore, the tendency over recent years points toward an increase in the number of newcomers in treatment who reported cannabis to be the main substance. While in both 1997 and 1998, 26% of the newcomers in treatment reported cannabis as their main substance, the percentage rises to 31% in 1999. Among the group of elderly drug addicts, cannabis is, however, rarely the main substance, but constitutes a very important secondary substance. However in 1999, 13% of the entire treatment population report having used cannabis as their main substance.

6.2. Synthetic drugs

As in the rest of Europe, there seems to be an increasing tendency in recent

years among the young people in Denmark to experiment with synthetic drugs. Reports submitted by the police and drug consultants over most of the country and police seizures made in recent years serve to confirm this development. This increase should probably be viewed as part of the changes in youth cultures and in the apparently rising positive symbolic value among young people of experimenting with “party drugs” or “weekend drugs”. The findings of the qualitative survey carried out recently by the National Board of Health on young people’s attitudes and habits in relation to illegal substances and the findings from the most recent national survey on the experimental use of illegal drugs among the 15-16-year-olds indicate a change of cultural pattern in young people’s use of drugs, pointing to an increasingly experimental use of illegal substances. Finally, preliminary results gained from the population survey conducted in 2000 show a tendency to a general increase in the prevalence of the “hard” illegal drugs. This increase most likely comprises to a large extent the centrally stimulating drugs and hallucinogens such as amphetamine, cocaine, ecstasy and psilosybin mushrooms.

Amphetamine

Surveys conducted among young people and the general population show that amphetamine is the second most prevalent illegal substance in Denmark after cannabis, and would seem to have been increasing up through the 90s. The proportion of pupils in the 9th grade or the 15-16-year-olds stating that they have tried amphetamine ever, rose from 1% in 1991 to 1.6% in 1995 and 4% in 1999. Among the slightly older age group (higher preparatory examination and upper secondary school) 3.5 % report in 1997 that they have tried amphetamine ever. As much as 7.5% of the young people between 16-24 years of age in 2000 report having tried amphetamine ever.

Information about drugs addicts admitted to treatment shows a mild increase in the number of persons stating amphetamine as their main substance from 1996 to 1999. 4.1% of the total population of drug addicts in treatment in 1999 report amphetamine to be their main substance. The increase in amphetamine as a main substance is, however, most prevalent among the “newcomers” within drug treatment, ie persons who have been admitted to treatment in 1999 for the first time.

Police statistics on seized amphetamine during the same period show major fluctuations from one year to the other. In 1999, the level of quantities seized is, however, almost the same as it was in 1990. On the other hand, statistics show a geographical spread of amphetamine seized up through the 1990s and in 1999, amphetamine was found in almost all police districts in Denmark. Finally, the police report a significant increase from one year to the next in seizures of amphetamine sold as pills.

Samples of seized drugs analysed by the departments of forensic medicine in Denmark also support the trend towards an increase of amphetamine pills. Out of all the *socalled* ecstasy pills analysed in 1996, 9% of these contained amphetamine instead. In 1997, 15% of the pills contained amphetamine, and in 1998, the figure had gone up to 28%. In 1999, 22% of the pills contained

amphetamine[16]. The shape, colour and logo of the analysed pills were similar to the pills sold as ecstasy on the illegal market. Apart from an apparent increase in amphetamine pills on the illegal market, an assessment of the pills analysed lends credence to the assumptions of the prevalence of a large variety of synthetic drugs sold on the illegal market.

Ecstasy

Ecstasy began to appear on the illegal market during the first half of the 90s. The police have compiled the number and quantity of seizures made from the beginning of the 1990s. Seizure statistics show a minor increase throughout the years, however every with major fluctuations each year. From 1998 to 1999, there has been a minor drop in the total number of pills seized, whereas there has been a slight increase in the number of seizures from 143 in 1998 to 197 in 1999. According to the police, the major fluctuations are primarily due to seizures of large consignments which often are intended for the Norwegian or Swedish markets.

In 1995, 0.5% of the 15-16-year-olds reported having tried ecstasy. There has been a significant increase in 1999 when 3.1% of the 15-16-year-olds have tried the drug ever. The prevalence of ecstasy among the 15-16-year-olds remains almost at the same level as the prevalence of amphetamine within the same age group. While 3.5% of the pupils in higher preparatory and upper secondary schools reported in 1997 having tried amphetamine ever, 1.5% reporting having tried ecstasy ever. The preliminary findings of the population survey conducted in 2000 show that the prevalence of ecstasy has not caught up with that of cannabis, amphetamine, cocaine or psilosybin mushrooms. Less than 3% of the 16-26-year-olds have tried ecstasy ever, and 1.5% report having tried ecstasy within the last year. On the other hand, it looks as if ecstasy is gaining ground given that the difference between the prevalence of ecstasy within the last month and that of amphetamine and cocaine has narrowed down.

As regards the information on drug addicts in treatment, there is a mild increase in persons reporting ecstasy as their main substance. However, a mere 16 persons stated in 1999 that they used ecstasy as their main substance, indicating that ecstasy continues to be a “minor problem” among drug addicts admitted to treatment.

LSD

There is small, but apparently rising prevalence of LSD in Denmark. The police seizure statistics indicate a small increase in recent years both in number and quantities seized. A mere 0.2% of the 15-16-year-olds stated in 1995 that they had tried LSD ever. In 1999, the proportion having tried LSD ever had gone up to 1% of the 15-16-year-olds. In the survey conducted among pupils in higher preparatory and upper secondary schools in 1997, a little over 1% of the 15-16-year-olds reported having tried LSD. Previous surveys on the prevalence of LSD among the population as a whole have been more or less impossible to measure. The preliminary findings made from the population survey in 2000 show that more than 1% of the 16-24-year-olds report having tried LSD. More than ½ % have tried the drug within the last year, whereas less than 1/2% have

[16] Elisabet Kaa. Personal information. October 1999.

tried it within the last month. The relatively high “monthly prevalance” compared with the prevalance factor “ever” could, however, imply that LDS is gaining ground.

Figures in the register of drug addicts in treatment show that there is a minor increase in multiple drug use with LDS. In spite of this slight increase, the prevalence of LSD would seem to be limited in Denmark in general.

6.3. Heroin and other opiates

Figures available from the treatment register and collected over the past 4 years show a slight decrease in the number of drug addicts reporting opiates to be their main substance. Fewer individuals state opiates as their main substance among those who have not previously received treatment. Finally, a slight decrease can be traced from 1996 up until today among all injecting addicts admitted to treatment.

Heroin

The experimental use involving (smokable) heroin seems to have stabilised among the young people. In 1995 and in 1999, less than 2% of the 15-16-year-olds reported having tried heroin, most of them smokable heroin (1.3% in 1999). The prevalence of heroin among the younger adults appears to be moderate, given that less than ½ % of the 16-24-year-olds in 2000 report having tried heroin ever.

The volume of heroin seized has increased steadily from a little less than 27 kg in 1990 to 96 kg in 1999. However, there has been a drastic increase from 1998 to 1999 with 55 kg being seized in 1998 and 96 kg in 1999. An explanation for the 1999 figure could be one single seizure, involving as much as 64 kg. Furthermore, there has been a geographic spread of heroin during recent years. Heroine was seized in 41 out of 54 police districts in 1999. The analyses performed by the departments of forensic medicine in 1995 show that approximately ¾ of all small quantities of heroin seized at street level are heroin base – ie brown heroin for smoking purposes. ¼ of the heroin samples are heroin chloride, ie white heroin for injection. The only geographical exception is Odense, where the situation is reverse. As much as 95% of heroin samples in Odense in 1999 were based on heroin chloride. The same deviation was also found in 1995, 1996, 1997 and 1998[17].

6.4. Cocaine

When considering police statistics made on number and quantity of seizures, the prevalence of cocaine appears to be steadily increasing. Reports submitted by, among others, police and addiction consultants, also establish that cocaine prices are declining. This might imply that the supply on the illegal market is on the increase. Assumptions to this effect are furthermore supported in surveys made on the experimental use among the 15-16-year-olds over the past 5 years. The scope of the *recreational cocaine addiction* among the slightly older young people can be seen among pupils in higher preparatory and upper secondary schools, where less than ½ % report having used cocaine regularly. More than 3% of the 16-24-year-olds have tried the substance ever, and the prevalence of

[17] ”Narkotika i illegal forhandling på brugerniveau” 1998. Report to the National Board of Health from the forensic institutes. 1999.

cocaine in this age group has only been superseded by cannabis and amphetamine. The prevalence of ecstasy and psilosybin mushrooms is lower.

6.5. Illegal medicine

In 1997, the police stopped registering illegal medicine, ie illegal methadone, in their seizure statistics. No other sources in the monitoring sector describe prevalence.

6.6. Poly-substance abuse

The most meaningful information concerning multiple drug use of illegal drugs is to be found in the statistics provided by the treatment register containing information about the use of the primary drug and other drugs before admission to treatment. There seems to be no significant differences in the scope of multiple drug use by clients over the latest three years although the multiple drug use may be characterised as extensive. Approximately ¾ of the clients admitted to treatment report that they are multiple drug addicts, and that cannabis, amphetamine, cocaine, alcohol, etc form part of secondary drug use alongside the primary drug.

As part of the school survey conducted in 1995, there was an investigation of the extent to which the young people with a high degree of alcohol consumption had more experience of illegal drugs than the other pupils. It proved to be the case that 40% of the pupils with large-scale alcohol use had experience of cannabis as compared with 14% of the other pupils. The same pattern was observed on sniffing. The survey showed that a total of 7% of the pupils had tried sniffing, while 14% of the boys and 20% of the girls with a high level of alcohol consumption had experiences with sniffing. At present, no similar analyses have been made as a follow-up on the 1999 school survey.

6.7. Solvents

From the time at which the first school surveys were conducted at the beginning of the 1990s, it turned out that a considerable number of young people experiment with sniffing solvents. The prevalence of sniffing among the very young in Denmark is high in relation to other illegal substances, even though on average it is lower than in most other European countries. The proportion of young people reporting having experimented with sniffing in Denmark has been between 5-7.5% during the past 10 years. From the regional hearings held in 1999 it is reported by the police and addiction consultants throughout the country that “poppers” in some periods are popular among the very young people aged between 13-14 years.

Chapter 7

Conclusions

This chapter summarises the current trends associated with the prevalence of illegal drugs and the consequences of addiction, as well as a description of the data available and priorities when considering the development of drug monitoring in Denmark.

As described in previous chapters, there has been a development in the prevalence of illegal drugs in Denmark. While the experimental use of heroin seems to have stabilised during the past 5 years, there has been a drastic increase in the proportion of 15-16-year-olds who have tried the various illegal drugs in 1999 compared with 1995. The same significant increase in the use of “hard” illegal drugs becomes apparent in the remaining part of the population from 1994 to 2000. While the prevalence of cannabis appears to be stable in the "adult population", there is an increase in the prevalence of cannabis among the very young people.

Comparisons of the results from surveys conducted on the use of illegal drugs among the population in 1994 and 2000 should be viewed with some reservation. To begin with, the survey methodology applied in the two surveys is inconsistent, given that one survey in 1994 was carried out via personal interviews, whereas questions relating to illegal substances in 2000 were answered via completion of self-administered questionnaires. The 2000 survey thus contains a strong element of anonymity via the completion of a questionnaire. The two surveys also differ in that in 1994, the interviewees were only asked about their use of either cannabis or “hard drugs” such as amphetamine, cocaine, LSD, heroin, etc where the 2000 survey included questions on the use of a variety of substances. The 2000 survey has been conducted by European standards for the use of illegal drugs in the general population.

The National Board of Health, however, holds the opinion that although the figures derived from the two surveys should be viewed with caution, they do in fact reflect an increase in the population’s use of ”hard” illegal drugs from 1994 to 2000.

The concurrent data of the more ”soft” and qualitative reports suggest that changes are emerging on the drugs scene in relation to the young generation. In general, the age of debut appears to be falling and the social and cultural changes in youth culture in general seem to indicate that the young people are shifting their attitudes towards acceptance and a more liberal stance on the use of drugs. The results of hearings held recently throughout the country on the drug use situation in the regions suggest that cocaine has acquired a “broader” user group and that compared with previous years cocaine use has increased among the heavy drug users. This is confirmed in a results report prepared by the treatment register of the National Board of Health, in which it appears that there has been a regular increase in the number of drug addicts using cocaine as their main and/or secondary substance.

The consequences of the increasing use of drugs among young people appear,

for instance, in the growing number of young people visiting psychiatric wards and the even more frequent visits made by young intoxicated people to somatic emergency wards.

The problem drug use in Denmark in recent years seems, however, to have stabilised and is estimated to comprise approximately 14,000 persons. No new estimates have been made on the number of heavy drug addicts since 1999. Heroin is still the predominant substance among the “heavy” drug addicts. Smokable heroin appears to continue its upward trend, and its entry into the market can be viewed in connection with an increase of the brown heroin sold in the streets. There is nothing to suggest that the number of injecting drug users are on the decline, but the proportion in relation to the total number of drug addicts admitted to treatment is falling.

The number of new AIDS cases and new HIV cases associated with drug addiction has dropped from the middle of the 1990s and up until today. It is not possible to establish whether this development is ascribed to a decline in transmission of the disease in general or to the socalled combination therapy offered to those infected with HIV. Hepatitis C, however, still constitutes a major problem in relation to infectious diseases among drug addicts. A total of 90% of all 12,000 people infected with hepatitis C in Denmark are assumed to be found among drug addicts only.

The need for innovation of drug monitoring registers

Adjusted registers and data sources indicating the drug use problem in Denmark are being implemented. These adjustments are made in conformity with European standards on specially selected key indicators that need to be harmonised throughout all EU member countries.

Infectious diseases

As described in chapter 3, the Danish efforts to combat HIV and AIDS are based on voluntarity and anonymity, with HIV testing being offered on a voluntary basis and HIV infection being reported anonymously. Combination therapy offered to HIV positive (HAART) and applied since 1996 has, however, resulted in a drastic decline in the number of new AIDS cases. AIDS data can no longer be applied to calculate HIV prevalence among the general population and at the same time, the total number of HIV positive individuals is on the uprise in Denmark. The Danish authorities are therefore considering models for improved HIV monitoring, probably by means of a matrix for a person identifiable code and by the inclusion of CD4 counts.

One way to improve monitoring of HIV, hepatitis B and hepatitis C infections among injecting drug users would be to initiate routine monitoring of serological markers among all the dead drug addicts, on which a medico-legal inquest has been performed (approximately 70% of all dead drug addicts). In connection with the work on infectious diseases as a key indicator for harmonisation of data within the EU in relation to the EMCDDA, the national working group has taken steps towards uncovering the possibilities for screening infectious diseases among the drug-related deaths subjected to autopsy. It has not yet been resolved whether this is possible or viable. However, it is the opinion of the

working group that screening of dead people will serve as a qualification of the analyses made on the scope of infectious diseases among drug addicts.

Treatment

The National Board of Health has embarked on discussions with the referral centres in all counties on adjustment of the reporting made on drug addicts admitted to treatment. In order to complement the information contained in the current register, three additional types of information are required: *scope of treatment*, *type of treatment*, *and* from where the drug addict has been referred. The current register on drug addicts admitted to treatment includes all the treatment centres in Denmark, but since the counties are responsible for admission, it is not known to which type of treatment (drug-free, methadone, other) and which treatment centre (outpatient or in-patient) the drug addict has been admitted.

As has been the case in previous years and in compliance with the European standard, chapter 2 describes the drug addicts *admitted* to treatment throughout 1999. As something new, the entire population of drug addicts admitted to treatment in 1999 has been described, ie drug addicts admitted in previous years and who are still in treatment have been included in the statistics. This makes it possible to follow the drug use career of the drug addict as well as to describe the individuals who are no longer in the treatment system.

So far, registration of drug addicts has only applied to those who were referred to treatment in the year in question. The National Board of Health, however, contemplates the possibilities of receiving reports on whether the client has been discharged so as to establish the number of different drug addict groups who have been admitted to treatment during the year. This means that drug addicts referred to treatment in previous years will also enter the statistics.

Registration of drug-related deaths

Each year, the National Commissioner's Office publishes statistics on drug-related deaths. In connection with the harmonisation of key indicators, the National Board of Health has embarked on preliminary discussions with the National Commissioner's Office and the departments of forensic medicine with a view to qualification of existing records. A qualification of records will lead to a clear definition of "drug-related" as well as change the categorisation of drug-related causes of death. The National Commissioner's Office plans to implement the new categorisations in their records on drug-related deaths as at 1.1.2000. Each drug-related death will be categorised by the departments of forensic medicine and subsequently be reported to the National Commissioner's Office.

The National Board of Health has contributed to the follow-up of a cohort survey conducted in Europe by submitting data making it possible to monitor death rates among drug addicts admitted to treatment during the years from 1996 to 1999.

The need for new monitoring data

Population surveys describing the actual prevalence of the illigal drugs in Denmark still need to be more comparable. For the first time in Denmark, part of an overall survey was conducted on the prevalence of *different* illegal substances among the population. Preliminary results from this survey have been described in chapter 2. In order to describe a *trend* or a *development* in the

use of illegal drugs in the population it is key that such comparative studies are conducted. It is thus important that a follow-up on the 2000 survey is made after a number of years and by applying the same survey design and methodology.

This year, the National Board of Health has been instrumental in monitoring the prevalence of illegal drugs among those aged 16-20 years. Questions on the illegal drugs are included as part of a full-scale survey on the lifestyle of the young and also includes questions on alcohol and tobacco. The results from this year's survey will be available at the beginning of next year. The survey is planned to be conducted each year and thus be able to provide information about trends and actual prevalence of illegal drugs among this age group.

In connection with monitoring of new synthetic drugs in Denmark, the National Board of Health and the National Commissioner's Office are considering entering into joint collaboration on improving the surveillance of ecstasy pills in Denmark. The aim is for this improved surveillance to be based on chemical analyses of all ecstasy-resembling pills seized. The analysis results must also render it possible to improve monitoring of the ecstasy market by regular control of the development and changes of the contents and purity of the pills, their shape and logo. The final decision on whether such a project is viable has not yet been made, but the project is estimated to be implemented as of 1.1.2001.

Chapter 8

Strategies in Demand Reduction at National Level

Please refer to chapters 1 and 12.

Chapter 9

Intervention Areas

9.1. Prevention

Three elements are traditionally included in drug prevention in Denmark:

- *The drugs must be difficult to procure (prohibition)*
- *The information level must be high with a view to building principal barriers against drug use*
- *Social welfare measures most be ready to provide assistance to addicts.*

The main objective of all prevention activities is to reduce the use of cannabis and other illicit drugs as much as possible - and to consider the problems, into which potential users may fall. The National Board of Health is the central authority responsible for the prevention of drug problems (informative material, knowledge-based data, advice, support to local prevention etc). On a local level, the counties and municipalities hold the overall responsibility. An intensified response to drug addiction has high priority in the government's 1994 statement on drug policy. In addition to the broad and nationally oriented information campaign, the activities targeted at marginalized young people at risk must be supported and strengthened on a local level. Some of the ways to achieve this must be through development of methodology and strategies for:

- *early identification and localisation of problem development and risk behaviour with young people*
- *contact and maintenance of sustainable relations to the young people*
- *intensified cooperation between public, private and voluntary prevention and aid organisations with young people as their target group and between professional groups, volunteers, parents and the young people themselves.*

9.1.1. Infancy and family

Prevention intervention in pre-school age has a general approach. The activities include the prevention of health, social and personal problems experienced by the children, but does not at this age focus on prevention of drug addiction. Prevention at pre-school age encompasses a number of activities based on social and health care legislation. Within the framework of the social legislation, all municipalities offer a broad range of day-care services for pre-school children and special services including advice and support to socially deprived families. The municipalities are particularly obliged to intervene if children live under socially threatening circumstances. This safeguarding of social welfare is considered to have a preventive effect[18].

The Act on Preventive Health Schemes for Children and Young People covers all children and young people under the age of 18. The Act provides free health care to all children in Denmark under the age of 18, and the scheme is financed by the primary municipality which also decides and lays down resources to be used. The general practitioners are responsible for the preventive examinations of children before they start school.
During the first two years of the child's life, the parents are offered home visits by a district nurse approximately 4-8 times. Where it is deemed necessary, the family may be granted additional visits. During the visits, the child's well-being and motoric and emotional development are checked as is the mother-infant

[18] Serviceloven

contact.

During school age, all pupils are entitled to 2 physical examinations, one when they begin school and one when they leave school as well as discussions about health with the school nurse. The discussions are carried out in groups, individually or in the class and include topics such as lifestyle, sex, contraception, puberty, alcohol and drugs, etc. In addition, pupils can make appointments to meet with the school nurse at the school.

Example: Model project on children in drug addict families

The National Board of Health and the Ministry of Social Affairs have launched a model project this year in relation to children in families with alcohol and drug problems in cooperation with one – perhaps more – counties and a number of municipalities. The objective of this project is to have models tested on the way in which support given to children in families with drug problems can be integrated into the services provided by counties and municipalities as an operational function. In order to build well-functioning support to children in families with drug problems, it is necessary that counties and municipalities cooperate, as the counties are responsible for the drugs treatment sector and the municipalities are in charge of support to children and young people at risk.

The areas which have been particularly prioritised include:

- *coordination and cooperation between the treatment sector and the local social administration*
- *qualification of professionals in the cooperation on children in families with drug problems*
- *development of methodology in the local inter-disciplinary groups set up for children and young people with special needs*
- *support schemes for children born by parents with drug problems*
- *support schemes for relatives of families with drug problems support schemes to pregnant women with drug problems.*

For each of these areas, the model county and municipalities have formulated a number of objectives which they must endeavour to reach. External evaluation has been initiated and a network established to other counties working with the issue with a view to exchanging experience gained. The project is meant to run over a 2-year-period and is expected to be completed in 2002.

9.1.2. School programs

School is regarded as the most important institution for drug information. Drug information constitutes part of the curriculum in the primary and lower secondary school under the compulsory subject “Health, sex and family”.

The objects clause of the health-related curriculum emphasizes:

- that the pupils gain an insight into the conditions and values affecting health, sexuality and family life
- that the pupils achieve an understanding of the significance of sexuality and family life for health and for the interaction between health and environment

- that the pupils are supported in their personal development
- that the pupils develop the qualifications to take a critical stance and act in order to promote their own health and that of others.

No firm guidelines have been laid down for the form, contents and scope of a drugs curriculum. Drugs classes are often placed in the 7th - 9th grade, Normally, it is up to each class teacher to organise the teaching of this subject.

In many places, the local SSP Committee (formalised co-operation between the school, the social services and the police) contributes to drugs information in the primary and lower secondary school and the role of the school in activity concerning drugs information is supported by the state and the counties.

Governmental involvement in relation to the school

At state level, the National Board of Health plays the executive role within drug prevention. One of its tasks is to support and stimulate the local prevention activities, including school information projects.

The National Board of Health operates with two prevention strategies meant to complement each other: the broad, nationally targeted information campaigns and the narrow activities targeted at high risk groups.

The broad, national drugs information is supposed to provide the young, their parents and professionals working with children and young people a high level of insight so as to ensure that a vast majority of the entire population takes a negative attitude towards drugs and dissociates itself from experimental drug use. It is perceived of utmost importance for the attitude barrier to be maintained by means of available informative material on current drugs; for key persons and the press to be informed on an ongoing basis and, in particular, for each new vintage of young people to be well-informed on a continuous basis via systematic information in school.

Initiatives vis-a-vis high-risk groups start with groups who, in addition to information, need a social framework and opportunities for development as alternatives to drug use. In this field, the National Board of Health particularly focuses on cooperation with the professionals who are in contact with the high-risk groups.

Drug prevention activities are developed in cooperation with the National Board, of Health, the county alcohol and drug consultants, the medical officers of health and the advisory drug committee appointed by the National Board of Health. These activities emerge in the form of projects, development of informative and education material about cannabis and of various types of drugs as well as through meetings, courses and seminars for practitioners (school teachers, educators, etc), volunteers and other key figures working with drug problems at a local level.

Topical information about drugs is an ongoing issue of the magazine, UNG (Young) published by the Committee for Health Information and distributed free

of charge 4 times a year to all school pupils in Denmark in the 8th-10th grades (14-17 years of age). Drug-related problems are also discussed in VITAL, a magazine dealing with drug prevention and distributed 4 times a year to interested professionals, administrators and politicians.

Example: www.mindblow.dk

As part of the informative material prepared on alcohol and drugs, the National Board of Health has set up a separate website including factual information about the effects and risks of narcotic drugs in the form of drug pamphlets, instructional material and a program where the young people are offered to test their knowledge about drugs. The primary target group includes young people aged from 15-25 years, which has been the underlying factor of the web design of the page as well as the language applied. The secondary target group is made up of teachers and relatives of young (potential) users. The address of the website is: www.mindblow.dk

Regional level

According to the Danish Health Insurance Act, the counties and their municipalities are obliged to support local prevention and health promoting intervention.

A number of counties have established their own prevention councils engaged in, among other things, drug addiction. Similarly, a number of large municipalities have appointed their own consultants to carry out prevention intervention. The county alcohol and drugs consultants offer a number of classes designed to form the attitudes of the 6th-10 grade pupils in primary and lower secondary school, their teachers and their parents. The services range from help and guidance in how the teacher should organise such classes to major campaigns on a local or regional basis. Assisted by the National Board of Health, the county alcohol and drug consultants prepare their own material and curriculum with the purpose of instigating a debate and establishing attitudes among pupils. Furthermore it is secured that the local county centres/educational centres still have educational and film material available to support the teachers instructing drug classes in the primary and lower secondary schools. Teachers are invited to information meetings about the most updated material and the most recent findings within the area.

New regional activities

11 out of the 14 counties have reported to the Association of County Councils in Denmark that they have launched or plan to launch local substance surveys among young people. Nine out of the counties have reported that they have included or plan to cooperate with representatives from party settings (door men, discothèque and restaurant owners) as part of their prevention intervention, eg in the form of informative meetings, courses, and development of "best practices".

Eksempel: "The breakwaters"

The County Council of Frederiksborg has decided to launch a project, involving the socalled "Breakwaters", whose objective it is to identify the scope of the ecstasy problem in the county as well as to lay down a decision basis for future activities.

The project consists of 50 young people between the age of 18-25 years who

must collect information in the county on: Scope of the problem, the attitudes held by young people on substances, review experience gained from previous activities and be instrumental in developing new alternatives to future prevention intervention.

The young people, who are assigned to one of the four main themes mentioned above, are asked to report their preliminary findings together with county employees to the county council, the social committee and the prevention council three times up until April 2001.

The pilot project will be process evaluated on a current basis.

The 50 young people receive a small fee for participating in the project.

The project is estimated to amount to a total of DKK 750,000.

Example: "Parent teams"

Funen County has planned to set up 15 "Parent teams" (each with 10 participants), who must participate in parent functions in 15 schools on Funen in 2000-2001.

The objective is to have parents of pupils in the 6th, 7th, and 8th grades become aware of their roles as models and sparring partners in relation to the young generation through courses so as to enable the parent team to "handle" parents/young people and to become players in relation to marginalised young people at their local school.

The alternative goals are, for instance, to:

- *influence the participants in being active co-players and emphasize that children and alcohol are incompatible.*
- *spell out to the participants that young people who drink too much also smoke too much and that this group of people includes individuals experimenting with additional drugs*
- *ensure that the participants become aware of the danger signals related to use of the different substances*
- *ensure that the participants become aware of how to act vis-a-vis the marginalised group of young people.*

The courses are divided into three modules with emphasis being on knowledge, attitudes, common social responsibility, conveyance of knowledge gained and anchoring of the experience of the Parent Team.

The overall budget for 2000 for the 15 "Parent Teams" amounts to a total of DKK 500,000.

Private initiatives in relation to schools

The Lions Clubs in Denmark has taken the first step to prepare material for classes inn alcohol and drug use in the primary and secondary schools, and this material can be borrowed from the county resource centres. A number of former drug addicts offer to give talks at the schools, based on their own experiences,

but there is no nation-wide organisation for this type of work.

9.1.3. Youth programmes outside schools

Danish social legislation contains provisions that make it the responsibility of the city councils to ensure that older children and young people receive the requisite club and leisure services offered as a socio-educational measure. In cooperation with the older children and the young, these services must form the basis of activities and social settings promoting the versatile development and independence of the individual as well as the individual's ability to enter into a committing relationship. The clubs can either be run by one or more municipalities jointly or as private institutions with an agreement with the public authorities. The city councils must ensure that objectives and framework are established for the service activities as an integral part of the municipality's leisure, prevention and supportive intervention in relation to children and young people. This type of services is available in almost all municipalities.

Youth schools

Pursuant to the Act no. 679 of 1 August 1995 on youth schools in Denmark, all municipalities must provide services for children and young people aged from 14-18 years. The services of the youth schools serve as a supplement to the primary and lower secondary schools. Participation is voluntary and structured in such a manner that the young people themselves have an influence on activities. The preamble of the Youth School Act is based on young people's educational needs as well as the needs of society. Youth school services must comprise: General, courses preparing for examination, special courses and Danish language courses targeted at young immigrants. Approximately 50% of all young people in Denmark avail themselves of the services provided by the 302 municipal youth schools.

The youth schools are particularly well prepared to enter into prevention intervention given that they are in contact with the broad group of young people as well as the marginalised groups.

Example: Development project on ecstasy prevention in two "model counties"

"The development project on ecstasy prevention in two model counties" (see also chapter 1.1) will strengthen and launch new initiatives in relation to youth clubs and youth schools as part of the focus areas.

Local projects among young people

A large number of municipalities have launched projects and initiatives as well as special socio-educational clubs.

A number of the activities were established on the initiative of the SSP committees, which represent formalised, cross-sector co-operation and consist of representatives from school, the social service and the police. All these initiatives serve a drug prevention purpose, either in general terms and/or in specific.

No full overview of all local prevention activities are available.

9.1.4. Community programmes

Especially within the area of housing, Denmark has traditionally focused across sectors and involved citizens, institutions, private as well as public, in order to involve citizens and users and to give them influence. However, no projects or

studies have been launched with the specific aim of looking into drug problems.

Out of the 275 Danish municipalities, a vast majority has formalised their cooperation with school, social administration and the police in what is called the SSP-cooperation. This cooperation differs between municipalities depending on local conditions, but in general it is a preventive and activity promoting function established for the benefit of the children and the young people living in the municipality. This cross-sectoral cooperation aims at intercepting signals, and to combat any general and specific poor treatment of children and young people, to suggest and launch activities and to prevent against any drug addiction and criminal activity. The SSP may, for instance, be part of the drugs information work performed by schools and youth clubs, launch street work and create special projects to track down young people in danger of ending in crime and addiction settings.

In July 1998, the contact persons at the Council for the Prevention of Crime were instrumental in collecting data in the various police districts, showing that more than 90% of the Danish municipalities had entered into formalised SSP projects. During the spring of 1999, the Drugs Council, the Secretariat for Victims of Violence and the Council for the Prevention of Crime conducted a survey based on questionnaires distributed to persons in the municipalities in charge of the SSP cooperation project. The survey provides a systematic picture of the organisation, target groups, working areas of the SSP cooperation project as well as of the methods employed.

The survey also reveals that the typical SSP contact person is a 47-year-old male, educated as a teacher with 9 years' seniority. As regards time involved for SSP work, the survey indicates that 30% work full-time and 70% work part-time. Only one-third of the municipalities have a business plan for their projects. As regards the local setting of the SSP contact persons, they have been engaged by the social administration of the large and medium-sized municipalities. The survey does not embark on a quality analysis, but establishes that the SSP cooperation projects are relatively more comprehensive in municipalities with full-time employed SSP contact persons than in the municipalities with part-time SSP contact persons.

When dealing with prevention intervention, the survey reveals that almost all municipalities work with alcohol and drug-related problems: 92% of the SSP contact persons report having participated in cooperation on cannabis addiction, and 82% on having cooperated on harder drugs. Street work is used in approximately 25% of the municipalities, and this is the only type of work shown to increase in proportion to size of municipality: In the large municipalities, 82% have been assigned to street work vis-a-vis young people, and 73% have been in contact with the parents as a follow-up measure. The figures related to the small municipalities are 42% and 38%, respectively.

Furthermore, the survey concludes that the SSP contact persons are enthusiastic and well-qualified, but that their skills are not utilised adequately.

The survey recommends, among other things, more training and more political support from the local politicians to develop the prevention area.

Eksempel:"Hello weekend – goodbye drugs"

The "Hello weekend – Goodbye drugs" project is an SSP project launched in the Varde municipality, where they would like to focus on and do something about the increasing weekend use of illegal substances. The project includes a variety of projects that are meant to focus the attention of a wide selection of the town business life, associations and other citizens with the aim of reducing the young people's experimental use of illegal substances.

The aim of the project is to:

- *promote conscious action among adults who act either as direct or indirect actors of the young people's daily network*
- *activate and support parents to participate actively in prevention projects locally, across family boundaries, in schools, clubs, associations and organisation as well as other relevant fora.*
- *support the young people in establishing boundaries for each other and in becoming locally focused on help and support services.*
- *develop and lay down new methods and traditions for prevention and early intervention in Varde municipality.*

The aims should be achieved through activities such as:

- *formulation and adoption of a substance policy in the primary and lower secondary schools, youth training institutions, clubs and associations in the municipality;*
- *crime and drug use prevention curricula on the activity plan for the relevant grade in the primary and lower secondary school*
- *parent consultant group based on the "peer group" principle*
- *cooperation project with SSP and the restaurants in order to focus on young people and illegal substances, including regular annual meetings with the licence authorities, the restaurants and the SSP.*

In March, more focus was attached to the problems related to young people and drug addiction through the sub project "Varde as a drug-free area" in the form of a number of campaign events flashed at the town nightlife, the primary and lower secondary schools, the upper secondary schools, the business colleges and the military barracks. In connection with the increased visualisation of the project, an anonymous telephone line was established, targeting at young people and adults. Apart from Varde Municipality, the "Drug-free area" campaign has been launched in other Danish towns such as Ribe, Haderslev and Esbjerg (autumn 2000).

An evaluation of the project is expected to take place at the beginning of 2001.

Example: "Night Ravens"

The "Night Ravens" are a number of local organisations consisting of parents and other adults who walk the streets of their community on a voluntary basis and with out special authorisation, typically in the towns, during the late hours of the nights in the weekends. Their goal is to establish a safe environment and

show informal concern for the young people who are walking the streets by night. The "Night Ravens" work on the principle that they always walk in groups of 3, wearing a uniform of yellow jackets; they never walk into pubs, discothèques and clubs; nor do they interfere in riots or grant actual counselling assumed by professionals.

Originally, the concept behind the "Nigh Ravens" was established in cooperation with Swedish voluntary organisations and a large Scandinavian insurance company assisting in setting up the organisations.

The organisations are made up of a local board which, together with local private individual, sponsor the financial basis for the day-to-day operation. The establishment of a "Night Raven" organisation is always done after the acceptance and support from the local municipality, the police and SSP committees.

During the two-year period, in which the "Night Ravens" have existed, the number of local organisations has gone up to 27 in Denmark and 2 in Greenland by a total of 1,300 members (October 2000). A further 40 cities/municipalities have shown an interest in the project.

9.1.5. Telephone help lines

Telephone aid is an integral part of the service provided by a number of the county counselling centres. Anonymous phone calls are accepted. The service is free and may be used at regular hours in the daytime during weekdays. The telephone help line is part of the overall counselling service and is both targeted at the drug addicts and their relatives encountering specific problems and at teachers and other professionals participating in information campaigns on drug addiction problems. Numerous counties have set up or extended their telephone counselling services this year so as to ensure that the consultants are geared in particular to counsel young people and their parents about the use of and addiction to ecstasy. It is not a telephone service offered on a national basis – nor does it provide round-the-clock services.

Example: The ecstasy line

In the summer of 2000, Aarhus County introduced its Ecstasy line which is an open and anonymous telephone help line targeted at young people and their parents concerned about ecstasy and other substances. The line is open 3 times a week for 3 hours.

9.1.6. Mass media campaigns

Based on the professional concept that it is difficult to reach the very small minority experimenting with drugs through a mass media campaign and that drug information must be conveyed in a dialogue with local networks in order to influence attitudes, official Denmark has not initiated any mass media campaigns within the drugs field.

Example: National ecstasy campaign

Due to the increasing concern about the prevalence of ecstasy in party settings, the Danish DeeJay Organisation (DDJO) launched a national mass media campaign in cooperation with the advertising agency Reklametjenesten in the spring. The target group of this campaign includes the 16-23-year-olds who have

previously been in contact with hard drugs in their community, and the overall message is that ecstasy is a hard drug. The campaign was launched on a voluntary basis and sponsored by the media world in the form of broadcast time and advertising space in newspapers, magazines, postcards, streamers on buses, etc. The Ministry of Health sponsored the campaign with DKK 1.3 million which will finance the evaluation of the campaign which is expected to cease at the end of 2000. The value of the campaign is estimated to run into DKK 10 million.

9.1.7. Internet

On a national level, searching the Internet for drug information is controlled by the National Board of Health (www.sst.dk and www.mindblow.dk).

On a regional level, there are six counties and two municipalities working together on a website called www.netstof.dk. This site approaches pupils in the 8th and 9th grades through interactive chats and letters to the editor. During the period from October 1998 to March 2000, the website has had 25,000 visitors. "Netstof" plans to expand its website in the future and include a larger target group and extend cooperation with an increasing number of interested counties and similar European websites.

9.2. Harm reduction

In Denmark, the endeavours to reduce harm caused by drug addiction are based on a number of initiatives, primarily consisting of outreach street work, drop-in centres and contact rooms as well as collection and distribution of needles.

9.2.1. Outreach work

Many local SSP committees have chosen to hire a socalled "street-worker" who is familiar with and moves about in the community, and whom the young people get to know and use as their confidant. The street worker should be viewed as a local resource person who must intercept signals and influence the young people to sign up for the leisure/activity services provided locally in the form of youth clubs, organisations and other activities, and to contribute to establishing alternatives to the current ones if the need should arise. Furthermore, the street-worker should be able to guide and refer the young people to the proper aid institution when the need arises. In particular, this could be referring a person to either the municipal or county centres specialised in helping people with drug addiction symptoms (see also chapter 9.1.4).

In addition to the outreach work targeted at the young group experimenting with narcotic substances, an increasing number of municipal and county counselling centres (specialised centres in treatment of adult drug addicts) hired regional and local street-workers.

Eksempel: J-Kie Cards

J-Kie (Junkie) cards are small illustrated plastic (exchange) cards holding information on: risk of infection, injection, the body, drugs and the rights of the drug addict, with questions posed on one side of the card and answers given on the reverse side. The objective of the J-Kie card project is to reach a non-reachable group of severely deprived drug users with information which is supposed to reduce the harm caused by their drug addiction. The 400,000 cards are distributed together with the free hand-out of clean syringes and needles.

The project concept is drawn up by a nurse working in the street among drug addicts in Copenhagen. The project is sponsored by the City of Copenhagen and the Municipality of Frederiksberg as well as the National Board of Health. Evaluation of the project is expected to be completed in August 2001.

9.2.2. Low threshold services

A number of low threshold services are offered to drug addicts.

Low threshold services include for instance drop-in centres, shelters and reception centres. These centres may be targeted primarily at drug addicts, but this need not necessarily be the case. These centres provide overnight accommodation, low-priced food and a cup of coffee. A distinction is made between the shelters offering overnight facilities, reception centres where the homeless live for a period of shorter or longer duration and the drop-in centres, where practically everybody can come. According to regulations in these places, it is forbidden to use drugs or alcohol.

There are a number of drop-in centres targeted specifically at female drug-using prostitutes. The oldest centre is "Reden" [the "Nest"] in Copenhagen which was founded by YWCA (the centre is partially subsidised by the state). During recent years, similar drop-in centres have been established in other parts of the country. Most of the drop-in centres and the reception centres are subsidised. They are either established by public organisations, or by private organisation (NGOs) and receive public subsidies either fully or partially. In relation to a discussion of the introduction of injection rooms in association with existing low threshold institutions, the Ministry of Health has chosen to shelve this initiative as a result of international conventions dealing with the matter.

9.2.3. Prevention of infectious diseases

The prevention of HIV infection in Denmark is based on the principle of voluntariness and information. HIV-testing can be performed anonymously, but the individual is asked in relation to the test, whether a possible infection might be linked to drug addiction. Exchange of syringes is a well-known route of HIV infection. The strategy pursued in relation to injecting drug users has – in addition to information – been distribution of free syringes at pharmacies and drop-in centres.

See also chapter 14.

9.3. Treatment

New activities launched

As of this year, the Ministry of Social Affairs will submit a report to the Folketing on the progress of social work performed for drug addicts. The report is expected to provide a qualitative and quantitative picture of the social progress.

The report is expected to be presented at the end of 2000/beginning of 2001 and will be prepared on the basis of the work performed in the political monitoring group including representatives from the Folketing, the counties, and the Ministry of Social Affairs/the Ministry of Health.

The Ministry of Social Affairs and the Centre for Alcohol and Drug Research, the National Board of Health as well as the counties and municipalities have

launched a pilot project in 3 counties on the development of drug treatment statistics.

The statistical material must inform about the inpatient and outpatient treatment developments related to drug users. The statistical material is supposed to make it possible to assess the quality of treatment. The gradual of development of this register will have no bearing on the register of the National Board of Health on the drug users admitted to treatment.

The development of the statistical material contains the following elements:

***Phase 1**. Launch of DANRIS (Dansk Rehabiliterings- og Informations- System). [Danish Rehabilitation and Information System]*
The first phase includes an identification of the treatment institutions eligible to participate, an agreement with the institutions in question, the development of a computer program and implementation of registration.

***Phase 2**. Organisational analysis*
The second phase includes an organisational description of the participating institutions. This description accounts for price, methodology, employees, education, organisation, management structure, etc. Is expected to be completed in January 2001.

***Phase 3.** Communication of results*
During the third phase, the first report is publicised showing the type of drug addicts who have been admitted to treatment and where and which results have been achieved (completion, duration of treatment period, etc). Is expected to be completed in the autumn/winter 2001.

After this report, other result and organisational reports are expected to be published every 6 months, and to be used by the two participating counties (Copenhagen and Aarhus) for their referral system, inspection, and quality assurance. This leads to the fourth phase.

***Phase 4**. Quality assurance and further implementation*
This phase reviews the referral, inspection and approval practice of the two counties. In addition, the two other counties which do not have the DANRIS data are included. The questions here are how DANRIS affects referrals, inspection and approval over time, and whether it is possible to say that it has a quality assurance purpose. The implementation of DANRIS at the institutions continues. This work involves improving data quality, including new institutions that have expressed an interest in contributing (all institutions treating drug addicts are asked if they would like to contribute), etc. Is completed in the winter of 2003.

The progress of the treatment statistics includes collection and follow-up on the surveys and evaluation of alcohol and drug addiction initiatives launched by the Centre for Alcohol and Drug Research for the Danish Ministry of Social Affairs since 1994.

Treatment in general

Since 1996, responsibility for both social and medicinal drug use treatment has been consolidated in the county drug addiction centres. These centres make referrals to all types of drug addiction treatment irrespective of whether it is a case of slow withdrawal, out-patient treatment, substitution therapy or in-patient treatment, and irrespective of whether the treatment takes place in the county's own institutions or at a private institution. The course of treatment is financed on a fifty-fifty basis between the individual county and the municipality of residence. Only therapeutic stays in private treatment institutions financed by the drug addict him/herself and treatment while serving a prison sentence (that is, state-financed), are not part of the county referral scheme.

Detoxification is offered free of charge by private and public institutions and treatment centres under the following circumstances

- admission to hospital
- commitment to prison
- on starting drug-free treatment for drug addiction.

Slow withdrawal and cure are carried out as out-patient treatment and as in-patient treatment. As a rule, out-patient treatment is carried out when the drug addict has been in contact with a county counselling centre where referral is made to sessions with different therapists, for example weekly sessions alongside slow withdrawal, followed up by support sessions. these outpatient services may also be followed up by in-patient treatment.

Slow withdrawal and cure can also take place in connection with commencing in-patient treatment where the aim is to be clean. Some institutions have detoxification and slow withdrawal units. Other institutions take a group of users who are to be detoxified for a stay in a "summer cottage" where the group goes through the detoxification process in isolation from the outside world. These institutional stays may take place at private institutions, but as a rule the costs are refunded by the state if the person has been referred by a drug addiction centre.

Out-patient treatment and day services

There are a number of treatment services where the addict remains in his or her daily environment. The addict is typically referred to out-patient treatment after the first contact to the social authorities. All counties offer out-patient treatment.

In connection with the social report, an action plan is drawn up which is based on the situation of each individual drug addict. This means that to some drug addicts the outpatient treatment service is suffice to relieve them of their problem, whereas others may require in-patient treatment afterwards.

In addition to interviews with a case worker, group therapy is offered in some districts. Some districts also offer education and training to former and present drug addicts. This could include courses given in special schools and thus in principle resemble the services offered to the unemployed, or it may be a matter

of “pre-revalidation”, which are services offered to clients prior to the “ordinary” revalidation program.

The services offered by the individual counties and municipalities differ considerably.

In-patient treatment targeted at drug addicts

The bulk of in-patient treatment offered to drug addicts is targeted at drug addiction associated with social problems.

However, if it is a matter of psychiatric patients who in addition to a psychiatric diagnosis such as, for example, schizophrenia also suffer from a drug diagnosis (“double diagnosis” patients), they will in many cases be treated within the psychiatric system, for example at the psychiatric hospitals or in a socio-psychiatric in-patient treatment service in the social system. Treatment of drug addicts outside the psychiatric system is undertaken by the social system. As is the case with other treatment in the social system, there are two basic possibilities with regard to in-patient treatment: socio-educational facilities or placement in an institution. Drug addicts are in principle referred either to socio-educational facilities or to in-patient institutions depending on the situation of the individual drug addict.

A number of private services include a stay in a socio-educational institution, where the health care personnel typically live together with the drug addicts.

The in-patient institutions may be public or private and may, furthermore, in principle be characterised by their form of treatment. A break-down of institutions by treatment method is difficult given that every institution has its own characteristics and each drug addict his/her own “action plan”. Two drug addicts in the same institution need not necessarily receive the same treatment. The models which are followed in the Danish in-patient institutions in Denmark are as follows:

- The 12-step model or the Minnesota model is based on the concept of drug addiction being a disease (similar to allergy). As opposed to others, the drug addict or the alcoholic cannot tolerate the substance and must learn to do without it. The process of withdrawing from the identity of a drug addict involves a fixed step-built model is applied. After in-patient treatment contact, which in principle is life-long, is kept up with the person through meetings in the NA group (Narcotics Anonymous) or AA (Alcoholics Anonymous).

- Therapeutic communities or the Phoenix House model. This is an intensive therapeutic programme in a very hierarchical framework. TC comprises a total of 4 phases which again are further broken down into sub-phases.

- *The Italian model, C.e.I.S is relatively new in Denmark. It is based on a specific Italian model which has been adapted to Danish conditions and has been introduced as a 3-year pilot project. Project Human Being offers drug*

addicts treatment based on the Italian treatment principles which have not previously been tested in Denmark. In contrast to existing treatment services, Project Human Being focuses on working therapy and the involvement of relatives in the treatment of drug addicts. From 2000, the scheme has been made permanent and the project continues as a non-profit organisation. The Ministry of Social Affairs which has financed the pilot project scheme and the evaluation reports prepared in this connection, has granted DKK 3 million to the project with a view to integrating it into the variety of treatment services offered and to maintaining the objective on developing the Italian treatment principles in relation to Danish conditions.

- Socio-educational treatment is the overall term applied to the treatment which is based on an educational approach to the problems. This might, for instance, include working on structuring everyday life so as to enable the drug addict to function socially without sorting this kind of treatment under one of the models mentioned above. Treatments in these institutions are normally provided by social workers who have supplemented their training with a therapeutic course (for instance as a Gestalt therapist) and specialist teachers and other professionally competent people involving the drug addicts into specific working partnerships. Often, other professional groups such as psychologists are involved in this kind of cooperation.

- In addition, there are a number of institutions with their own concepts such as different kinds of Christian nursing homes without any consistent treatment ideology. These nursing homes are integrated in relation to specific Christian congregations emphasising the concept of "home". In a the clerical sense, these homes may be characterised as "Charismatic".

The in-patient institutions also receive HIV-infected drug addicts.

The Association of County Councils in Denmark have drawn up a list of the treatment institutions for drug addicts. This list is available on the Association's website: www.arf.dk

9.3.2. Substitution and maintenance programmes

The choice of substitution substance in Denmark would normally be methadone, but the authorities have no unequivocal stance in this respect. Thus, two projects were launched in 1998 with LAAM and Buprenorphine used as the treatment of new clients.

LAAM

In 1997, a project concerning the long-acting methadone drug, LAAM, was launched. The project was initiated in cooperation with Funen County Treatment Cetnre and the City of Copenhagen treatment system for drug addicts and was set afloat in November 1998.

The LAAM project was evaluated this year and the conclusions were that the drug is worth considering in the substitution therapy of opiate-dependent users, that LAAM may reduce the individual's dependence on the treatment system due to the long-acting period of the substance, and that LAAM is a medical

alternative to methadone in terms of effects and side-effects[19].

Buprenorphine

The Buprenorphine project was initiated in the City of Copenhagen during the autumn of 1998 and was evaluated this year. In conclusion the report points out that this type of substitution therapy is suitable for clients who have not previously been subjected to methadone treatment and which are resourceful. Furthermore, the report concluded that buprenorphine treatment may contribute by a significant percentage to the drug addict becoming drug-free and being able to revert to normal life through work, activation and education rather than any other kind of therapy.[20]

9.4. After-care and reintegration

After the actual treatment in an in-patient institution, a number of integration services are available. In principle, there are four models:

1. Integration dwellings or halfway-houses in direct connection with the individual in-house institution. When actual treatment has been stopped, the former drug addict moves to another dwelling and embarks on either an educational or a job programme. This second dwelling is in direct connection with the in-house institution or is owned by it so as to ensure daily contact. The aim is for everyday life to be as normal as possible and for the place to function as an intermediate station between own dwelling and the in-house institution.

2. Integration dwellings or halfway-house in the local municipality. In a number of areas of the country, the county or the municipality has arranged for dwellings, in which the citizens of the municipality may stay once they have completed the in-patient treatment and still receive support. These dwellings function as an intermediate station between the in-patient institution and the individual's own dwelling.

3. A specific agreement that, once having completed treatment, the drug addict - either daily or weekly - continues to be in contact with a treatment institution and still have his/her own home. The contact may either be in the form of support during a transition phase or more permanent contact.

4. A network of former drug addicts to approach after completed treatment. The largest organisation, NA (and AA) are associated with the 12-step model, but also other persons from other treatment forms join this network

Example: FRAM

The "FRAM" project launched in the City of Copenhagen aims at promoting the methadone user's access to professional qualification, education and employment with a view to enabling the individual to qualification and self-support. The project was set afloat at the beginning of 1999 and has room for 20

[19] Lis Sahl Andersen, non-published hand-out at the Drugs Council's research conference in March 2000.
[20] Leif Skauge, "Erfaringer med implementering af buprenorphinbehandling ved Københavns Kommune", handout at the Drugs Council's research conference in March 2000.

users at a time. Until August 1999, 23 people had been admitted, five had ventured into competence-developing activities with a view to commercial employment, one had been employed in a full-time job, and four had left the project. The remaining 13 people were in the midst of an identification process involving different goals, personal development, social competence and commercial affiliation in the long term. Preliminary data indicate that once the participants have entered a project, they become motivated to work towards a situation, in which they are able to provide for themselves. The next step in the project is to develop actual training modules as a service to the users.

The project runs up until the end of 2000, and an evaluation is expected to take place in June 2001.

Throughout recent years, the number of self-help groups has increased drastically in Denmark. The groups are composed by different kinds of people comprising former and present drug addicts and their parents, relatives as well as individuals who are particularly interest. Most of the groups are established by means of local grant schemes such as organisations with open cafés, anonymous counselling shops/telephones and support groups for other parents and relatives.

Example: Narcotics Anonymous

In Denmark, there are a number of private treatment institutions and especially those with a treatment philosophy evolving around the Minnesota 12-step model have for a number of years involved the relatives in the treatment activities. Based on the work performed by these institutions, a number of NA (Narcotics Anonymous) groups have been established for parents and relatives all over the country.

At present, there are 80-100 NA groups in Denmark, and they operate as a network independent of the private Minnesota treatment institutions.

9.5. Interventions in the criminal justice system

Based on the lists made once annually by the Prison and Probation Service, it is estimated that approximately one-third of the Service's clientele are users of narcotic substances (see also Chapter 3). Half of this group is estimated to be users of hard narcotic substances. In this connection, drug users are defined as prisoners who prior to their prison sentence have used one or more narcotic substances more than only very few times within the last 6 months. The more deprived drug users are defined as prisoners who have habitual consumption of substances other than cannabis and perhaps also cannabis.

The Prison and Probation Service is in the process of preparing a scientific survey on the use of substances among its clientele, cf the section "Other initiatives". Furthermore, a client study has been conducted, in which the prisoner's use of substances is described together with different treatment services.

Treatment of criminal drug addicts in prisons

The Prison and Probation Service has contract prison departments and drug-free departments in a number of closed and open state prisons and a special contract

pension.

Special departments for serving sentence

The contract prison departments are primarily used for drug addicts who are motivated for stopping their drug addiction, and who wish to be supported in their efforts. Before entering the department, the prisoners must sign a contract, in which they undertake to be drug-free during their entire stay and to surrender urine samples on a regular basis. Furthermore, they must be instrumental in contributing positively to the daily routine of the department. In turn, the department undertakes to create a positive framework around the period of imprisonment. The department has a special activity program. It is considered of importance that close contact between the prisoners and the staff is established, and the departments have a supervisor who has a psychiatric or psychological background and who participates as the third party in discussions held between prisoners and the staff.

Discharge from a contract prison department may, for instance, take place via a special contract pension. The contract pension works as a development and treatment environment for former and present drug addicts who, when moving in, undertake to remain drug-free and crime-free on a contractual basis.

The drug-free departments are meant for non-drug users and former drug users who wish to avoid being tempted of drug use. Imprisonment in a drug-free department implies that the prisoner is under an obligation to remain drug-free and to have urine samples taken as documentation.

In 1997, the Prison and Probation Service launched a new pilot project, under which criminal drug users detained in a major closed state prison with deprived criminals were offered treatment for drug use as part of their prison sentence. This treatment is managed by a private treatment institution in close cooperation with prison staff in accordance with the 12-step programme of the Minnesota model.

The scheme is a fundamental innovation within the Danish prison system and in relation to the drug using prisoners, since it is the first time ever that a private treatment institution is invited inside a prison so as to ensure that the drug user's prison term is served in combination with actual treatment. The project is thus a supplementary initiative to the traditional prison policy, according to which actual treatment of imprisoned drug addicts, to the widest extent possible, is carried out in the normal county treatment system - primarily by transferring prisoners to a county treatment system in conformity with Section 49 (2) of the Danish Criminal Code.

Preliminary results achieved during the project were so favourable that already before the expiry of the project, decisions were made to expand treatment cooperation by setting up yet another treatment department in the prison in question. The new department was commissioned in September 1999. The prison is consequently in a position to provide treatment services to 30 prisoners.

An external research evaluation has been performed on the project. This evaluation suggests that drug addicts derive much benefit from the treatment, and that treatment staff and the prison staff cooperate on a mutually beneficial basis. As a result, it was decided in February 2000 that the scheme should continue.

HIV/Hepatitis prevention and substitution therapy

As regards the distribution of syringes and needles, the Prison and Probation Servce is of the opinion that such a scheme is associated with a great deal of problems, which is the reason why it has refrained from distributin syringes and needles to drug-using prisoners.

Drug addicts in state prisons and local prisons have access to cleaning fluid. The objective is to give imprisoned injecting drug users who exchange syringes and needles the opportunity to clean them so as to reduce the risk of transmitting HIV and hepatitis B infection. This scheme should be viewed as an alternative to handing out clean syringes and needles.

Injecting drug addicts detained in the institutions of the Prison and Probation Service are offered a test for and possible vaccination against hepatitis B.

In addition, the drug addicts detained in the institutions of the Prison and Probation Service are given the opportunity to receive substitution therapy (methadone or similar treatment). Such treatment is provided in accordance with the guidelines set out by the health authorities.

Urine sampling

The Prison and Probation Service has prepared guidelines for urine sampling of prisoners with a view to establishing possible use of medicine or drugs.

These guidelines provide, among other things, that urine samples may be taken on a routine basis (for instance in accordance with terms governing leave or transfer to another department or institution assuming that the person in question is drug-free) or on specific suspicion.

Other initiatives

As part of a general concerted effort to combat drug use, the Prison and Probation Service appointed a project group in July 1999 whose task it is to submit proposals for prevention interventions, general treatment principles and specific treatment services as well as proposals on how to keep drugs away from the institutions of the Prison and Probation Service.

The project has been divided into a number of activities that are to be carried out within a more defined deadline. By the end of 1999, the project group had submitted a documentation and evaluation plan for the effectiveness of the treatment services provided to drug users in the institutions under the Danish Prison and Probation service. Later on, the Prison and Probation Service plans to collect statistical material on treatment services, etc. In April 2000, the group gave a description and an assessment of the activities applied today to keep drugs out of the institutions of the Prison and Probation Service.

The project group is in the process of formulating proposals for (further) measures that are supposed to safeguard against the import of drugs into the institutions of the Prison and Probation Service. Before the end of 2000, the group must submit proposals for general treatment principles, and the first proposals for specific treatment initiatives. Finally, the Group will be conducting an actual scientific survey on substance use among clients of the Prison and Probation Service and, based on this survey, submit proposals for the adjustment of general treatment principles and the specific treatment initiatives by July 2003.

Treatment of criminal drug addicts outside prison

As is the case with other prisoners requiring treatment, drug addicts may be granted permission to serve their sentence in part or in whole in a special treatment institution, cf Section 49 (2) of the Criminal Code.

Almost half of the approximately 330 sentenced persons who were detained in pursuance of section 49 (2) of the Criminal Code in 1999 were drug addicts. An evaluation of their detainment pursuant to the provision mentioned above was launched in 1998. Preliminary results indicate that repeated criminal activity is relatively low when compared with the criminal records of the clientele. The completion rate is high. A final evaluation of the effect of Section 49 (2) will be available in the autumn of 2000.

In 1995, a pilot project was launched, in which criminal drug addicts may receive a suspended sentence on conditions of treatment as an alternative to imprisonment of between 6 and 12 months.

This project aimed originally at drug addicts who had committed an offence against property, typically with the intent of financing their drug use. The scheme has been subjected to subsequent modifications. The drug addicts start this type of treatment under in-patient conditions, following which he/she is transferred to a few months of out-patient treatment. The programme is terminated with a discharge period. In order to gain additional experience, it has been decided to continue the project until the end of 2000.

The sentenced persons are subjected to the supervision of the Prison and Probation Service during the entire period.

Post-treatment

Since 1995, there has been formal cooperation - a contact group - between the Ministry of Social Affairs and the Prison and Probation Service. This has, among other things, resulted in the joint publication "Recommended guidelines for cooperation between social authorities and the institutions/departments under the Prison and Probation Service" issued in April 1998.

These guidelines describe what the central authorities expect of this type of cooperation, on a regional (county) as well as a legal level.

On the basis of the guidelines mentioned above, discharge from the state prisons and local prisons is planned and completed. It is assumed that the Prison

and Probation Service as well as the social authorities as early as possible prepare joint action plans for each drug addict and identify the treatment required. This action plan must be made at the beginning of the period of sentence and should comprise a plan for discharge and for the time following release.

9.6. Special target groups

Please refer to the previous paragraphs.

Quality Assurance

No formal strategy or guidelines have been prepared in terms of quality assurance.

10.1. Quality assurance procedures

Within the health care sector, the Ministry of Social Affairs, the Ministry of Health and selected counties have launched projects with the Centre for Alcohol and Drug Research (CRF) on the development of a Danish Rehabilitation and Information System (DANRIS), The system must record conditions in connection with the drug user's in and outpatient programme. The objective of this project is to make it possible to assess the quality of treatment (see also chapter 9.3.1).

Co-funded by the EMCDDA, the National Board of Health has held a competence-giving seminar for the county alcohol and drug consultants on project planning and evaluation methodology. The seminar was based on a Logical Framework Approach (LFA) adapted to a joint European format for project description (EDRRA) which facilitates comparability and the exchange of experience between different national and international projects. The seminar is expected to be held again during the spring of 2001. A number of counties indicated that they are in the process of integrating LFA in connection with project planning.

Example: "From aimless action to professional development!"

In cooperation with the National Board of Health, a group of the county alcohol and drug consultants have drawn up a number of guidelines for the evaluation targeted at professionals in the field. The guidelines: "From aimless action to professional development! - An introduction for practitioners and consultants on how to evaluate prevention intervention " is based on the EMCDDA "Guidelines for the Evaluation of Drug Prevention".

10.2. Treatment and prevention evaluation

Evaluation of prevention and treatment activities is a popular issue with politicians, administrators, practitions and citizens. Recent years' restructuring and resources allocated to the treatment sector has spawned the demand for evaluation in this area. The specific evaluation activities can be broken down into monitoring of clients (as a prerequisite for evaluation), administrative evaluations and evaluation research.

Monitoring within the treatment sector has been strengthened through the establishment of the national client statistics prepared by the National Board of Health.

In connection with the restructuring of the treatment sector, a number of evaluations have been performed on the basis of quantitative information on attendance rates, etc. The National Ministry of Health follows up on the reorganisation of methadone prescriptions (through inquiries to all counties). Since 1994, the Centre for Alcohol and Drug Research has conducted a number of surveys and evaluations within the drug addiction field. In a number of reports commissioned by the Ministry of Health, the Centre has elaborated on the social initiatives launched vis-à-vis drug addicts. See also 9.3.1.

As regards prevention, the counties have regularly conducted process evaluations of local initiatives. These evaluations typically assume the nature of empirical findings applied in the ongoing work. The methodological quality of these surveys covers a

wide field. De facto scientific evaluations are rare, since local resources and competencies are rarely available.

10.3. Research

Drug research in Denmark is of a limited scope and is carried out in various institutions and with different professional approaches, including:

- *Monitoring*
- *analysis and evaluation of in-patient methodology and treatment as an alternative to punishment*
- *qualitative survey of attitudes towards drugs and the drug scene among the young people, street surveys*
- *epidemiological studies of the correlation between addiction and psychological disorders*
- *surveys on self-reported substance use*
- *epidemiological surveys on drug-related mortality and morbidity*
- *drug market surveys*
- *surveys of drugs policy from a historical and a current perspective.*

To begin with, these are individual projects.

The Drugs Council has appointed a research committee which is supposed to formulate future research requirements.

10.4. Training for professionals

During the past few years, there has been an escalation in vocational training activities within the addiction field. This escalation is a result of the government's wish to intensify efforts. Consequently, there are a number of new, governmental initiatives.

Many former drug users are employed in the public as well as the private health care sector these years. The institutions take a diversified stance on educational requirements and provide very different educational opportunities for these employees. Therefore, the National School of Social Work in Esbjerg has launched some investigative and development projects with a view to creating coherent and qualified educational services to this group of new attendants.

The certified one-year vocational training for drug addict attendants includes 1 day of introduction and 5 modules of 4 days' duration (out-of-town). In between modules, a project thesis is written (5 project days) and the education concludes in a final thesis

The vocational training aims at the county and municipal employees within the alcohol and drug treatment sector, but also approaches attendants from the private sector. It is the objective of the education to strengthen the qualification of the participants within planning, communication and evaluation of the substance area. The courses focus on introduction of new knowledge (research results, theories, etc) and training of skills. The vocational training courses are offered to as much as 20 participants annually.

The National Board of Health has tried to inspire the trade unions to take up vocational training within drug prevention. These trade unions include those

representing nurses, social teachers and social workers. This has resulted in a number of conferences, working groups, etc.

The NGO Landsforeningen Ungdomsringen (The Danish Association of Youth Clubs) runs module courses for club teachers who in the course of their daily work are involved in prevention and early intervention vis-à-vis young people's problems with drug addiction. Furthermore, Landsforeningen Ungdomsringen is developing peer group methods in various areas. The peer group projects always include special training of young people who are to act as instructors in relation to other young people.

Key Issue: Drug Strategies

12.1. National Policies and strategies

Danish drug policy builds on a persistent and targeted effort, multifaceted and co-ordinated treatment services and effective control measures. There should be incentives and support for research into the extent and prevalence of drug problems in order to provide a basis for measures against drug addiction.

Prevention is one of the most important tools for limiting the recruitment of new drug addicts and thus is a decisive element in a broad and comprehensive policy for reducing and combating drug addiction. Traditionally Danish drug prevention policy rests on the principles of prohibition, a high level of education and information, and influencing social conditions. Deprivation during childhood, too little contact with adults, and exclusion from training and job opportunities are factors that especially expose a minor group of young people to experiments with drugs. Prevention should be continued and intensified.

Moreover there is a need for increasing and improving efforts addressing drug addicts, especially with regard to treatment. Strengthened efforts should be based on differentiated demands and targets in consideration of the different needs and abilities of the drug addicts. Efforts should be conceived so broadly that both the need for continuity in long term treatment and the need for improved care aiming to enhance the quality of life for the individual drug addict can be covered. Improvement of efforts will be taken care of in co-operation with counties and municipalities within the framework laid down in connection with yearly budgetary negotiations.

Control measures should play an important – though not a dominant – role. For both Danish and foreign experience has shown that the fight against drugs cannot be won solely through control measures. Therefore there should be a balance between on the one hand control measures – especially at street level – and on the other hand treatment and care.

It is considered important that intensification of treatment services also covers criminal drug addicts. Against this background a project group was established in July 1999. The aim of this project group is among other things that it should produce proposals for preventive measures and for general treatment principles as well as for concrete treatment opportunities with regard to criminal drug addicts, and it should initiate evaluation of the many treatment initiatives that have already been launched in relation to his group of drug addicts, cf. section 9.6.

12.2. Application of national strategies

At state level especially the National Board of Health takes care of the implementation and the carrying out of Danish prevention policy. But the general strengthening of planning within health care equally covers the work carried out by and co-operation between counties and municipalities concerning prevention of drug addiction.

It is important to strengthen in-service training of key-persons and others who at the local level are concerned with drug prevention, especially pedagogical consultants, teachers, youth club workers and persons involved in co-operation

between schools and local police. The effect of local efforts may be improved by enhancing the general level of knowledge about the effect of and the damage caused by various substances, about risk behaviour, about the communication of experiences and about opportunities for assistance etc. The National Board of Health arranges seminars for these groups on a current basis.

Responsibility for the treatment of drug addicts rests with the public sector and treatment is a public sector task. Public services are supplemented by NGOs and independent private institutions. This secures a broad spectrum of services that also includes flexible and untraditional or alternative treatment and care.

Control measures are taken care of by the police. Police efforts especially target the persons and organisations that nationally and internationally are responsible for illegal drug trade, but efforts are also addressed at street level trade. In view of the fact that drug crime is often organised at the international level, Danish police give increasing priority to international co-operation which is carried out in many different fora, cf. section 1.2 a.

In addition there is legislation concerning precursors based on EU rules on control with the production of and trade in certain goods used for illegal production of narcotic drugs and psychotropic substances. Control in this area is taken care of by customs and tax authorities.

12.3. Evaluation of national strategies

As part of a strengthened effort against drug addiction cross-cutting expert and advisory drug committee has been established. This committee is to follow development within prevention, treatment and control and contribute to the quality and the co-ordination of overall efforts in relation to drug addiction. The committee has been established under the Minister for Social Affairs and advises the Folketing and the relevant departments. The committee should also contribute to co-ordinated efforts in the area, propose targets and strategies for overall efforts, point out needs for research and contribute to the collection, co-ordination and communication of information and expertise relating to drugs.

Key Issue: Cocaine

This chapter is primarily based on data and information provided elsewhere in the report. The National Board of Health has *not* made special analyses and surveys on prevalence rates, patterns of addiction, user groups, etc in relation to cocaine. The information conveyed in this chapter is thus based on results from school surveys and population surveys, information from the treatment sector and sporadic and more "soft" information from quantitative surveys and regional hearings. In addition, information has been included from police seizures as well as data retrieved from the list of forensic analyses made on illegal street drugs.

13.1. The experimental use of "party" substances, including cocaine.

As in the rest of Europe, there appears to be an increasing tendency among young people in Denmark during recent years to experiment with synthetic substances, including cocaine. Data retrieved from police and drug addiction consultant records as well as police seizures throughout the last years confirm this tendency. The increase should most likely be seen as part of the changes in youth cultures and in the apparently more widespread symbolic value among the young people when experimenting with the socalled party or weekend substances. The National Board of Health recently conducted a qualitative survey on the young people's attitudes and habits in relation to illegal substances as well as a national survey on the 15-16-year-olds and their experimental use of illegal drugs, the results of which reports provide a consistent picture of a change in the young people's substance culture, which is moving towards a marked increase in experimental use. The preliminary results from the 2000 population survey also indicate an increasing tendency in the prevalence of the "hard" illegal drugs. It is likely to assume that this increase embraces to a wide extent the centrally stimulating substances and hallucinogens such as amphetamine, cocaine, ecstasy and psilosybin mushrooms.

Assumptions on an increase in prevalence rates are supported in surveys on experimental use among the 15-16-year-olds over the past 5 years. As regards cocaine alone, 0.3% of the 15-16-year-olds report having tried the drug in 1995, and in 1999, this percentage had gone up to 1.1% of the teens in the same age group. Both in 1995 and in 1999, a significantly higher number of boys than girls have tried cocaine.

When viewing the preliminary results from the 2000 population survey, the assumptions on an increasing prevalence of cocaine are confirmed. As much as 3.2% of the 16-24-year-olds have tried the substance ever, and prevalence of cocaine in this age group has only been superseded by cannabis and amphetamine. 1.9% of the young between 16-24 years have tried cocaine within the last year, whereas 0.6% report having tried the substance within "the last month". Ecstasy and psilosybin mushrooms are less widespread when considering the results within the categories "ever" and within the "last year". Use of cocaine is particularly prevalent among men between 20-24 years of age. Preliminary results indicate that less than 7% of the young men in this age group have tried cocaine. Among the 20-24-year-old women, less than 2% have tried cocaine. As it appears, there are generally large gender differences in the use of cocaine. The results from the survey, however, appear to indicate that girls experimenting with cocaine do so in a young age, whereas men appear to be

generally older.

In summary, the results from surveys indicate that the use of cocaine is on the increase and that the prevalence of cocaine in the population is only superseded by cannabis and amphetamine. The prevalence of substances such as ecstasy, mushrooms and LSD is reduced.

Results from the qualitative survey conducted for the National Board of Health in 1999 on the use of illegal drugs among the young people suggest that cocaine is perceived to distinguishes itself "somewhat" from the cannabis, amphetamine and ecstasy. According to the young people, the availability of cocaine is different from other substances and the substance is more difficult to buy and it is typically sold by a different group of dealers than the ones dealing in for instance amphetamine and ecstasy. Although the cocaine price appears to be falling, the sense of intoxication following from cocaine is still more expensive than the one achieved from amphetamine and ecstasy. The survey reports that the young people perceive cocaine as a "drug for the older generation", and that cocaine is more used "in criminal settings and among yuppies with a permanent job". The results from the regional hearings also indicate that the use of cocaine distinguishes itself from the use of other drugs, but that the substance appears to be gaining ground among the "ordinary" young people as well.

13.2. Consequences of cocaine use

The centrally stimulating substances in general and cocaine in particular appear only to a limited extent to be a "problem" to those drug addicts who are being treated for their addiction. While more than 4% of all clients admitted to treatment in 1999 reported amphetamine as their main substance, 1% report using cocaine as their main substance. Although the percentages are relatively low, there appears to have been a minor increase during the past few years in drug addicts seeking treatment for the first time and reporting cocaine as the main substance of their addiction. The proportion, however, is low and drops to less than 2% in 1999.

As regard the multiple drug use among drug addicts admitted to treatment, there also appears to be a tendency towards an increase in the proportion of cocaine being part of the multiple drug use. In 1999, 17% of all drug addicts admitted to treatment reported cocaine as the secondary substance of their addiction. The corresponding proportion was 13% in 1998 and 11% in 1997. There is no difference in the percentages of cocaine used as a secondary substance among the "old" and the "new" drug addicts admitted to treatment. In Denmark, as in the remaining European countries, there is an increasing use of cocaine among drug addicts admitted to treatment.

13.3. The illegal cocaine market

In 1999, the police seized more than 24 kg of cocaine in 744 seizures, which was a drop in quantity and number of seizures from 1998. In the 1990s there appears to be a regular increase in quantity of cocaine as well as cocaine seized, and cocaine has been seized in an ever increasing number of polict districts. In 1999, cocaine was seized in 34 out of 54 police districts. Police reports indicate that cocaine prices are falling, and may thus imply that the supply on the illegal

market is on the uprise. The police also report that the “current prices” charged for cocaine are between DKK 800-1000 per grammes and that purity does not appear to have any influence on the price.

From 1995, the National Board of Health and the National Commissioner’s Office as well as the three departments of forensic medicine have monitored illegal drugs sold in the streets. One of the objectives of the “Street Work Project” has been to follow the development of drug concentration and purity as well assess frequency and locality of drugs with high concentration. Results from the approximately 200 random samples this year have been reported to the National Board of Health every year.

From 1995 and until today, there has been an increase in the proportion of cocaine samples identified in the project. In 1995, 9% of the total number of samples turned out to be cocaine, and this proportion had gone up to 29% in 1999. At the same time, there tends to be an increase in the proportion of cocaine found in the samples seized on a routine basis by the police. In 1995, 13% of these routines samples contained cocaine, and in 1999 this proportion had gone up to 23%. There is every reason to believe that the increase in the proportion of cocaine – both in the routine samples as well as the street project samples – is the result of increased availability and demand for cocaine. Although the proportion of cocaine samples is constant in Odense during the period, the increase appears in Aarhus and a more marked increase is seen in Copenhagen.

As mentioned previously, one of the objectives of the street work project is to examine the purity of the substances in the various parts of Denmark and to examine any differences in purity in the low-quantity street samples compared with the purity in the samples analysed in all weight classes via the routine checks carried out by the police. The routine samples are not defined in weight classes and therefore contain large as well as small seizures, and the substances may have been intended for reselling on the illegal drug market. The results from the cocaine sample survey indicate that there have been *no* differences in purity over the 5-year-period, that there have been *no* differences in purity in various parts of the country and finally that it has *not* been possible to establish any difference in purity between street samples and routine samples. This uniform sample purity established in the street work project and in police routine samples implies that cocaine in all probability is not diluted before it is sold in the streets.

Results from 1999 alone indicate that, with a few exceptions, cocaine purity is relatively high, and accounts for 61% on a national basis. The purity variation interval is extensive and ranges between 5 and 98%.

Key Issue: Infectious Diseases

14.1. Prevalence and incidence of HCV, HBV, and HIV among drug addicts

In Denmark, as in other countries, the true prevalence or incidence of chronic hepatitis C (HCV), hepatitis B virus (HBV) infection or HIV is unknown as regards the population in general or among injecting drug users (IDUs). No ongoing, systematic information is collected, nor is screening carried out systematically for these infections. There are, however, a number of data sources making up the pieces of the puzzle which when combined may provide a picture of the prevalence as well as the incidence of these infections.

Monitoring AIDS data, however, reflects actual AIDS incidence, given that the coverage rate is very high and the only drop-outs are most likely the persons who die from AIDS without being diagnosed. The number of these persons is assumed to be limited, but they still appear in the statistics. Since data on mortality rates are obtained among AIDS patients, the actual AIDS prevalence can be compiled.

Generally, there may be problems related to using monitoring data as key indicators, although this does not quite apply to data collected in Denmark.

14.1.1. Monitoring of infectious diseases

Denmark has had national monitoring systems checking the prevalence of infectious diseases since the end of the 16th century. All doctors have been obliged to notify any diagnosis of acute hepatitis B and C since 1980 and 1990, respectively and since the middle of 1990, there has been a statutory notification system for diagnosed HIV infection, the coverage rate of which is almost complete. Reporting of AIDS diagnoses became obligatory in 1983 with retroactivity[21]. The HIV as well as the AIDS monitoring schemes have an almost 100 % coverage rate.

The national HIV notification system provides data in an anonymous form, including gender, age, any previous HIV tests, special kinds of risk behaviour as well as presumed manner of infection. AIDS, on the other hand, is notified by name and person identifiable information.

Systematic reporting is also performed on the number of collected blood samples together with the positive results achieved from anti HIV, HBsAG and anti HCV screening. At the same time, a special form must be completed on gender, age and risk factors related to the person who has been found to be infected. Current or previous intravenous drug use is a criterion for being excluded as a blood donor

14.1.1.1. Monitoring of HIV and AIDS as well as results

As indicated in table 3.3.1 in Chapter 3 of this report, the number of reported first-time HIV positive IDUs starts to appear from 1991 to 1999. The total number has varied without any discernible tendencies, as has the proportion of IDUs, where the source of infection is purported to come from intravenous drug use. In 1995, 11% (34/304) of first IDUs were among all the HIV positive. This percentage had dropped to 6% (13/211) in 1998 and rose again to 9% (24/282) in 1999. Among the total number of reported persons, 27% were women,

[21] Sundhedsstyrelsens Bekendtgørelse nr 277 af 14. april 2000 om lægers anmeldelse af smitsomme sygdomme m.v.

whereas women made up 40% of the IDUs reported with HIV. The median age for the reported IDUs was 36 years (range: 20-63 years).

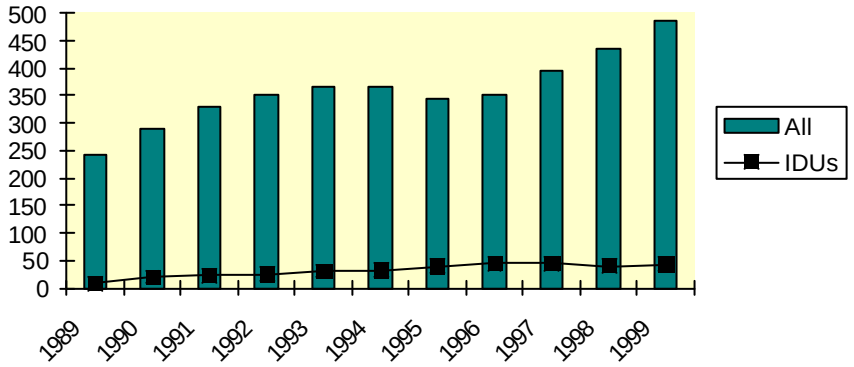
Most of the HIV-positive during all the years (54%) came from the Greater Copenhagen area, a share of which 69% were HIV+ injectors. Among the total number to be tested HIV+, 27% were reported to be immigrants, a proportion which was 6% among HIV+ drug injectors.

The proportion of AIDS cases notified recently, where the source of infection appears to be intravenous drug use was 8% of all newly reported AIDS cases (6/72) in 1999 against 5% (4/73) in 1998 and 10% (11/109) in 1997. The proportion has actually increased slowly from 1986 and until 1995, following which it has declined. Among the total number of persons notified to be AIDS infected during the years from 1991 to 1999, 11% were women which was a proportion that was considerably higher, ie 30% among drug addicted AIDS patients.

In 1996, all HIV-infected individuals who fulfilled a set of criteria were offered so-called combination therapy. Following this, there has been a drastic decline in Denmark in both the number of patients diagnosed with AIDS as well as the number of AIDS-related deaths. As indicated in table 3.3.1, there has also been a considerable drop since 1997 in the number of newly reported AIDS cases related to injecting drug use. Whether or not this is a result of the drug users availing themselves of the combination therapy or an actual decline in the transmission of the disease is yet unknown.

The number of living AIDS patients (AIDS prevalence) has been on the uprise during the past few years after having been declining during the mid-1990s, Figure 14.1**.** A similar trend has been detected among the IDUs.

Figure 14.1. Living AIDS patients 1989-1999 - all and IDUs



Approximately 2/3 of all persons who have been diagnosed as having acquired AIDS during the past many years have been living in the Greater Copenhagen

area, with the proportion, however, declining slowly over the years[22]. This proportion is a little higher, ie 76%, among IDUs and similar for both gender.

Around 30% of all AIDS patients were first diagnosed as being HIV-infected in connection with their AIDS diagnoses, whereas 50% had been tested as HIV-positive for more than 3 years before the AIDS diagnoses was made[23]. Among the IDUs, these rates were 17% and 57%, respectively.

These data suggest that a majority of the HIV cases among Danish IDUs have been tested to be seropositive although a vast majority of the HIV-positive drug injectors are likely to die before developing AIDS, primarily from an overdose[24].

Based on, among others, data from the HIV notification system, "Statens Seruminstitut" estimates that the transmission of the disease among drug addicts started in the middle of the 1980s and after a short, but quick transmission period, it seems to be on retreat. By applying primarily mathematical models (back-calculation) and based on the assumption that there were 11,000 IDUs in Denmark, it was estimated that almost 4% of the Danish drug addicts had been infected with HIV at the closing of 1995[25]. Based on the assumption that there were 13,000 IDUs in Denmark in 1999, it has been estimated that 3.6% of the Danish drug addicts were HIV-infected in 1999[26].

14.1.1.2. Monitoring of hepatitis A, B, and C among IDUs

Hepatitis A plays a relatively small role in relation to drug addiction in Denmark. The proportion of hepatitis A cases, where the source of infection is considered to be drug addiction has varied between 0% and 11% during the last 10 years. Neither in 1998 nor in 1999 were there any notifications on cases of acute hepatitis A related to IDUs. The total number of notifications submitted on acute hepatitis A in 1998 and in 1999 in Denmark were 86 and 88, respectively, cf table 3.3.1.

The proportion of all acute hepatitis B cases related to IDUs varies between 17% (9/52) in 1992 and 43% (49/115) in 1994, and the proportion was 23% (14/61) in 1999. The increase in 1993 and in 1994 is due to an epidemic among drug addicts in Funen. There are no reports on any epidemics in 1998 or 1999.

Notifications of new acute hepatitis C cases have varied from a total of 14 in 1999 to 67 in 1995 with the number falling from one year to the other. The proportion ascribed to IDUs has been high, but fluctuating and was 86% in 1999.

[22] AIDS-opgørelse, 4. kvartal 1999. EPI-NYT 2000; uge 11.

[23] Smith E, Graversen L. Udvikling i kendskab til hiv-positivitet før aids blandt danske aids-patienter 1988-1997. Ugeskr Læger 1999;161:3281-3285.

[24] Kringsholm B, Steentoft KE, Worm K, Simonsen KW. Deaths among drug addicts in Denmark in 1987-1991. Forensic Sci Int 1994;67:185-195.

[25] Smith E. Status over HIV/AIDS-situationen i Danmark ved udgangen af 1995. Ugeskr Læger 1997;159:585-590.

[26] Smith E. Hiv/aids-overvågningen i Danmark. Nye behandlinger - nye udfordringer. Ugeskr Læger 1999;161:4436-39.

The number of IDUs notified as suffering from acute hepatitis C reached its peak in 1993 with 49 cases, following which there was a decline to 12 cases notified in 1999.

In 1994, Danish physicians were urged to notify on a voluntary basis when they detected a chronic case of HCV. The register of the Epidemiological department has received notifications of a total of 642 persons with chronic hepatitis C, the vast majority being IDUs during the period from 1994-1999.

During the period 1994-1999, blood donor screening has identified a total of 102 persons who were tested anti-HCV positive during the period from 1994-1998. Current or previous injecting drug use is a criterion for being excluded as a blood donor, and the fact is that there never was or ever has been an IDU recognised as a seropositive donor, although a few anti-HCV-positive admitted having succumbed to the occasional “comfy fix”.

14.1.2. Other important data sources on HIV and hepatitis B and C

As described in the reports submitted to the EMCDDA in previous years, the City of Copenhagen conducted a survey in 1998 on drug addicts in treatment[27]. Approximately 25% of these drug addicts were examined and asked to surrender a blood sample as well as complete a questionnaire concerning risk behaviour. A total of 291 persons were included in the survey, out of which 70% were men and 30% were women. The median age was 35 years for men and 33 years for women. The survey revealed that 79% had used drugs intravenously, and that 59% of this percentage had exchanged syringes with others. The drug addicts had quickly been infected with hepatitis B and C, and it is estimated that approximately 50% would be infected with hepatitis B, and approximately 75% with hepatitis C before reaching the age of 25 years. There was no correlation between risk behaviour and infection status, with the exception of intravenous drug use. The proportion of HIV-positive was lower than in previous surveys, which is most likely attributable to the declining incidence and prevalence of HIV. In addition to the already identified HIV-positive, only 3.4% - corresponding to 5 persons – were diagnosed with HIV infection.

Other important data sources include two similar surveys conducted in 1996/1997 on HIV and hepatitis B and C among drug addicts in Funen[28]. The two surveys included *first* a cross-section survey of 140 male IDUs imprisoned in the Nyborg State Prison, *second* a survey among the 233 registered drug addicts of the county (64% men) admitted to treatment in Funen County. The surveys were conducted as part of a vaccination study. Among a trial population of 343 people, none were found to be HIV positive. However, 86% (286/338) were diagnosed with an HCV infection, and 68% (242/357) with an HBV infection. Only 2% of the entire trial population were received hepatitis B vaccination.

[27] Fuglsang T, Fouchard J, Ege P. Udbredelsen af hiv og hepatitis B og C blandt københavnske stofmisbrugere. Ugeskr Læger 2000; 162: 3860 – 4.

[28] Christensen PB. Blood borne viral infections in Funen, a seroepidemiologic study. Ph.D. thesis at University of Southern Denmark, 1999.

There was a frequent prevalence of risk factors for blood-borne viral infection: 63-70% had shared tools during the recent injection period, and 60-62% of the entire trial population had injected in prison. A multivariate analysis of data obtained from the survey in the prison revealed that the prevalence of HBV was clearly associated with three factors: duration of injection, the number of times the drug addict had been in prison and with injection in prison. The prevalence of HCV included in the same analysis was only clearly associated with the duration of injection.

The prevalence of the traditional sexually transmitted diseases (STDs) in Denmark is low. A survey conducted in all Danish STD clinics from 1990-1992 found that in general the IDUs were very willing to subject to HIV testing, given that 88% had a test performed and the prevalence among this group of people was 3.5% among men, and 5.7% among women[29]. This discrepancy could not be explained, but was discussed as being caused by the differences in sexual exposure to HIV.

In Denmark, clean syringes and needles are distributed to drug addicts. It is not required that the used syringes/needles be returned, and the scheme is therefore not an actual "needle exchange" scheme, but is a simple over-the-counter distribution scheme.

14.1.3. Monitoring of scope of drug addicts and the significance of transmission of blood-borne infections

Generally, it is assumed that around 12,000 persons in Denmark are infected with hepatitis C, of which the vast majority have aquired chronic hepatitis C. It is also assumed that close to 90% of this group of infected people can be associated with intravenous drug use[30].

The National Board of Health register on clients admitted to treatment and described in chapter 3 of this report, includes information provided by the clients on the exchange of syringes/needles . A total of 19% of the clients (1,427 persons) admitted to treatment in 1999 reported having exchanged syringes/needles. These data should, however, be considered with some caution as only a little more than half of the clients responded. The treatment register does not contain any data on infections.

The proportion of injecting drug users in treatment is larger among the previously treated population than among the newcomers. The reason for this could be that the smokable heroin is slowly entering the illegal market, and that intravenous drug use is taking a downward trend. All other things being equal, a decline in intravenous drug use is a positive trend in relation to the spreading of HIV, HBV and HCV.

[29] Smith E, Worm A-M, Jepsen LV, Larsen J, Brandrup F, Veien N, Andersen BL. Patterns and trends of sexual behaviour, HIV testing, and HIV prevalence among all sexually transmitted disease clinic attenders in Denmark. Sex Transm Dis 1994;21:97-102.

[30] Christensen PB. Hepatitis C-epidemiologi. Ugeskr Læger 1998;160:352-353.

The Prison & Probation Service prepares an annual estimate on the number of drug addicts detained in the institutions under it. As appears in chapter 4, there is a steady increase in the proportion of prisoners the past few years. Less than 2000 of the prisoners in 1999 were registered as drug addicts. When they are in prison, they are not entered into the National Board of Health treatment register of drug addicts in treatment, nor are they offered physical examination for the presence of HIV or hepatitis C infection. Not until recently has the Prison and Probation Service launched a service to all IDUs on the screening for hepatitis B.

As regards drug-related deaths, reference is made to chapter 3.2.

14.2. Determinants and consequences

The available data thus suggest that transmission of HIV among IDUs is declining, perhaps to as little as approximately 25 infected persons per year (incidence of 178 per 10^5 IDUs)[31],[32]. By contrast, the vast majority of all IDUs still appear to be diagnosed with hepatities C virus already after a few years of drug dependence. This is primarily caused by a heavy transmission pressure, but also by the fact that hepatitis C virus is far more contagious than HIV and therefore is also transmitted by using the same wash water, tampons, wads of cotton, spoons, etc[33].

Hepatitis B can be prevented through vaccination. For many years, certain risk groups, including IDUs, have been urged to subject themselves to examination for hepatitis B markers and be vaccinated accordingly. There are no reliable data to suggest to which extent the IDUs are being vaccinated, but there is no doubt that significant under-vaccination is taking place. Compensation for this could be made by providing more information as well as systematic vaccination in treatment institutions, state prisons, local prisons, etc. At the same time, efforts are made to offer vaccination free of charge as opposed to today.

Plans are being launched to establish systematic services for examining of HIV and hepatitis B and C when entering the Copenhagen treatment institutions for the first time. This would improve monitoring of infection transmission and ensure early intervention and prevention.

As indicated in last year's report, all pregnant drug addicts have been examined in Copenhagen for many years for the relevant serological markers. The results are not available in an easily accessible form, but are filed in case report forms. However, it has been reported that only very few have turned down the service, and that approximately 35 women have been examined annual, of which very few have been tested HIV-positive, only few have been tested hepatitis B-positive, whereas many of them have acquired hepatitis C (personal information: May Olufsson).

[31] Smith E. Status over HIV/AIDS-situationen i Danmark ved udgangen af 1995. Ugeskr Læger 1997;159:585-590.

[32] Smith E. Hiv/aids-overvågningen i Danmark. Nye behandlinger - nye udfordringer. Ugeskr Læger 1999;161:4436-39.

[33] P. Ege. Alt for mange bliver smittet. Ugeskr Læger 1999;161:1967.

14.3. New development of "harm reduction" and care

The purpose of focusing on infectious diseases as key indicators is on the one hand to measure prevalence of these infections among injecting drug users (IDUs) and sub-groups of such users and on the other to monitor developments over time, eg in prevalence among young IDUs. The tools involved are projects with a long-term goal, including improved monitoring of prevalence and new generations of IDUs. Consequently, it will take one year to reach the desired changes or settings.

The best ways to improve monitoring of HIV, HBV and HCV among IDUs is considered to be routine monitoring of serological markers in all the dead drug addicts who are subjected to a medico-legal inquest (approximately 70% of all dead drug addicts). In connection with the work with infectious diseases as a key indicator for harmonisation of data on an EU level in relation to the EMCDDA, the national working group has taken a step towards uncovering the possibilities for screening of infectious diseases among drug-related deaths being subjected to autopsy. It still remains to be resolved how this is possible and feasible. The working group, however, finds that screening of the dead will be instrumental in qualifying the assessment of the scope of infectious diseases among drug addicts.

The Prison and Probation Service now recommends that all IDUs are offered the service of being tested for hepatitis B and subsequent vaccination if proven necessary. Everybody who is vaccinated must report to the Service. The National Board of Health is investigating how cooperation can be established in connection with these data; in particular, the Board would like to secure registration of who is offered testing, who accepts and the results of the test. If this is not done, the monitoring results are of little value. The Board will also work for HCV and HIV testing of IDUs.

The City of Copenhagen will soon offer serological marker screening to all newcoming drug addicts in the drugs treatment system. It is estimated that between 150 and 200 will make use of this offer. Furthermore, the City of Copenhagen will aim at offering free hepatitis B vaccination to all under risk, including the IDUs. Together with the screening provided in Funen Amt, these data will provide useful insight into transmission of the disease among the somewhat young IDUs.

The National Board of Health is cognisant of an ongoing research project related to vaccination in prisons. Data from this project are expected to become available in a few years and will serve as a follow-up on a previous study[34].

In the years to come, a very large number of current and previous drug addicts will develop symptoms of their chronic hepatitis C infection and thus be candidates to receive antiviral treatment and transplant, if necessary.

[34] Christensen PB. Blood borne viral infections in Funen, a seroepidemiologic study. Ph.D. thesis at University of Southern Denmark, 1999.

As has been established by the Folketing - most recently in February 1997 - the prevention of HIV infection in Denmark is based on the principle of voluntariness and information. HIV testing can be performed anonymously and it is recommended that the patient receive guidance both before and after the test. In connection with the test, the individual is asked whether any possible infection may be caused by, for instance, injecting drug use. Exchange of syringes is a known route of infection for HIV, HCV and HBV, which is the reason why the strategy vis-à-vis IDUs has been - in addition to information - over-the-counter distribution of free syringes in pharmacies and drop-in centres without these initiatives assuming the form of actual "needle exchange" schemes. See also chapter 2.5.2 - *Risk behaviour*

The prisoners do not have access to clean syringes and needles, but since 1996, it has been possible for the prisoners in Danish prisons to procure diluted chlorine for cleaning purposes. There are no restrictions as to the availability of condoms in prisons.

The Danish authorities are considering at present a possible change in practice for registering the prevalence of HIV and AIDS in Denmark. Based on the combination therapy offered to HIV positive and the drastic influence this has had on AIDS epidemiology, AIDS data can apparently no longer be used to calculate the prevalence of HIV among the population (neither incidence nor prevalence)[35]. Therefore, it is presently being considered what the consequences would be of abolishing the anonymity principle related to HIV monitoring in order to make it possible to follow up on AIDS and treatment. Other solutions for better monitoring procedures are being considered, including how to obtain useful data on behaviour among those known to have acquired AIDS, but also among risk populations such as DUs. nitoring in Denmark has improved in 2000 to the effect that both acute as well as chronic hepatitis B and C must be notified to the authorities.

[35] Smith E. Hiv/aids-overvågningen i Danmark. Nye behandlinger - nye udfordringer. Ugeskr Læger 1999;161:4436-39.

Annex

Table 3.2.1. Mortality among drug addicts 1971-1999, by gender.

Year	Total	Men	Women	Year	Total	Men	Women
1971	37	32	5	1986	109	88	21
1972	54	46	8	1987	140	116	24
1973	55	40	15	1988	135	107	28
1974	52	38	14	1989	123	99	24
1975	61	46	15	1990	115	91	24
1976	62	45	17	1991	188	153	35
1977	70	56	14	1992	208	162	46
1978	87	69	18	1993	210	166	44
1979	125	95	30	1994	271	227	44
1980	165	140	25	1995	274	226	48
1981	148	113	35	1996	266	220	46
1982	134	107	27	1997	275	225	50
1983	139	110	29	1998	250	210	40
1984	158	125	33	1999	239	201	38
1985	150	116	34				

Source: The National Centre of Investigative Support. Drug Statistics 1999.

Table 3.2.2. Regional mortality among drug addicts in Denmark 1971-1999.

Year	Cph.	%	Denm. excl. Jutland	%	Jutland	%	Year	Cph.	%	Denm. excl. Jutland	%	Jutland	%
1971	17	45.9	15	40.5	5	13.5	1986	61	56.0	29	26.6	19	17.4
1972	29	53.7	20	37.0	5	9.3	1987	82	58.6	30	21.4	28	20.0
1973	38	69.1	13	23.6	4	7.3	1988	72	53.3	35	25.9	28	20.7
1974	31	59.6	9	17.3	12	23.1	1989	57	46.3	48	39.0	18	14.6
1975	35	57.4	16	26.2	10	16.4	1990	51	44.3	42	36.5	22	19.1
1976	34	54.8	14	22.6	14	22.6	1991	89	47.3	61	32.4	38	20.2
1977	27	38.6	28	40.0	15	21.4	1992	67	32.2	75	36.1	66	31.7
1978	42	48.3	23	26.4	22	25.3	1993	66	31.4	91	43.3	53	25.2
1979	66	52.8	43	34.4	16	12.8	1994	97	35.8	108	39.9	66	24.4
1980	84	50.9	51	30.9	30	18.2	1995	83	30.3	121	44.2	70	25.5
1981	81	54.7	38	25.7	29	19.6	1996	87	32.7	97	36.5	80	30.1
1982	70	52.2	41	30.6	23	17.2	1997	88	32.0	106	38.5	80	29.0
1983	72	51.8	45	32.4	22	15.8	1998	89	35.6	83	33.2	78	31.2
1984	85	53.8	39	24.7	34	21.5	1999	66	27.6	90	37.7	83	34.7
1985	71	47.3	42	28.0	37	24.7							

Source: The National Centre of Investigative Support. Drug Statistics 1999.

Annex

Table 3.4.1. Persons admitted to psychiatric hospitals with F11-F19 as primary or secondary diagnosis, 1994-1999.

Code	Mental illness and behavioural disturbances due to use of ……	1994	1995	1996	1997	1998	1999
F11	Opiates	445	680	656	587	535	501
F12	Cannabis	706	1065	944	1018	1096	1133
F13	Sedatives/hypnotic drugs	755	784	786	638	622	213
F14-18	Centrally stimulating drugs, hallucinogens and solvents	177	280	314	316	303	315
F19	Poly-substance abuse	755	1058	1167	1255	1525	1756
Total		**2838**	**3867**	**3867**	**3814**	**4080**	**4287**

Source: The Institute for Psychiatric Basic Research. Department of Psychiatric Demography, unpublished.

Table 4.1.1 Drug related crime 1987-1998. Charges brought and number of persons implicated.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Charges, total	14,862	16,791	17,282	18,604	15,155	14,654	14,371	13,454	14,251	12,928
Number of persons implicated	8,915	9,535	10,290	12,421	9,536	9,008	8,678	8,234	8,900	9,424

Source: The National Centre of Investigative Support. Drug Statistics 1999.

Table 4.2.1. Drug abusers in prison 1985-1999.

	All drug abusers			Heavy drug abusers	
	Number of drug abusers	Share of all prison inmates (%)	average age	Number of heavy drug abusers	Share of all prison inmates (%)
Apr. 85	734	23	27.4	274	37
Feb. 86	902	25	27.9	404	45
Sep. 87	861	27	27.8	356	41
Okt. 88	923	26	28.0	421	46
Sep. 89	953	27	28.3	408	43
Okt. 90	970	27	28.9	398	41
Nov. 91	1,002	27	28.8	386	39
Dec. 92	1,081	30	29.0	498	46
Nov. 93	1,109	31	29.4	463	42
Dec. 94	1,088	30	29.4	532	49
Nov. 95	1,195	33	29.6	566	48
Nov. 96	1,216	35	29.4	621	51
Nov. 97	1,282	36	30.1	682	*53*
Nov. 98	1,267	36	30.1	663	52
Nov. 99	1296	36	30.6	657	51

Source: The Directorate of Prison and Probation, 1999.

Annex

Table 4.3.1. Drugs seized 1989-1999 (heroin, amfethamine, cocaine, ecstasy, LSD).

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Heroin (Kg)	36.7	26.7	30.8	38.5	28.2	29.0	37.4	61.4	37.9	55.1	96.0
Number of seizures	1,214	1,501	1,735	2,05	2,41	2,66	2,973	3,161	2,509	2,199	1,230
Cocaine (Kg)	54.9	28.1	39.6	21.4	11.1	29.9	110.1	32.0	58.0	44.1	24.2
Number of seizures	96	157	144	184	228	417	569	659	723	885	744
Amfethamine (Kg)	23.9	26.0	23.6	73.6	11.7	12.6	40.0	26.7	119.4	25.2	31.6
Number of seizures	1,611	1.556	1.345	1.323	1.111	747	1.167	1.386	1.324	1.609	1.250
Ecstasy (pills)							2,115	15,261	5,803	27,039	26,117
Number of seizures							9	84	110	143	197
LSD (doses)							1.282	262	381	105	83
Number of seizures							6	16	15	24	15

Source: The National Centre of Investigative Support. Drug Statistics 1999.

Table 4.3.2. Drugs seized 1989-1999 (cannabis, hemp).

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Cannabis (Kg)	729	1,250	1,703	2,152	1,273	10,665	2,414	1,772	467	1,572	14,021
Number of seizures	5.039	6.741	9.222	9.870	1.093	6.995	6.710	5.187	4.886	5,.04	4.569
Hemp (Kg)	2,03	3,050	2.222	9.209	4.336	3.332	3.012	2.100	2.652	991	337
Number of seizures	185	321	332	460	524	302	291	277	225	222	101

Source: The National Centre of Investigative Support. Drug Statistics 1999.

Annex

Table 4.4.1. Distribution between heroin base and heroin chloride from 1995-1999 in spot-checks on drugs seized.

	Copenhagen					Aarhus				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
Heroin base (%)	80	84	78	83	87	83	70	71	88	92
Heroin chloride (%)	20	16	22	17	13	17	30	29	12	8
Number of samples	71	68	59	53	46	30	20	28	25	25
	Odense					**All***				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
Heroin base (%)	32	28	20	24	5	73	70	68	72	71
Heroin chloride (%)	68	72	80	76	95	27	30	32	28	29
Number of samples	25	25	25	25	19	133	120	130	118	97

Source: Kaa et al.1999.
* Results from Esbjerg, Aalborg and Helsingør are also included.

Table 4.4.2. Heroin chloride. Concentration (%) in samples from 1995-1999.

	Copenhagen					Aarhus				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
Average (%)	83	64	71	69	56	63	63	63	47	73
Number of samples	14	11	13	9	6	5	6	8	3	2
	Odense					**All***				
	1995	1996	1997	1998	1999	1995	1996	1997	1998	1999
Average (%)	73	68	83	77	78	75	66	75	72	71
Number of samples	47	18	20	19	18	36	36	41	32	28

Source: Kaa et al. 1999
* Results from Esbjerg, Aalborg and Helsingør are also included