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by the Reitox national focal point of Finland,

***STAKES, SOSIAALI- JA TERVEYSALAN
TUTKIMUS- JA KEHITTÄMISKESKUS***

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Ari Virtanen

National Report on the Drugs Situation in Finland 2000



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STAKES
PL 220, 00531 Helsinki
puhelin (09) 3967 2190 /StakesTieto
telefax (09) 3967 2450
Internet orders@stakes.fi
Stakesin monistamo, joulukuu 2000, Helsinki

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INTRODUCTION

The current report on the drugs situation in 2000 published by the National Drug Monitoring Centre of Finland complies with the guidelines for annual national reports given by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and is also in accordance with the EU Regulation on the EMCDDA. This report is the Finnish contribution to the *Annual Report on the State of the Drugs Problem in the European Union*. Similar reports are submitted by all the 15 National Focal Points (NFPs) included in the REITOX network co-ordinated by the EMCDDA.

The report includes four different approaches to the drug problem. It first describes the political and legal frameworks of drug issues in Finland. The second part of the report includes an overview of the national situation as regards drugs and drug abuse in 2000. The third part concentrates on activities for drug demand reduction and the fourth on measures for drug supply reduction in Finland. In addition, the report discusses three current topics, i.e. drug strategies, cocaine and infectious diseases. However no specific research has been carried out on these purposes, so mostly these topics have been described by referring to the report chapters in general..

Alcohol has a central role in the Finnish culture of substance abuse. Therefore, when we speak of abuse, it is emphasised that instead of drug abuse we should speak of multi-drug or poly-drug abuse referring to the combined use of narcotics and alcohol or other psychoactive substances. Despite the central role of alcohol, the experimental and habitual use of drugs has increased rapidly in the 1990s. That has created a need to outline specific drug policies and to design a drug monitoring system as well as to promote research in the field.

The Finnish terminology on substance abuse is based on an alcohol-oriented culture. The term 'intoxicant abuse' is commonly used in the meaning of abuse of psychoactive substances including alcohol and tobacco. This reflects the comprehensive nature of the problem, which is discussed in the part of the report focussing on drug demand reduction.

The aim of the current report has been to provide objective and reliable information on drugs and drug addiction in Finland. This report could not have been produced without the help of experts in the many drug-related areas. Special thanks are due to them all. Mr Ari Virtanen, Senior Planning Officer of STAKES is responsible for collecting the material for the report and for the final interpretation of the submitted data.

STAKES

National Research and Development
Centre for Welfare and Health
National Drug Monitoring Centre of Finland (National Focal Point of REITOX)
Ari Virtanen, Senior Planning Officer
PO Box 220, SF-00531 Helsinki, Finland
Tel. 358-9-3967 2378
Fax. 358-9-3967 2324
E-mail: ari.virtanen@stakes.fi

<http://www.stakes.fi/reitox/index.htm> (will be updated in spring 2001)

**NATIONAL REPORT
ON THE DRUGS SITUATION
IN FINLAND
2000**

STAKES
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SUMMARY: MAIN TRENDS AND DEVELOPMENTS IN THE DRUG SITUATION

Drug use and related harms in 1999 seemed to follow the upward trend that continued throughout the 1990s in Finland. Experimental drug use continues to grow, as indicated by cannabis use among 15 – 16 –year-olds, which has almost doubled (10 per cent) from the 1995 situation. In terms of other narcotics, the use of smoked heroin has increased among young people. Equivalently, about 10 per cent of the adult population had used or experimented with cannabis during lifetime, and about three per cent had used drugs during the previous year. Drug use has increased especially in areas where the level has traditionally been the lowest. According to 1998 information, Finland has about 11,000 – 16,000 users of so-called hard drugs, amphetamines and opiates.

The most alarming trend in harmful effects is the rapid increase in heroin-related poisonings and HIV cases due to intravenous drug abuse. While in 1995 there was one heroin-related death, in 1998 the number was 27, followed by 46 deaths in 1999. In 1999, over half (80) of the new HIV cases (142) were associated with intravenous drug use, whereas a couple years ago the proportion was three per cent. A third of the HIV cases were found in prison tests; the infections were however contracted outside prison.

Narcotics-related harms in Finland have traditionally resulted from the use of amphetamines. Nevertheless, the hospital registers showed that in 1998 – 1999 the number of opiate-related treatment periods exceeded that of amphetamine-related periods. This is partly attributable to changes in the substitution treatment system, whereby opiate users' treatment need assessment must be done in a hospital.

The mean age of drug users and problem users seems to have gone down, so that most of them are under 30 years of age. It is here that the drug user profiles clearly differ from abusers of alcohol and medicines, who are on average much older: the number of alcohol-related treatment periods in the entire country is almost 20 times higher than that of drug-related periods, but in urban areas and among persons under 30 years of age, the difference is only double. About half of drug suspects and half of people having died of heroin poisoning were under 25 years of age. In addition, over half of hepatitis C infections, indicating intravenous drug abuse, concerned persons under 30 years of age. Regionally, drug use and experiments as well as the resulting harmful effects were prevalent in Southern Finland and major cities.

The law enforcement and judicial statistics show that the number of drug offences and convictions have continued to increase. In the first half of 2000, the number of drug crimes increased by 15 per cent from the corresponding period in 1999. However, having grown steadily in recent years, the proportion of drug convicts in prison appears to have stabilised at 15 per cent of the prison population.

Thus it seems that if the new upward spiral of drug experiments (since the early 1990s) continues, the negative effects will involve older age groups both in acute (poisonings) and chronic forms (cirrhoses due to hepatitis C, etc.), as has already happened with the dominant intoxicant, alcohol. As drug use and experiments will become stabilised in the long term, the regional differences are liable to level off, a fact that has a direct impact on the negative effects across Finland. Some of these impacts, e.g. HIV infections due to intravenous use, will also affect people who do not use drugs. Compared to other substances, the illegality of drugs and links to criminal subcultures pose additional risks to addicts.

More attention was paid to national drug questions in the second half of the 1990s. In 1996, multi-sectorial expert co-operation was launched in order to create a national drug strategy. A proposal for a drug policy strategy was presented in spring 1997, resulting in a Government Decision-in-Principle by the end of 1998. Both these endeavours were anchored in a well-balanced approach to drug policy, endorsed by the UN, with equal emphasis on drug demand and supply reduction.

At a national level, the implementation of the Decision commenced in 1999, and the drug policy co-ordination group prepared a sectorial research programme on drugs for state agencies and an action plan concerning the Decision. The relevant ministries incorporated drug topics into their medium-term financial and action strategies. In addition, the police and prison authorities have produced their own strategies, with drug demand reduction as an important ingredient along with control.

This extensive round of planning, described above, shows that it has been a long journey from the early 1990s – when at the level of a nationwide strategy it was thought that open discussion may be counterproductive by encouraging people's interest in drugs – to a situation where growing drug use and the resulting harms have been recognised as phenomena warranting a broad and multi-administrative national action plan to arrest these developments. The core results of the planning are linked to the Government Decision-in Principle, and, consequently, special activities have been implemented on a broad scale in the year 2000. At a local level, many drug strategies have been

drawn up to prevent and address substance abuse locally. At present, Finland has at least ten regional drug strategies.

In 1999, preventive work was especially directed at young people, who were approached by emphasising life-management skills, young people's involvement in project planning and introduction of the new media into antidrug work. The committee on preventing young people's drug use was assigned in 1999 to examine new drug cultures and to plan preventive actions. Nationally, Internet databases have been created for disseminating information about drug strategies and antidrug projects. Other drug information services on the Internet have also been developed, including virtual discussion forums and anonymous self-testing of drug use – the latest innovation being a text message service on mobile telephones.

Drug testing and public screening have been mentioned as ways of preventing drug use. It has been stressed that the new Finnish Constitution requires that such tests be stipulated by law. Some legislative amendments concerning working life are now in progress.

In October 1999, a consensus seminar on drug treatment was held by the Academy of Finland and the Finnish Medical Society Duodecim. The resolution of the seminar enumerated several needs for development to promote drug care and treatment research. One important outcome of the seminar was an acknowledgement that harm reduction should be more widely recognised as a part of treatment work.

An effort is made to prevent drug-related health risks by improving infection risk counselling and needle exchanges. A nationwide substitution treatment system for opiate addicts has been developed since 1997, including maintenance treatment since summer 2000. Prison administration has also contributed to drug treatment and harm reduction development. In summer 2000, a working group was appointed to develop and plan the national system of drug treatment in Finland.

The increasing drug offences have been counteracted by introducing new ways to combat crime (fictitious purchase and covert operations) and by intensifying the existing methods (technical surveillance and supervision, collaboration to prevent money laundering). Practices to prosecute and convict drug offenders have also been studied, and these practices have proven to be inconsistent, at least when it comes to waiving prosecution in certain cases. Based on this information, the Office of the Prosecutor-General issued guidelines in 2000 on waiving prosecution in drug offences.

International co-operation concerning drug crime, money laundering and control of precursors has provided the authorities with new contacts and information, crucial to curbing drug crime that is becoming increasingly more organised and professional.

Finland's EU Presidency in 1999 made it possible to expand strategic work on an international level, when Finland co-ordinated the preparation of the EU's drug policy strategy. The antidrug programme for 2000 – 2004 of the EU was approved at the Helsinki Summit in December 1999.

PART I NATIONAL DRUG STRATEGIES:

INSTITUTIONAL AND LEGAL FRAMEWORKS

In Finland, primary responsibility for co-ordinating national drug policy is delegated to the Ministry of Social Affairs and Health. The Ministry of Social Affairs and Health also prepares narcotics legislation and regulations on the legal manufacture, sale and use of narcotic substances, while the Ministry of Justice prepares laws regulating narcotics offences and the related issues. Other key Ministries participate in the implementation of drug legislation, preparing the relevant regulations within their administrative spheres.¹

Regionally, the social welfare and health care departments in the five State Provincial Offices and the Provincial Government of Åland control and supervise the implementation of health and social welfare services in their region and collaborate with municipalities. Police work is divided into 90 state administrative districts, each of which is in charge of drug investigation in its area. In addition, each district has district prosecutors, working independently of the police. There are 66 district courts for exercising juridical power, and the Customs Administration has seven customs districts and regional offices.

All the 452 Finnish *municipalities* are responsible for the practical implementation of statutory services, which are either provided by the municipalities themselves or purchased from the private sector. The services are mainly financed by municipal tax revenues, state transfers to municipalities and partly by user fees.

Organisations and voluntary work have a long tradition in complementing the public sector. Many local, regional and national NGOs engaging in intoxicant prevention and treatment are also active in anti-drug work. Organisations have a great responsibility for the work against substance abuse in collaboration with the authorities. Complementing the official system, organisations largely operate on public funds.

¹ See Appendix 1: Organisation chart of drug administration in Finland.

The key Ministries co-ordinating international drug issues are the Ministries of Foreign Affairs, Social Affairs and Health, Justice and the Interior. Their actions are co-ordinated by the national working group on international drug issues, appointed by the Ministry of Social Affairs and Health.²

Finland's EU Presidency in the second half of 1999 greatly expanded the drug-related areas normally handled by the Finnish administration.³ Especially for Finland's Presidency, a national narcotics subcommittee was established, acting under the National Committee on EU Affairs and parallel with the working group dealing with international drug issues. The subcommittee is led by the Ministry of Social Affairs and Health, and in terms of representation, it is an extended version of the national working group on international drug issues.

1. DEVELOPMENTS IN DRUG POLICY AND RESPONSES

1.1 Political framework in the drug field

Based on the proposal⁴ outlined in the 1997 memorandum of the Drug Policy Committee, the Finnish Government issued a resolution on drug policy.⁵ It defines the basic approach to drug policy as follows:

Finland's drug policy is based on general socio-political measures, national legislation and international conventions. These aim is to intensify drug control based on a total prohibition on distribution and use of drugs, to prevent experimenting with and use of drugs, as well as to provide, and facilitate access to, adequate care and treatment for drug abusers. The goal of drug policy is to prevent drug use and the spread of drugs so as to make the detrimental effects on individuals, and the costs entailed by drug abuse, and related prevention, care and

² See Appendix 2: Administration of international drug issues in Finland.

³ Finland has chaired the Horizontal Group and co-ordinated the preparation of joint EU statements on drug questions both within the EU and in different international forums.

⁴ The proposals concerned both narcotics drugs and medicines abused for intoxication purposes. See *Huumausainstrategia 1997* (Drug strategy 1997) . Memorandum of the drug policy committee. 1997:10. Oy Edita Ab, Helsinki, 1997, p. 56 – 60; or at <http://www.vn.fi/vn/stm/ehosopo/suomi/huumestr/osa7.html>

⁵ See http://www.edita.fi/valtviik/vn52_98.html

control measures as small as possible. In its drug policy, Finland takes account of the European Union's lines of action relating to drug policy and foreign and security policies.

During 1997, the national drug strategy proposal was completed by the National Drug Policy Committee. In 1998, the Government Decision-in-Principle on Drug Policy was published based on the Committee's proposal. In the Decision, the basic approach to drugs policy in Finland is defined as follows:

1. The spread and use of drugs is prevented primarily by influencing the population's living conditions on the basis of equality and fundamental rights, by implementing the Nordic welfare policy. In this way, we can reduce the factors that expose people to drug use and intoxicant problems. Education and information are the means to influence attitudes and to encourage in particular young people to lead a drug-free way of life. Drug use and its related problems and damages can be prevented successfully by an early and efficient intervention in young persons' drug problems and in symptoms preceding drug use. The educational system and social and health services can intervene at an early stage if the problems and symptoms can be identified and if they can be tackled in the right way.

2. The care and treatment of drug abusers is based on the general principle observed in Finnish social welfare and health care to provide all citizens with the services they need. Drug abuse and its consequences increase the insecurity of the community and cause harm to other citizens. Favourable outcomes of care and treatment impact favourably on the drug and the related crime situations. Continued drug abuse will entail more costs for society than the provision of care services. The effective care and treatment of drug abusers is therefore in the interests of the whole of society. The declaration issued in the special session of the United Nation's General Assembly in 1998 concerning the principles of restricting drug demand draws attention, in addition to care, to reducing the detrimental effects of drug abuse on individuals and the whole of society.⁶ The abusers' families are also in need of special support, guidance and services.

3. The UN drug conventions form the basis for drug control. Finland has ratified the 1988 Convention against the Illicit Trade in Narcotic Drugs and Psychotropic substances (SopS 44/1994), the 1971 Convention on Psychotropic Substances (SopS 60/1976) and the 1961 Single Convention on Narcotic Drugs (SopS 60/1965), with the amendment made in 1972

(SopS 42/1975). The penal provisions concerning narcotics offences were transferred from the Narcotics Act to the Penal Code in 1994. The aim of this reform was to intensify the measures to combat international illicit trafficking of drugs, as required by the 1988 UN Vienna Convention. In connection with amending the provisions on narcotics offences, also money laundering was made a punishable act. Thus, actions to promote the manufacture or distribution of drugs by e.g. financing are punishable according to the Penal Code.

The Government will set up a drug policy co-ordination group in order to co-ordinate national drug policy and to intensify collaboration between the authorities in their efforts to implement and monitor the drug programme.⁷ The group has representation from the relevant Ministries and agencies.

As regards international co-operation, the 1998 Government Decision-in-Principle on Drug Policy stressed that:

- Finland will promote the goals stated in the Decision-in-Principle in all international collaboration and especially in the bodies of the European Union and the United Nations.
- Finland will take account of the documents adopted at the special session on drugs issues of the UN General Assembly in June 1998.⁸
- Finland aims to continue its activity as one of the main financiers of the UN Drug Programme, expanding and diversifying the work done to combat drug demand and supply especially in its neighbouring regions.

It is also stated in the Decision-in-Principle that

- Finland will continue active participation in the collaborative bodies of the EU dealing with drugs.
- The projects to prevent and combat drug use of the EU Phare and Tacis programmes will be promoted by underlining the importance of support to the civil society and a balanced approach between different measures.
- Finland takes part in developing the joint database within the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA). The expertise of Europol will be utilised in that context.
- During its EU Presidency, Finland will continue active work to combat drugs.

⁶ <http://www.stakes.fi/neuvoa-antavat/index.html>

⁷ See Appendix 1 (Organisation chart of actors in drug administration)

⁸ <http://www.undcp.org/undcp/gass/poldec.htm>

- Also the report on the Northern Dimension, approved by the European Commission, contains elements that concern Finnish drug policy.

The administration-specific target and action strategies of the Ministries constitute an important avenue of directing policies. In the strategies, the Government or the Ministry in question outline the developmental goals, necessary recommendations for action and implementers in their respective administrative fields. The strategy is monitored and evaluated for its duration, which is usually four years. Drug issues are dealt with in the action strategies of four Finnish Ministries.⁹

The action strategy of the Ministry of Social Affairs and Health makes reference to the Government Platform, whereby social and health services are expressly targeted at combating exclusion and at enhancing the position of vulnerable client groups. The aim is to promote wellbeing among children and young people, to prevent exclusion and drug problems and to reinforce social work and mental health services. Co-operation with municipalities, administrative bodies, authorities, organisations and the business sector will be intensified in drug prevention, and work organisation and responsibilities will be clarified.

In implementing municipal preventive substance abuse work, the broad starting point expressed in the Government's previous decision-in-principles on drug and alcohol policy will be adhered to, concerning the interconnection between supply and demand reduction activities as well as reduction of harms related to substance abuse. The municipalities will redouble their efforts to prevent the use of tobacco, alcohol and narcotics among 12 – 14-year-olds in particular. In addition to young people, actions will be directed at parents, schools, free-time activities and businesses. The police and social welfare authorities will immediately respond to alcohol use in public places, especially when it involves minors. Moreover, the municipalities will appoint regional co-ordinators in charge of substance abuse work and provide adequate training for them.

To support quality control activities in municipalities, quality recommendations are specified for the strategic period, incorporating recommendations, when necessary, for personnel numbers. In compliance with the Government Platform, in substance abuse work, "feasible criteria and quality measures must be established in order to monitor the equitable implementation of social and health services, with client-centredness as a guiding principle." During the period, the Ministry of Social

⁹ Target and action strategy 2000 - 2003 of the Ministry of Social Affairs and Health (16/1999); strategic plan 2000-2004 of the Ministry of the Interior (20/1999); action and financial plan 2001 – 2004 of the Ministry of Education; action and financial plan 2001 – 2004 of the Ministry of Justice.

Affairs and Health will reserve appropriations for supporting further education in social welfare and health care in certain fields, one of which is the treatment of drug addicts.

Also in the domain of the Ministry of Education, special attention is paid to the prevention of risks involving exclusion and to the development of educational services and guidance for marginalised children and young people. Workshop activities for young people are developed through the new Objective 3 of the European Social Fund across the country. In the areas of Objective 1, the aims of the above-mentioned strategy will be applied. During the new strategic period, funding will be forthcoming for hiring instructors supporting young people, who are planning their lives ahead at workshops, and for training workshop instructors. In co-operation with social services, when necessary, the workshop network will be developed into one implementer in the young people's "activation guarantee system".

As for the Ministry of the Interior, collaboration between young people, the police and other parties is intensified, especially as regards community policing, with the aim of preventing young people's criminal recruitment. The growth of drug crime will be stopped, financial crime and the grey economy will be combated in accordance with the deterrence programme, and organised crime will be prevented from establishing a firm foothold in Finland. The growth of drug crime will be curbed by implementing the Government's decision-in-principle on drug policy and the drug strategy of the police, which is based on the decision, e.g. by directing resources at street-level drug control.

The Ministry of Justice aims at enhancing the effectiveness of criminal policy in the near future, especially to stop an increase in drug crime and recidivism. This requires guaranteeing adequate resources for the prosecutorial authority, prisons and penal policy as well as broad co-operation among law enforcement authorities, civic organisations and communities. To reinforce criminal policy, some related tasks and the enforcement of punishments in the Ministry's domain will be rearranged.

In order to deter recidivism and drug crime, prison sentences and probation control will be developed further. The aim is to amend the legislation on the enforcement of punishments based on the proposals of a committee in early 2001.

These are some of the focal points on which the Finnish Government prepared its supplement to the 2000 budget, concerning narcotics. At the same time, the group co-ordinating the Government Decision-in- Principle was assigned to prepare an updated resolution regarding intensified drug

policy and the related actions. The goal is to introduce more effective ways of reducing both drug demand and supply. A long-term objective is to stop the growth of drug use and the related crime.¹⁰

At the beginning of the year 2000, the Police Department of the Ministry of the Interior prepared its own drug strategy for 2000 – 2003. It described in concrete terms the actions specified in the Government's drug policy resolution and the strategy for combating crime in compliance with the Government platform. The actions aim at creating networks and approaches within and by the police to ensure smooth co-operation between the authorities responsible for drug policy and to keep it up-to-date so as to enable monitoring of the implementation and effectiveness of the actions chosen in order to prevent the use and spread of narcotics.¹¹

The customs authorities will also present their drug strategy by the end of 2000. Another strategy currently in preparation is the one involving the police, customs and the Frontier Guard (the so-called PTN strategy), which will also address the drug question.

1.2. Policy implementation, legal framework and prosecution

1.2.1. Drug legislation

The Narcotics Act (1289/1993) stipulates the main principles of drug control based on international conventions. With the exception of certain plants specified in a decree, the definition of a narcotic substance refers to the substances and preparations mentioned in the 1961 UN Single Convention on Narcotic Drugs and the 1971 UN Convention on Psychotropic Substances. The law also acknowledges an obligation to monitor certain precursors, which are used in making drugs but are not narcotic substances, as specified in the 1988 UN Vienna Convention against the Illicit Trafficking in Narcotic Drugs and Psychotropic Substances. The Act entered into force on 1 January 1994.

The Narcotics Decree (1603/1993), associated with the Narcotics Act, lays down provisions for the export and import of drugs. The administrative decision of the Ministry of Social Affairs and Health (1709/1993) defines drugs and substances used in their manufacture (precursors), classified as the substances in the 1961 convention (Lists I – IV), the 1971 convention (Lists I – IV) and substances

¹⁰ Government notice 238/2000.

¹¹ Cf. Chapters 9.5 and 12.2.

in the 1988 convention (Lists I – II). Drug legislation has subsequently been amended to comply with the EU control regulations on precursors and the changes made in the drug lists of the United Nations (703-704/1996).

In 1998, the decree was amended (927/1998) so that the export and import authorisation of a narcotic substance, specified on the Lists I – IV of the Convention on Psychotropic Substances (SopS 60/1976), must follow the pattern of the United Nation's Economic and Social Committee. Substances enumerated on the 1961 Convention List III are exempt from import and export authorisation. In addition, the Ministry's decision (1708/1993) was technically amended concerning accounting and obligation to notify with regard to drugs as well as their handling and disposal (983/1998).

Narcotics offences are specified in **the Penal Code (1304/1993)**, whereby drug offences are categorised as *narcotics offences*, *preparation of narcotics offences* and *abetment of narcotics offences*; sentences range from a fine to a maximum of two years' imprisonment, or as *aggravated narcotics offences*, with sentences from one to ten years' imprisonment. The criteria for aggravated narcotics offence are as follows:

- The offence involves a very dangerous substance or large quantities of it.
- Considerable financial profit is sought.
- The offender acts as a member of a group organised for the extensive commission of such an offence.
- Serious danger is caused for the life or health of several people.
- Narcotics are distributed to minors or in an otherwise unscrupulous manner.
- The narcotics offence, when assessed as a whole, is to be deemed aggravated.

By law, *a very dangerous drug* refers to a narcotic substance which can cause death by overdose, serious damage to health even after short-term use or difficult withdrawal symptoms.

Special provisions were added to the law regarding the forfeiture of implements, equipment and materials as well as the assets used for the commission of the offence. The forfeiture of assets concerns the party financing the offence as well as the recipient. The new Penal Code makes it possible to waive prosecution or punishment if the act, with regard to the circumstances, has not been detrimental to the obedience of the law or if the guilty party shows having committed themselves to treatment approved by the Ministry of Social Affairs and Health, specified in its administrative decision (1394/1994).

In spring 2000, the Finnish Government submitted a proposal to Parliament to amend the legislation on the forfeiture consequences in the Penal Code (HE 80/2000). The proposal also concerns the forfeiture consequences specified in the law concerning drug offences. The proposal incorporates the concept of *extended forfeiture of the proceeds*, whereby e.g. persons having committed or abetted a drug crime (or persons accessory to it or persons for whom or in whose interests the crime was committed) may be ordered to forfeit their property or a part of it, if the felony may give considerable financial yields. According to the proposal, no forfeiture is however ordered if the defendant shows probable cause to presume that the property in question was acquired by legal means (the so-called reversed burden of proof).

1.2.2 Other drug-related legislation

The amendment to the Penal Code regulated money laundering (317/1994, 68-79/1998). The purpose of the law is to prevent money laundering, to promote its uncovering and investigation and to enhance the recovery of criminal profit. By the **Law Against Money Laundering**, business institutions must require identification of their customers when entering into business relations or conducting transactions exceeding certain thresholds. Banks and other financial institutions must report financial transactions of an unusual nature. If identification of customers or retention of related documents are neglected, an offender may be punished by a fine or a maximum of six months' imprisonment. According to the Penal Code (Chapter 32, Paragraph 1), if the duty to report illegal actions is neglected or the reporting is uncovered to the offender, a punishment can be given from a concealment offence maximum punishment of which is one year and six months' imprisonment (four years for aggravated money laundering and six years for professional money laundering). According to the Penal Code (Paragraph 6, Chapter 32), also assets laundered will be confiscated.¹²

To meet the requirements of the new amendments, the National Bureau of Investigation has established a Money Laundering Clearance House. The task of the Clearance House is to promote collaboration between domestic and foreign authorities in combating money laundering. The National Bureau of Investigation reports annually to the Ministry of the Interior on the operations of the Clearance House and on progress made in counteracting this type of crime.

¹² See Aarne Kinnunen, 1999: Finland - regulating drug trafficking, nuisance and use, in: Dorn, Nicholas (ed.), 1999. Regulating European Drug Problems. ISDD, Kluwer Law International, the Hague 1999.

The Penal Code reform has also addressed the *general duty to notification of offences* (563/1998) so that persons who are aware of the fact that an aggravated drug offence is afoot but neglect to notify either the authorities or the party at risk in time to prevent such an offence, will be subject to a fine or imprisonment for no more than six months, if indeed such a crime has been committed, for neglect to notify an aggravated offence. However, the implications of neglect are not as severe if the case involves the suspect's relatives or persons cohabiting with him or her.

In connection with the Penal Code amendment, legislation on driving under the influence of narcotic substances was reformed as well. According to Chapter 23 of the Act (545/1999), a person who operates a motor vehicle after having used a drug other than alcohol, or a drug with alcohol, so that his or her ability to perform faultlessly has been impaired, must be sentenced for *drunken driving* to a fine or imprisonment for at most six months, or, if the circumstances are such that the offence is conducive to endangering others, for *aggravated drunken driving* to at least sixty day-fines or imprisonment for at most two years. The reform also required alterations to the clinical drug examinations conducted by physicians, and therefore the Ministry of Social Affairs and Health issued an order, specifying the drug examination form and how to fill it (1999:25).

Amendments to the **Coercive Criminal Investigation Means Act** give the police a right to engage in wiretapping, telecommunications and technical surveillance with regard to drug-related crime (402/95). Moreover, a person found guilty of an aggravated narcotics offence or a punishable attempt to commit such a crime, or of abetment or subordination, may have to undergo a DNA test, whereby the person's DNA code is analysed and can be filed in a police register (565/1997). In 1999, the law was supplemented (366/1999) so that technical surveillance may be targeted at places where a crime suspect in all probability will be staying (for example, prison premises, excluding social welfare and health care facilities). One prerequisite is that the information gathered through viewing can be presumed highly important for solving a crime, which is punishable by a sentence of no less than four years' imprisonment, or is related to a drug offence or a punishable attempt to commit such a felony.

According to the amendments to the **Act on the Enforcement of Punishments** (364/1999) and amendments to other laws to reinforce the authority of prison personnel in drug control, the prison warden is authorised to order an inmate to undergo a body search. In addition, prisoners must give urine samples or take a breathalyser test as a precondition for unmonitored visits or going on leave.

A prisoner may be isolated in order to prevent drug offences. It is also possible to transfer a prisoner to another institution, such as a treatment unit for substance abusers.

In September 1999, the Finnish Government appointed a committee to prepare a bill for amending legislation on prison sentences and their enforcement. The committee will e.g. examine the core areas of enforcing prison sentences. One relevant question to emerge concerns rehabilitation that reduces the risk of subsequent criminal activity, including rehabilitation for intoxicant abusers during prison sentence or upon release.

The Government proposal to amend the **Police Act** (HE 34/1999) suggests that the 1995 Police Act be reformed so as to incorporate provisions for unconventional means of combating and investigating crime. The new methods proposed are covert operations (the use of misleading or covert information in investigation or infiltration) and fictitious purchase (offer to buy made by the police in order to prevent or uncover the possession, sale or production of an illegally held substance or property or in order to recover ill-gotten gains). The proposal, which is currently processed in Parliament, also contains a specific ban on subornation.

According to the proposal, a police officer has a right to engage in covert operations, for example, to prevent or uncover an aggravated drug offence or professional concealment offence - - or if there are otherwise sufficient grounds for suspecting that the subject commits such a crime. Correspondingly, a police officer is entitled to make a fictitious purchase if necessary to prevent or uncover concealment or a crime which carries a maximum penalty of two years' imprisonment (drug crime and aggravated drug crime). The Ministry of the Interior will give more specific regulations and orders concerning the organisation and supervision of both covert operations and fictitious purchase at a later date. The decision on covert operations is made by a police unit chief appointed by the Ministry of the Interior, while fictitious purchase is decided by a senior police officer or the chief investigator.

The proposal also includes security checks to protect legal proceedings and other sessions requiring strict security. In addition, these provisions extend the rights of police to acquire telecommunications information and to undertake technical surveillance as well as clarify regulations on executive assistance. In terms of telecommunications control and technical surveillance, the decision is made in accordance with the law on coercive measures in a court of law, or, in urgent cases, by notifying the court within 24 hours after the procedure began.

The prevention of drug use and treatment of drug abusers are discussed in the Temperance Work Act and Act on Welfare for Substance Abusers. The Public Health Act, Social Welfare Act, Child Welfare Act and Mental Health Act also regulate services for drug abusers. In addition, the Police Act underlines the importance of crime prevention.

According to the **Temperance Work Act** (828/1982), the aim is to promote healthy lifestyles among citizens by counselling them to avoid intoxicants and tobacco. The state and municipalities are primarily responsible for establishing proper conditions for temperance work, while the municipalities and organisations are in charge of practical work.

According to the **Social Welfare Act** (910/1982), the municipalities are obliged to provide social welfare services for residents, to promote welfare and to eliminate social injustice.

Under the **Act on Welfare for Substance Abusers** (41/1986), services for substance abusers aim to prevent and reduce drug abuse and the related social and health harms, to promote the security and functional capacity of intoxicant abusers and their close persons. The Act emphasises municipal responsibility for the implementation of the Act, based on local needs. Municipal health care and social welfare units as well as various NGOs are responsible for providing these services.

Under the **Child Welfare Act** (139/1990), children have a right to a safe and inspiring environment as well as well-balanced and many-sided development and precedence concerning special protection. The municipality must take immediate action if a child's living conditions are endangered or if a young person endangers his or her health.¹³

The Government gave Parliament a bill in 1999 (HE/1999) concerning the position and rights of the social and health service client. The proposal involves the Social Welfare Act, the Temperance Work Act and the Child Welfare Act. Among other things, the proposal incorporates provisions for the grounds on which a social-service provider or implementer is obliged to give, or can use discretion in giving, information about classified documents without the client's consent. According to the proposal, the duty to report to involves e.g. the police, prosecutorial authority or a court of law, if information concerning classified documents is necessary to solve a crime that carries a minimum sentence of four years' imprisonment (for example, aggravated drug crime).

¹³ See Chapters 9.1.1 or 9.6.

The **Public Health Act** (66/1972) stipulates that municipalities must provide health counselling, public health services, occupational health services and school health services.

The **Occupational Health Act** (743/1978) and other legislation related to it, emphasises maintenance of working capacity as one of the major goals in occupational health; the goal includes activities aiming at substance abusers' referral to care at the workplace.

In spring 2000, the Government submitted a proposal to Parliament, concerning the protection of privacy in working life (HE 75/2000), indirectly addressing the question of drug testing at workplaces as well. Based on the proposal, the employer may only process personal information concerning employees that is pertinent to the work at hand, without exceptions (including employee's consent). This requirement concerns also testing for drugs in aptitude tests relating to the job in question or in assessing an employee's health. The employer can only use health care professionals and proper health care services in conducting drug or alcohol tests, as specified in health care legislation.

When the need for tests is assessed, one should always consider the feasibility of less obtrusive actions. If the tests are made as a part of an anti-drug campaign at the workplace, the employees should be aware of the programme and of the fact that participation in the tests is voluntary and will lead to no repercussions.

In 1997, the Ministry of Social Affairs and Health issued an **Order (28/1997) on the detoxification and substitution treatment of opiate addicts with medicines** containing buprenorphine, methadone or lavacetylmethadol. A new Order was issued on 2 November 1998 (42/1998), and on 1 July 2000 the Ministry issued a **Decree on the issue (607/2000)**. According to the previous orders, the length of the detoxification period possibly preceding substitution treatment was at most 12 months, and the number of units evaluating treatment need was limited to three university hospitals. In the new Decree, the detoxification treatment period is one month only. Assessment of care need for detoxification, substitution treatment and maintenance treatment is expanded to all university and other central hospitals as well as the Järvenpää Addiction Hospital.

In the Decree, opioid addiction is defined by the ICD-10 criteria (F11.2x). All types of treatment require an individual treatment plan, specifying other medical and psychosocial care and follow-up received by the patient along with medicinal treatment. The Decree defines both *detoxification* and *substitution treatment* as rehabilitative care aiming at a drug-free lifestyle. Meanwhile, a new

treatment is introduced in the form of *maintenance treatment*, with harm reduction and enhancement of the patient's quality of life as focal points. However, also maintenance treatment contains reference to a possibility to prepare the patient for rehabilitative substitution treatment.

The commencement and follow-up of all these treatments are assigned to the above-mentioned hospitals. However, treatment that has started in these units may continue in co-operation with a public health care or substance abuse service unit, which has an assigned physician and which qualifies for the task according to the unit having initiated treatment. The Decree stresses the importance of providing long-term treatment as close to the patient as possible. Medicinal treatment may be implemented and medicines administered to the patient under controlled circumstances in the care unit. If a patient has shown co-operativeness, under special circumstances he or she may be provided with more than one but no more than seven daily doses at a time. These medicines cannot be administered in a pharmacy. The Ministry will actively monitor the implementation of the Decree.

The **Act Concerning Health Care Professionals** (559/1994) stipulates, among other things, the ethical principles of health care, whereby health care personnel aim at maintaining and promoting health, preventing diseases and curing the patients as well as relieving their suffering by using generally approved and proper procedures.

Based on the **Act on the Status and Rights of Patients** (559/1994), the patient is entitled to good medical care and related treatment, access to information, right to autonomy and confidence in the specialist-client relationship.

The **Mental Health Act (1116/1990)** entitles the authorities to refer an under-age child to psychiatric hospital treatment regardless of the child's or parents' will, if failure to organise such treatment essentially endangers the child's health and safety.

Both the Child Welfare Act and the Act on Welfare for Substance Abusers enable the involuntary treatment of a drug abuser. For instance, the criteria for involuntary treatment referred to in the latter include health hazards and violence, but this option is only seldom applied.

1.3. Developments in public attitudes and debates

The drug issue has entered national debate, as seen, for example, in the address by the President of the Republic at the opening of the parliamentary session in 2000. The President voiced his concern over increasing exclusion and social inequality, by giving a topical example of efforts to tackle the drug problem and services for substance abusers: Crime and recidivism are often associated with intoxicants and drugs. Many violent crimes are committed while intoxicated, and crimes involving property are often a way of financing drug use. Drugs have entered the lives of a growing number of young people. In addition, an increasing number of prisoners suffer from intoxicant problems or drug addiction that require treatment. The question is, do these people receive the help and care they need or will the problems remain unsolved because society cannot reach agreement as to who will pay for the costs incurred. However, intervention in substance abuse problems is an effective way of cutting short a young person's criminal career. In many cases, it would also be the fastest way of reducing repeated offences – not to mention other savings made through treatment and rehabilitation.

Important national and local themes in the past year's lively drug discussion included treatment of drug abusers and the development of low-threshold services, drug tests as well as drug crimes and introduction of unconventional means of investigation in order to solve them.

There was much debate on drug treatment both in the media and among experts and administration. In November 1999, a joint consensus meeting between the Academy of Finland and the Finnish Medical Society Duodecim convened in order to develop drug treatment further. The resolution of the conference presented developmental needs to promote drug treatment and research on a broad scale and in line with the Government Decision-in-Principle. One essential result of the conference was a wider acknowledgement that harm reduction activities (e.g. low-threshold activities) should be included in drug treatment.

Another undertaking relating to harm reduction is the new programme on expanded substitution treatment of the Ministry of Social Affairs and Health in summer 2000.¹⁴ Correspondingly, low-threshold health information centres and needle exchanges have been locally established in all major cities. The importance of developing drug treatment was underlined by both social and health authorities as well as law enforcement authorities. Thus the Ministry of Social Affairs and Health appointed a working group in June 2000 to examine the present state of the treatment service and

related financing system for substance abusers and to make a plan on reforming it to meet the existing requirements. The working group will finish its assignment by the end of February 2001.

The debate on drug tests was divided into two themes: testing in road traffic and at workplaces and school. There were discussions about the first topic on an administrative level in connection with an amendment to the Penal Code concerning drunken driving¹⁵ and the project on European drug control in road traffic. The latter topic was mainly debated in the media, but the theme was also brought up in Parliament.¹⁶ The Advisory Committee on Intoxicant and Temperance Affairs arranged a seminar for experts in Parliament on drug testing. The seminar concluded that control or treatment alone cannot help people with drug problems, but also a strong sense of caring is needed, which seems to be in short supply in present-day society. It was suggested that the popularity of drug testing was attributable to the authorities' – including Ministries and Parliament - failure to find adequate and positive ways to tackle the problem. While drug testing met with a cautiously positive reception among the audience during final discussion, the debaters were not in favour of broad-scale mass screening, especially if the only reason to do so is drug prevention. It was also stressed that drug screening is not legally possible until a relevant law is passed, because testing infringes on the fundamental rights of individuals. According to the data protection laws in working life, now under preparation, the employer can only process personal information relevant to the job, including drug tests.¹⁷

Already in autumn 1999, proposals were initiated to amend the Police Act in order to regulate new methods of combating crime, fictitious purchase and covert operations.¹⁸ The proposal was criticised for reasons of legal protection of the persons subject to such procedures. It was claimed that the new powers available to the police were inadequately stipulated by formal regulations. As a counter-argument it was stated that strict formalities would tie the hands of the police, and the new means of combating crime would in practice be rendered useless. If the decision to take action were transferred to a court of law, a new system of investigative magistrates should be introduced into Finland, with the judge acting as chief investigator. The complexity of the issue is reflected in the fact that the decision on this matter was postponed to autumn 2000.

¹⁴Cf. Chapters 1.2.2 and 9.2.3.

¹⁵ Cf. Chapter 1.2.2.

¹⁶ For more information, see Chapter 9.5 or <http://www.stakes.fi/neuvoa-antavat/index.html>

¹⁷ Cf. Chapter 1.2.2.

¹⁸ Cf. Chapter 1.2.2.

1.4. Budget and funding arrangements¹⁹

The direct harm-related costs of drugs are calculated in terms of social and health services, crime control, damage to property as well as preventive work and research. The table below shows the harm-related costs of alcohol and drugs (narcotics and abuse of pharmaceuticals) in 1995 and 1997.

Table 1.

Costs of alcohol and Drug related harms in Finland 1995 and 1997

Harm related costs (1995 rate), FIM million	1995		1997	
	Alcohol	Drugs	Alcohol	Drugs
Direct costs	2,740-3,495	610-900	2,860-3,650	600-970
Health care and pensions	480-890	75-135	610-1,065	95-180
Social services	440-495	290-325	595-665	255-380
Soc. Services & health care: treatment of adults	530-725	250-290	670-830	195-310
Criminal justice system	1,180-1,420	195-280	1,125-1,345	190-265
Damage to property, prevention, supervision and research	640-695	50-160	525-570	60-145

The public system of basic services is complemented by the project funding system for demand reduction. The Finnish Slot Machine Association grants financial support to the operating costs, investments, R&D and training expenses of social welfare and health care organisations but not for service provision. The Government decides on the allocation of the appropriations based on proposals made by the Ministry of Social Affairs and Health. In addition, the Ministry of Social Affairs and Health provides project funding for health promotion and reduction of intoxicant and tobacco use. For municipal projects, the financial proposals are assessed by the National Research and Development Centre for Welfare and Health (STAKES) and for the projects of organisations, by the Finnish Centre for Health Promotion.

¹⁹ STAKES Intoxicants Statistical Yearbook 1999. See also Chapter 4.3.

Table 2.

Special Financing for Alcohol and Drug Projects in Finland 1998 - 2000

Project funding system	1998	1999	2000 (budget)
Financing from Slot Machine Association for temperance work and services for substance abusers	FIM 57,000,000	FIM 67,000,000	FIM 74,000,000
Health promotion allocation to drug prevention	FIM 8,000,000	FIM 11,500,000	FIM 11,500,000
Total	FIM 65,000,000	FIM 78,500,000	FIM 85,500,000

PART II EPIDEMIOLOGICAL DRUG SITUATION

2. PREVALENCE, PATTERNS AND DEVELOPMENTS IN DRUG USE

In the 1990s, an effort was made to chart the experimental use and abuse of drugs through surveys among the population, targeted at conscripts and schoolchildren in particular. Unfortunately, these studies can only cast partial light on the drug situation: persons using hard drugs have severe problems disqualifying them from the Defence Forces or ordinary schools and hence also from the surveys. In addition, schoolchildren form an age group too young to include hard-drug users. Therefore, these studies were in the 1990s complemented by surveys directed at adults.

The extent of problematic drug use has traditionally been assessed indirectly through the drug-related harms recorded by the societal service systems. For example, censuses have been carried out to assess the number of drug abusers in social and health services. By the end of 1990s, first investigations were completed concerning drug treatment and estimates of problematic drug use (use of amphetamines and opiates) in the Greater Helsinki area and in the rest of the country.²⁰

2.1 Main developments and emerging trends

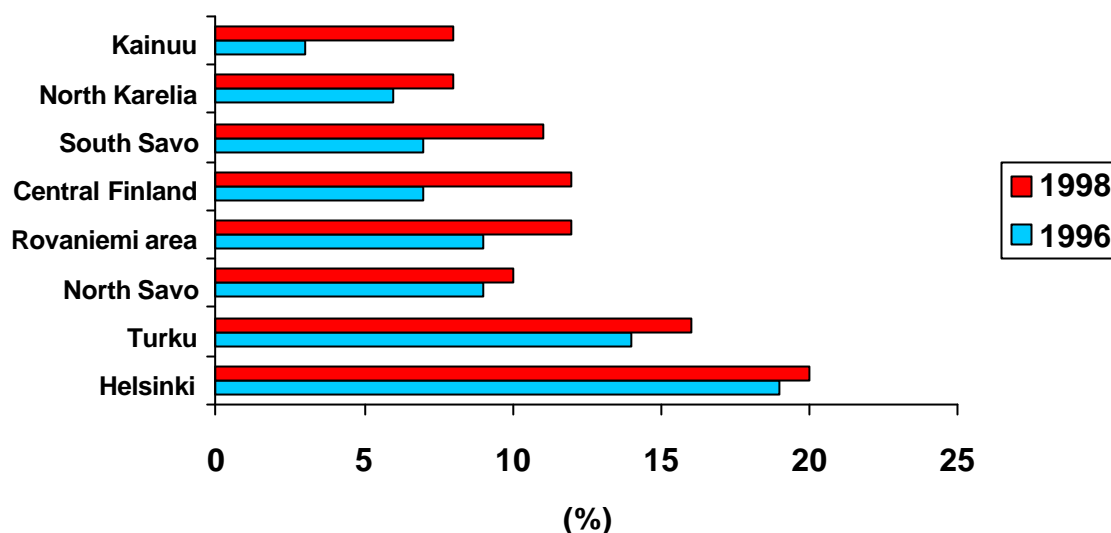
It seems that in 1996 – 1998 young people became more tolerant of drugs. Comparison of regional responses to the school health survey²¹ showed that in 1998 "occasional smoking of marijuana" was acceptable to 17 per cent (13 per cent in 1996) of boys and to 13 per cent (10 per cent in 1996) of girls among 9th-year comprehensive school students. For students in upper secondary school, the corresponding figures were 28 per cent (21) of boys and 18 (14) per cent of girls. It seems that attitudes have become more lenient also outside large cities.

²⁰ See Appendix 3: The national drug information system.

²¹ School health surveys were conducted in April 1996 and 1998 among the same secondary-school classes in Helsinki, Turku, Central Finland, Province of East Finland, Kainuu and the Rovaniemi area. The 1996 survey was responded by 12,398 comprehensive school 9th-year pupils (7,331 upper secondary school students); in 1998 the number was 12,782 (6,848 upper secondary school). Rimpelä, Matti & Luopa, Pauliina. STAKES, unpublished statistics from school health surveys.

Figure 1.

Percentage of 15-16-year-olds accepting occasional smoking of marijuana



In the 1998 population survey, 64 per cent of men and 65 per cent of women considered smoking hashish a punishable act, whereas in 1996 the percentages were 73 for men and 76 per cent for women.²² While opinions among adults have changed somewhat, the legalisation of cannabis was still opposed by 85 per cent of men and 91 per cent of women. Also the latest Youth Barometer indicated that 15 – 29 –year-olds still have a negative stance on drugs: about 70 per cent of young people are definitely of the opinion that cannabis use should be punishable.²³

A study was conducted in 1999 for the first time to chart the phenomena surrounding 'recreational drug use'. The study examined the use of illicit drugs as an aspect of technoculture, which is based on technomusic and dancing, with special clubs or raves as venues.²⁴ According to the author of the study, Finnish technoculture and the use of illegal or otherwise marginal drugs associated with it aim at espousing elitist and refined values in opposition to bourgeois or working-class mass culture. The common denominator was the high number of the so-called new professions among the participants.

²² Kontula, Osmo 1997. *Huumeet Suomessa 1996* [Drugs in Finland in 1996]. Ministry of Social Affairs and Health, Monisteita 1997:27. Partanen, Juha & Metso, Leena 1999. *Suomen toinen huumeaalto*. [The second Finnish drug wave]. *Yhteiskuntapolitiikka* 64 (1999):2.

²³ Saarela, Pekka 1999. *Nuorisobarometri 2/1999*. [Youth Barometer]. Nuorisosiain neuvottelukunnan julkaisu 15. Helsinki, 1999.

²⁴ Seppälä, Pauliina 1999. *Kielletyt aineet ja niiden merkitys teknokulttuurissa*. [Banned substances and their relevance to technoculture]. *Yhteiskuntapolitiikka* journal (64), 4/1999. The study was based on observation, interviews and a questionnaire on the Internet (about 100 responses). The study examined the meaning of intoxicants to the members of this culture and its relationship with other current phenomena; the study was not about drug use as a "problem". See Seppälä, Pauliina 2000. *Rave-kulttuurit ja laittomat päihteet*. [Rave cultures and illegal intoxicants]. Master's thesis. University of Helsinki, Department of Social Policy. January 2000.

Finnish rave culture initially involved alcohol use, and ecstasy emerged only gradually (probably in 1990 – 1994), but not as extensively as e.g. in Great Britain. In Finland, the most obvious differences within technocultures and the related substance use are to be found between the users of so-called stimulants and psychedelic substances.

Stimulants (amphetamines, cocaine and ecstasy) give rise to self-assertion, euphoria, sociability, heightened energy, efficiency as well as feelings of empathy and love. According to the researcher, members of a club culture seek an escape from everyday routines and from the dull and grey mainstream. Partying and intoxication offer an escape to a world where one can be happy without a need to perform. The subculture represents what is called a post-modern group or tribe. Paradoxically, its structures and values however perpetuate the very same values in society from which the participants want to escape. The techno and stimulant-related experience is characterised by its aesthetic quality. It is also important to show social aptitude. A kind of elitism is associated with this subculture: because we are otherwise successful, we can secretly engage in misdeeds. Cocaine, which, according to this material, is increasingly more prevalent within this subculture, is a yuppie drug symbolising wealth, whereas the more ordinary and cheaper amphetamine is dubbed "a poor man's cocaine".

Participants in psychedelic and technocultures try to penetrate the post-modern surface of the stimulant-related subculture in order to transcend to a "level of consciousness" free from concepts other than instinct and intuition. Thus, the researcher concludes that the group can well be likened to a religious sect – without specific rules and hierarchies, though. Preferred substances include LSD, mescaline, psilocybin fungi and, to some degree, also cannabis. Technoculture provides just one way of using psychedelic substances for this group of people, which can roughly be divided into two: people who are mainly interested in psychedelic experiences and persons interested in partying. The former include many so-called "computer nerds," who also share an interest in technology and curiosity about the functioning of their own brain. The latter psychedelic group comprises people who organise forest parties; the link between man and nature is important to them. Many such members reported active involvement in nature conservation and interest in oriental philosophy. Politically, representatives of psychedelic culture come close to libertarians: they believe in individual liberty but also in the freedom of the market. What distinguishes them from the hippie movement of the 1960s and 1970s is a notion that the world cannot be changed by political means.

2.2 Drug use in the population

2.2.1 General population

Six population surveys were conducted in the 1990s to assess the prevalence of drug use in Finland.²⁵ However, population surveys fail to reach all drug users, as some substances are not in widespread use. Therefore, survey results are referred to in terms of the most commonly used substances only, namely cannabis, pharmaceuticals and inhaled solvents. By definition, the latter two do not belong to actual narcotics.²⁶ According to population surveys based on different sample sizes and approaches,²⁷ the proportion of adults having experimented with cannabis has varied in the 1990s as follows:

Table 3.

Lifetime prevalence of (experimental) cannabis use according to surveys in the 1990s

<i>Had used cannabis (%)</i>	Drugs & opinions 1992	Drinking habits 1992	Nordic study 1993	Nordic drinking habits 1996	Drugs & opinions 1996	Drug survey 1998
Men	6.0	5.8	9.8	8.3	9.7	12.1
Women	4.0	2.3	5.2	3.8	4.9	7.6
Aged 18-29	10.6	9.9	12.2	15.7	16.3	19.1

The 1998 population survey²⁸ indicated that the supply and use of illegal drugs has clearly increased since 1992. Drug use and experiments mainly involved cannabis: 4.9 per cent of adults had tried or used cannabis in 1992, while in 1998 the proportion was 10.3 per cent.

²⁵ Partanen, Juha & Metso, Leena 1997. *Kannabis Suomessa 1990-luvulla – tutkimustulosten yhteenvetoa*. [Cannabis in Finland in the 1990s: summary of study results]. *Alkoholipolitiikka* 5/1997. Partanen, Juha & Metso, Leena. *Suomen toinen huumeaalto*. [The second Finnish drug wave]. *Yhteiskuntapolitiikka* 2/1999. The 1998 study was targeted at 15 – 69 –year-old Finns, with samples of 3,250 people in a postal survey and 550 people in telephone interviews; the response percentages were 65.9 % and 77.2%, respectively. See Appendix 6.

²⁶ Drugs that are more problematic in terms of addiction potential are discussed in Chapter 2.3.

²⁷ See Appendix 8.

²⁸ Partanen, Juha & Metso, Leena. *Suomen toinen huumeaalto*. [The second Finnish drug wave]. *Yhteiskuntapolitiikka* 2/1999.

Table 4.

Lifetime prevalence of cannabis use in 1992 and 1998

	18-24 –year-olds	25-29 –year-olds	30-34 –year-olds	35-39 –year-olds	40-69 –year-olds
1992	10.2 %	10.9 %	9.0 %	5.8 %	1.6 %
1998	21.8 %	22.8 %	11.3 %	11.4 %	3.6 %

Table 5.

Lifetime prevalence of cannabis use by region in 1992 and 1998

	Helsinki	Other cities (pop. over 100,000)	Town (pop. under 100,000)	Semi-urban area	Rural area
1992	12.0 %	6.8 %	5.2 %	2.3 %	1.1 %
1998	20.2 %	13.6 %	8.9 %	6.1 %	2.6 %

Studies preceding the 1998 population survey have shown that experiments with cannabis are clearly more prevalent in the Greater Helsinki Area among young, unmarried/single and educated people. In the light of the 1998 results, this notion is still valid. However, it should be noted that the relative change in prevalence is consistently the greatest in the groups where prevalence was the lowest in 1992 (over 40-year-olds, eastern and northern parts of the country, rural areas and people with little education, workers and entrepreneurs). This indicates that experimenting with cannabis has spread more evenly across the social strata and that the relative differences between the groups have diminished somewhat.²⁹

Compared to lifetime prevalence, a more accurate indicator is drug use during last year. Based on the 1998 study, 3.0 per cent of men and 2.1 per cent of women had used or experimented with cannabis during the past year, and 1.2 per cent of men and 0.7 per cent of women had done so during the past month. When the number of regular drug users has been estimated in Finland, the maximum threshold value is considered to be the number of people who have used cannabis during the past month, i.e. one per cent of the adult population.

²⁹ Partanen, Juha et al. 1999.

Table 6.

Cannabis use during the past year by age group in 1992 and 1998

	<i>15-24 –year-olds</i>	<i>25-34 –year-olds</i>	<i>35-44 –year-olds</i>	<i>45-54 –year-olds</i>	<i>55-64 –year-olds</i>
1992	4.7 % (18-24)	2.0 %	0.3 %	0.2 %	0.0 %
1996	8.1 % (16-24)	2.4 %	0.6 %	0.0 %	0.0 %
1998	9.5 %	2.9 %	0.6 %	0.2 %	0.0 %
- last month	2.8 %	1.5 %	0.2 %	0.2 %	0.0 %

It can be concluded from the above Table that about 70 per cent of under 25-year-olds having experimented with cannabis do not belong to potential (regular) users, the minimum criterion being, as stated above, the use of cannabis during the past month. However, in age group 25 – 34, half of the persons having tried cannabis may belong to the group of potential (regular) users.

Table 7.

Drug use during the past year by province in 1998

Province	Prevalence of use	Prevalence of use (95 % confidence interval)
Entire country	2.8 %	2.2 % - 3.4 %
South Finland	3.6 %	2.4 % - 4.8 %
West Finland	2.4 %	1.4 % - 3.3 %
East Finland	1.8 %	0.2 % - 3.3 %
Provinces of Oulu & Lapland	2.4 %	0.8 % - 4.1 %

Regionally, drug use and experiments clearly appear to be most prevalent in the Province of South Finland. In other provinces, drug experimenting is evenly distributed, with the exception of East Finland. However, there is a great deal of ambiguity in the figures, especially as regards East Finland, Oulu and Lapland.

According to the 1998 survey, 4.6 per cent of both men and women had used sedatives or tranquillisers for intoxication purposes during lifetime, whereas in 1992 the equivalent percentages were 2.9 for men and 2.3 for women. Based on 1998 information, 2.6 per cent of men and 1.4 per

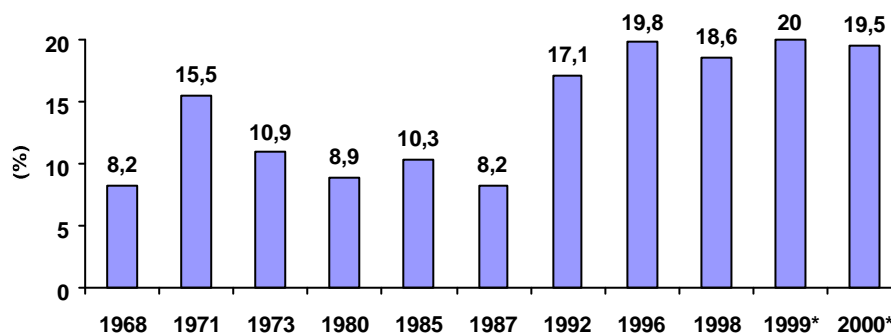
cent of women had inhaled solvents for intoxication purposes during lifetime, while the 1992 data showed that 1.0 per cent of men and 0.2 per cent of women had done so.³⁰

2.2.2 Young people and schoolchildren

In terms of drug use, young people have traditionally been considered a risk group at which the majority of the surveys are directed. The longest time series in the Finnish youth studies consists of the conscript studies, conducted at a few years' interval since 1968. In 2000, an effort was made to enhance the comparability of the time series by only including studies on conscripts who had commenced their service in the Defence Forces. The comparability is nevertheless hampered by variation in the annual sample sizes (400 – 2,000 people). According to preliminary information, the percentage showing lifetime drug experiments and use has stabilised at about 20 per cent.

Figure 2.

Proportion of conscripts having experimented with drugs in lifetime, 1968 – 2000³¹



* = Preliminary information

During the past two years, local school health surveys have been carried out, with questions and sampling similar enough to enable comparisons over time. However, because the regions are different and internally heterogeneous, it is hard to deduce clear-cut national trends from this material.³²

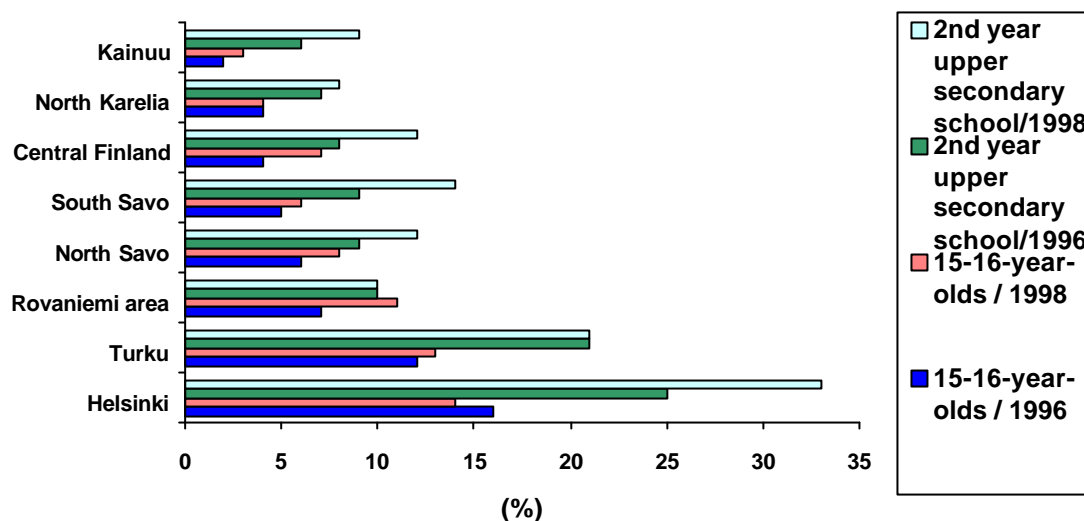
³⁰ For more detailed information, see http://www.emcdda.org/publications/publications_annrepstat_00.shtml.

³¹ Jormanainen, Vesa. Preliminary information 2000.

³² Rimpelä, Matti & Luopa, Pauliina 1999. STAKES, preliminary information on the school health survey.

Figure 3.

Lifetime prevalence of (experimental) cannabis use among young people, 1996 – 1998



Nationally, the most representative study on schoolchildren is the 1995 ESPAD survey. It showed no great variation between the sexes in drug experimenting among 15-year-olds. The survey found that five per cent of the respondents had experimented with marijuana or hashish once, one per cent had done so during the past month and less than half per cent had done so more than five times. About one per cent had experimented with other drugs. In Helsinki, the numbers were double compared to the rest of Finland.³³ According to preliminary information on the 1999 ESPAD school study, the amount of cannabis experiments during lifetime among 15–16 -year-olds has increased to almost 10 per cent, with smoked heroin as a new phenomenon emerging, especially among young girls (about 1 % of population).³⁴

2.3 Problem drug use

In 1997, the first Finnish statistical assessment was made concerning the prevalence of hard-drug abuse in the Greater Helsinki Area. The study was later expanded to cover the entire country. The material was collected from the 1995 hospital patient discharge register, the criminal report register and the database of persons suspected of driving under the influence of drugs. In addition, the

³³ The ESPAD Report. Alcohol and Other Drug Use Among Students in 26 European Countries. Swedish Council for Information on Alcohol and Other Drugs. Modin Tryck Ab. Stockholm. 1997. The study was to be repeated in 1999.

³⁴ Ahlström, Salme & Metso, Leena, 1999: Miten nuorten päihteiden käyttö on muuttunut vuodesta 1995 vuoteen 1999. [How intoxicant use figures have changed from 1995 to 1999 among Youth] Article in Yhteiskuntapolitiikka 5-6/1999 journal.

estimate on Greater Helsinki was extrapolated to the entire country based on the hospital register.³⁵ The 1997 data were separately processed for Greater Helsinki and the entire country, and the estimate for the entire country was also based on information from the three registers.³⁶ When the 1998 drug situation was estimated, the information sources were supplemented by one: data from the register of infectious diseases concerning hepatitis C cases due to intravenous drug use during the year. These data were processed in terms of the Greater Helsinki Area, entire Finland and by province.

Table 8.

Prevalence of amphetamine and opiate use (%) in Greater Helsinki and in Finland in 1995, 1997 and 1998³⁷

	Greater Helsinki			Entire Finland	
	1995	1997	1998*	1997	1998*
Overall estimate	0.4-0.8	0.7-1.3	0.7-1.0	0.3-0.5	0.4-0.6
Men	0.6- 1.2	1.0-1.9	1.1-1.5	0.4-0.7	0.5-0.7
Women	0.2-1.0	0.3-1.3	0.3-0.7	0.1-0.4	0.2-0.6
15-25 –year-olds	0.6-1.7	0.8-2.1	1.0-1.7	0.5-1.0	0.7-1.1
26-55 –year-olds	0.3-0.8	0.6-1.4	0.5-0.9	0.2-0.4	0.2-0.4
Amphetamine users	0.3-0.7	0.5-1.3	0.5-1.1	0.2-0.4	0.3-0.5
Opiate users	0.1-0.3	0.1-0.4	0.2-0.3	about 0.1	about 0.1

* = Preliminary information

Based on a statistical estimation,³⁸ there were 4,000 – 7,400 users of hard drugs in the Greater Helsinki Area in 1997, i.e. 0.7 – 1.3 per cent of the population aged 15 – 55 years. Amphetamine users accounted for 70 – 80 per cent of this group. The 1995 and 1997 estimates relating to Greater

³⁵ Partanen, Päivi. 1997. *Selvitys amfetamiinin ja opiaattien käyttäjien määrästä pääkaupunkiseudulla 1995*. [Report on the number of amphetamine and opiate users in the Greater Helsinki Area]. Joint publication by STAKES, the National Public Health Institute and the police. STAKES, Aiheita 40/1997. The method was based on statistical capture-recapture, based on overlapping cases in (mutually independent) samples, enabling the statistical assessment of the size of the entire target population. The samples were defined based on the interventions directed by the service system at the target population (amphetamine and opiate users). The interventions included hospital care for amphetamine or opiate diagnoses, penal action for use or possession of amphetamines or opiates and arrest for driving under the influence of amphetamines or opiates.

³⁶ Partanen, Päivi; Kinnunen, Aarne; Leinikki, Pauli; Nylander, Olli; Seppälä, Timo; Simpura, Jussi; Virtanen, Ari & Vätkki, Jouni: *Selvitys amfetamiinin ja opiaattien käyttäjien määrästä pääkaupunkiseudulla ja koko maassa vuonna 1997*. [Report on the number of amphetamine and opiate users in the Greater Helsinki Area and in the entire Finland in 1997]. Joint publication by the National Research and Development Centre for Welfare and Health (STAKES), the National Public Health Institute, the police and the statistics department of Jyväskylä University, in STAKES/Aiheita 19/1999.

³⁷ The estimated intervals are based on 95-% confidence intervals. The sum of estimates differs from the overall estimate because different log-linear models were applied to the combined and separate materials. Partanen, Päivi et al. 1999. See also Hakkarainen Pekka, Kekki Tuula, Mustalampi Saini, Muuri Anu, Nuorvala Yrjö, Partanen Airi, Virtanen Ari & Virtanen Päivi: *Huumehoidon nykyiset tarpeet ja edellytykset* [The drug treatment demand needs and prerequisites]. STAKES / Aiheita 31/2000.

³⁸ Partanen, Päivi et al. 1999.

Helsinki suggest that the use of hard drugs has increased in this area by a minimum of 40 per cent in two years. The increase has been steeper among men as well as among people aged 26 – 55 compared to 15 – 25 –year-olds. It is estimated that the group consisting of amphetamine users has grown somewhat more than that comprising opiate users.

At a national level, there were an estimated 9,400 – 14,700 hard-drug users in 1997, which is about 0.3 – 0.5 per cent of the Finnish population aged 15 – 55 years. The proportion of amphetamine users is the same as in the Greater Helsinki Area. Some 40 per cent of hard-drug users seem to live in Greater Helsinki. At a national level, it is impossible to make an equivalent assessment of the trends because the 1995 and 1997 national estimates used different analysis methods.

According to preliminary information on 1998, the user estimates do not appear to have changed considerably in a year. The most important changes seem to be the more accurate estimates concerning Greater Helsinki and the entire country.

Comparisons between major European cities usually concentrate on the number of opiate (heroin) or intravenous drug users, and the user figures tend to be around one per cent. In this comparison, the Greater Helsinki Area figures (0.2 – 0.3 per cent) are very low indeed. However, the situation in Helsinki is not as good as suggested by this comparison. Unlike the rest of the European Union (Sweden excluded), it is amphetamine rather than heroin that is the main problem drug in Finland.

The estimates of the number of problem users are especially relevant to treatment need assessment. The Finnish figures are based on estimates of hard-drug users on the one hand, and on the above estimate of regular drug users, which was derived from experiments with cannabis during the previous month. This estimate suggests that Finland has 10,000 – 15,000 problem users of drugs; the maximum estimate may even be as high as 30,000.

Internationally, the most widely used indicator of problematic drug use is the prevalence of intravenous use and other related risk behaviour. Having operated in Helsinki for three years, the infection counselling centre *Vinkki* is a place where used hypodermic needles can be exchanged for new ones. The first follow-up on the service users was compiled in 1997, and the second during 1 September 1998 – 9 June 1999.³⁹ The latter consisted of voluntary and anonymous interviews of 107 clients. About half of the clients had tried a narcotic substance for the first time under the age of 15 and

³⁹ Harju, Outi, 2000. *Terveysneuvontapiste Vinkin toiminta 1.9.1998 - 9.6.1999*. [Operations at the health counselling centre Vinkki, 1 September 1998 – 9 June 1999].

intravenously under the age of 18. Especially among stimulant users, it was common that intravenous use had already begun before age 15. Moreover, almost two-thirds of the interviewees had taken an overdose of drugs at some point.

The change in the risk indicator values at Vinkki is noteworthy. However, also the sample profiles of the interviewees have changed somewhat. Nevertheless, information about the risks of sharing drug paraphernalia has been distributed to problem users, and it seems as if this information has at least partly reached the users.

Table 9.

Indicators of risk behaviour at infection counselling centre *Vinkki*

	1997	1 Sep.1998 - 9 Jun.1999
Has not borrowed syringes during the month	55 %	67 %
Has lent syringes to others	75 %	44 %
Reportedly cleaned syringes after use	46 %	89 %
Proportion of multi-risk users ⁴⁰	21 %	3 %

⁴⁰ As a multi-risk user is defined a person who had during the previous month engaged in the following acts: lent or borrowed contaminated syringes or other IV-paraphernalia (cups, filters, spoons) and shared drugs from one syringe to another by front loading or back loading.

3 HEALTH CONSEQUENCES

3.1 Drug treatment demand

In 1996, 1998 and 1999, pilot studies on data collection concerning drug treatment demand were conducted in Finland. Based on the European Pompidou model, the studies monitored the problematic use of narcotics and pharmaceuticals (with or without alcohol) among clients in treatment services for substance abusers.⁴¹ The studies disregarded persons who primarily abused alcohol but who had no specific problems with drugs or other non-alcoholic intoxicants.

In addition to specialised services, also general and prison health care units participated in the study. In 1999, their proportion of outpatient clients in services for substance abusers was about two-thirds and little over half of the clients receiving residential treatment services for substance abusers.⁴² In addition to specialised drug services, also general and prison health care units participated in the study.

Table 10.

Substances abused by clients in treatment for substance abuse in 1996, 1998 and 1999⁴³

Substance category	1st substance abused			1st – 3rd substance abused		
	1996	1998	1999	1996	1998	1999
Alcohol	43 %	19 %	17 %	63 %	48 %	40 %
Cannabis	11 %	17 %	16 %	56 %	67 %	58 %
Stimulants	26 %	35 %	33 %	51 %	62 %	58 %
Medicines	9 %	5 %	6 %	50 %	26 %	30 %
Opiates	10 %	21 %	25 %	21 %	34 %	35 %
No information	1 %	3 %	3 %	-	-	-

Of the primary substances abused by the clients participating in the 1999 compilation, amphetamine accounted for 95 per cent of all stimulants, whereas ecstasy accounted for clearly less than two per cent of stimulants. However, when five substances abused were included, it transpired

⁴¹ In 1996, 43 treatment facilities participated during 10 weeks, and information was extracted from about 1,150 Pompidou questionnaires. According to preliminary information, 63 units participated in 1998 for 7.5 months (some for 2 months only), with information from 2,800 Pompidou questionnaires. The 1998 data are preliminary information provided by the National Drug Monitoring Centre, STAKES. For 1996 information, see Sellergren, Hanna 1997.

⁴² Virtanen, Ari 2000. *Huumausaineiden käytöstä aiheutuvat haitat*. [Negative effects of drug use]. In Hein et al. 2000.

⁴³ However, the great change particularly in abuse of medicines and alcohol does not directly reflect the changes in problem use. The number of units participating in data compilation has varied over the years, and the number of units specialising in drug clients has increased, as these units have been most willing to contribute to data compilation. In addition, the growing supply of services is

that ecstasy had been used by 7 per cent of the clients, cocaine by 2 per cent and LSD by 3 per cent. Of the primarily used opiates, heroin accounted for about 71 per cent and buprenorphine for 19 per cent. Especially polydrug use or mixed use of alcohol and drugs is typical of Finnish substance abuse.

Table 11.

Polydrug use of clients in treatment for substance abuse⁴⁴ in 1998 and 1999

1st substance	Combined use of 2nd and 3rd substance with 1st substance (%)									
	Opiates		Stimulants		Cannabis		Medicines		Alcohol	
	1998	1999	1998	1999	1998	1999	1998	1999	1998	1999
Opiates	22	24	42	45	56	49	17	27	16	7
Stimulants	23	23	6	10	68	60	19	21	37	30
Cannabis	15	10	49	52	9	8	12	16	47	43
Medicines	11	13	24	15	34	34	36	18	61	47
Alcohol	4	6	37	36	57	55	44	52	-	-

Three different user profiles emerge from this material: i) Opiate users, who also indulge in other narcotics, but mostly abstain from alcohol and medicines; ii) Stimulant and cannabis users, who also consume a lot of alcohol; iii) Polydrug users of alcohol and medicines, who also use cannabis but seldom hard drugs. The Finnish drug profiles have not changed much since the late 1980s.

Almost half of the clients in 1998 and 1999 were 20 – 29 –year-olds, and a fifth were aged under 20.⁴⁵ The clients' average age varied depending on the primary drug used.

reflected in service demand.

⁴⁴ Cf. Partanen, Airi 1999 and 2000(a).

⁴⁵ In 1999, the mean age of clients of specialised drug treatment units was 24.8 years (outpatients) and 24.3 years (inpatients). The mean age of drug clients in other outpatient services for substance abusers was 27.1 years and 29.7 years in institutional care. The drug clients in prison were on average 28.2 years old.

Table 12.

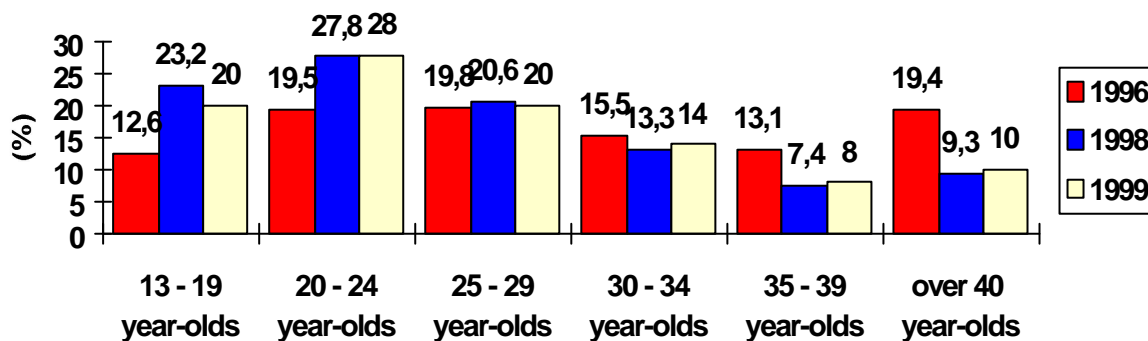
Mean age (years) of persons in treatment for substance abuse in 1996, 1998 and 1999

	<i>Pilot in 1996</i>	<i>Pilot 1998</i>		<i>Pilot 1999</i>	
	- all	- all	- first treatment	- all	- first treatment
<i>Opiates</i>	27.0	26.6	25.1	26.1	24.6
<i>Amphetamines</i>	27.3	26.7	25.2	26.4	24.9
<i>Cannabis</i>	23.0	21.7	19.9	22.5	19.9
<i>Alcohol</i>	33-34	30.2	25.5	31.4	28.9

The changes in the client age distributions from 1996 to 1999 seem to be attributable to an increase in narcotic drug abuse. The small differences between the past two years probably result from the changes in the treatment unit samples studied: a relative decline in the number of clients in specialised drug treatment units.

Figure 4.

Abusers of narcotics and medicines by age groups (%) in treatment for substance abuse



According to the 1999 data, women accounted for a quarter of the clients. Two-thirds of the clients were unmarried, while a quarter cohabited or were married. Of the latter group, a quarter of men and half of women were living in the same household with another drug user. Only less than a third of the problem users had children aged under 18, and only less than a third of such children lived in the same household. A tenth of the clients worked, less than a sixth were students and 5 per cent were retired. A sixth of the clients were homeless. Two-thirds of the clients had primary education, a quarter had intermediate education and less than one per cent had an academic degree.

The 1999 census of intoxicant-related cases in the social and health care services, reflecting the prevalence of problem drug use, showed that almost 20 per cent of all clients in outpatient services for substance abusers and 30 per cent of institutional clients engaged in problematic drug use as well.⁴⁶ Based on information from 1998, this means that outpatient services for substance abusers (A-Clinics and youth clinics) annually serve some 8,000 drug clients, and institutional services (detoxification and rehabilitation) have about 3,000 drug clients per year.⁴⁷ At the same time, health care (hospital) wards catered for some 1,100 drug patients and for about 900 so-called polydrug users, whose primary intoxicant was not possible or deemed necessary to specify.

Two-thirds of outpatient clients and over half of residential treatment clients used services for substance abusers for alcohol use only. The proportion of clients in specialised services for abuse of medicines was a couple of percentage points higher than that of drug clients. On the other hand, the number of alcohol and pharmaceutical-related patients in hospital inpatient care is relatively much higher: these services care for over 20,000 alcohol-related and about 3,100 pharmaceutical-related patients per year.⁴⁸

3.2 Drug-related mortality

Definitions of drug-related deaths vary in different countries. In Finland, deaths can be viewed from two perspectives: by investigating the cause-of-death statistics or by assessing sudden and unexpected deaths based on chemical analyses. The latter approach has given a more substance-specific picture of drug-induced deaths in Finland.⁴⁹

The number of death certificates issued by coroners in unexpected deaths (due to a crime, accident, suicide, poisoning, occupational hazard, treatment, etc.) is 9,000 per year, including possible forensic findings of traces of chemical substances. In this register, a drug-related death is defined by traces of narcotic drugs found in autopsies. In the 1990s, one out of seven drug-related sudden

⁴⁶ Metso, Leena & Nuorvala, Yrjö 2000. Preliminary information about the 1999 census of intoxicant-related cases, conducted by STAKES. The percentages are associated with the use of cannabis, amphetamines, opiates and other illegal drugs. The figures do not tell whether the substances constituted the client's main intoxicant problem.

⁴⁷ Intoxicants Statistical Yearbook 1999 – Alcohol and drugs. National Research and Development Centre for Welfare and Health (STAKES), SVT/Sosiaaliturva 1999:2.

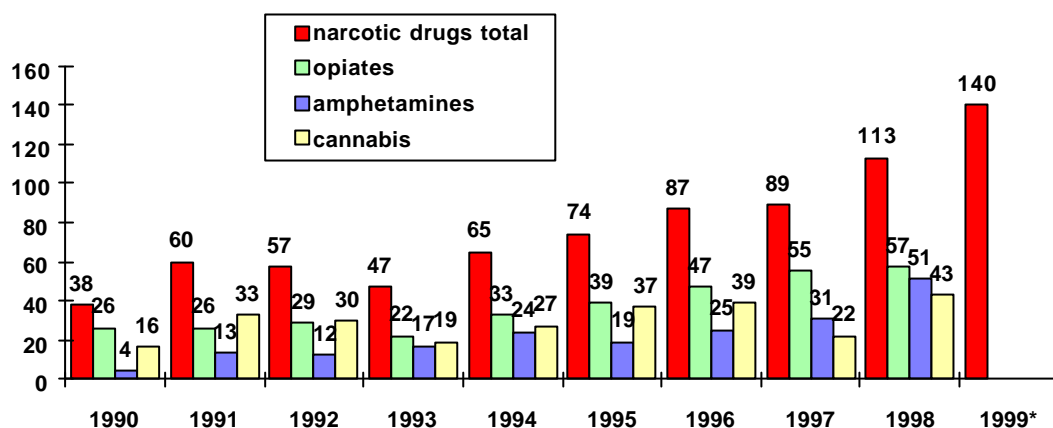
⁴⁸ Stakes Information 2000. It should be noted that a client may be included in both specialised and health care statistics due to a wide range of substances used. For more information on services for substance abusers, please refer to Sari Kauppinen's article in this report.

⁴⁹ For the time being, Finland has decided to provide special mortality register information (based on forensic examinations in autopsies) only, until the EMCDDA working group harmonising drug death indicators has outlined the criteria for retrieving information about drug deaths based on primary causes of death from general mortality registers.

deaths involved women, and three out of four deaths occurred in age group 20 – 39.⁴² In 1998, a fifth of these deaths involved women, about 70 per cent belonged to age group 20 – 39, and people aged under 30 accounted for over half of the cases.

Figure 5.

Forensic findings of narcotic drugs in autopsies in the 1990s⁵⁰



* = Preliminary information

There is however some ambiguity as to the definition of drug-related deaths based on chemical findings. In 1990 – 1996, about a third of the positive drug findings involved an accident or suicide. In many countries, such deaths do not qualify for actual drug deaths. Approximately in half of the cases, the cause of death was poisoning.⁵¹

Since 1996, there has been an increase in sudden deaths, especially linked to heroin use (due to overdose). In 1995, only one such case was found in Finland, but the situation started to change in 1996, when 9 cases were detected, followed by 15 cases in 1997 and 27 cases in 1998. According to preliminary information, there were as many as 46 heroin deaths in 1999.⁵² Especially the proportion of young people has increased, as over half of the heroin deaths in 1999 involved persons under 25 years of age (preliminary information).

⁴² Vuori, Erkki 1999. Preliminary results of a study on drugs conducted in the Department of Forensic Medicine at Helsinki University in 1990-1996, with the National Drug Monitoring Centre participating.

⁵⁰ Department of Forensic Medicine at Helsinki University (In 1994, also one cocaine finding).

⁵¹ By the same definition, there are 400 - 500 deaths due to both alcohol and medicinal poisoning per year.

⁵² Erkki Vuori, Department of Forensic Medicine, Helsinki University. See also Vuori, Erkki; Ojanperä, Ilkka; Ojansivu, Riitta-Liisa and Nieminen; Raija 1999. *Lääke, myrky, huume vai taasko viina?* [Medicines, poison, drugs or alcohol again?]. *Duodecim* 1999, p. 1531-5; Vuori, Erkki 2000. *Huumekuolemat lisääntyvät vieläpä nykyisestä, tehtiinpä mitä hyvänsä.* [Drug deaths will increase, whatever action is taken]. *Suomen lääkärilehti* (Finnish Medical Journal) 11/2000. p. 1210-1212.

3.3 Drug-related infectious diseases

It is possible to assess the prevalence of intravenous drug use based on registers of infectious diseases and drug tests.⁵³ By the end of 1997, 864 HIV cases had been found in Finland, 28 of which (3 per cent) had been contracted through intravenous drug use (only two of them in Finland).

In 1998, 18 new HIV cases resulting from intravenous drug use were found, mostly in Greater Helsinki – a fifth of all 80 new HIV infections during that year. In 1999, the number increased by 80 cases of all 142 HIV infections recorded in 1999, and by May 2000, the total number of HIV infections due to intravenous drug use was about 130.⁵⁴ Similar infections, albeit isolated cases, have been detected in 10 other municipalities as well. A seroepidemiologic study conducted in autumn 1998 indicated that three per cent of intravenous drug abusers were infected with HIV. There is no reliable information about the situation after 1998, but it has been estimated that about 5 – 10 per cent of intravenous drug users have contracted HIV.⁵⁵

Also hepatitis B and C are often associated with intravenous drug use. During the 1997 health counselling project for IV-drug users in Helsinki, a quarter of the clients having exchanged contaminated needles were interviewed.⁵⁶ Half of the respondents had hepatitis C and a third had hepatitis B, but nobody had HIV infection. It was not until 1998 that the first HIV infections were discovered among the clients.

The situation among interviewees in 1998 – 1999 was different only concerning hepatitis B. Of the 1998 – 1999 interviewees, 56 per cent had reportedly received at least one vaccination against hepatitis B, whereas in 1997 the corresponding proportion was 16 per cent. In 1998 – 1999 a quarter of the respondents reported having been infected hepatitis B.⁵⁷

Recent investigations have shown that some 60 per cent of intravenous drug users have hepatitis C.⁵⁸ On the other hand, it is estimated that 90 per cent of all hepatitis C infections are attributable to

⁵³ The National Public Health Institute is responsible for the registration of communicable diseases and for official drug tests in Finland.

⁵⁴ Kansanterveys 7/1999 (the newsletter of the National Public Health Institute).

⁵⁵ Partanen, Airi 2000(b). *Suonensisäisesti huumeita käyttävien veriteitse leviävät vakavat virusinfektioit*. [Severe blood-transmitted viral infections in intravenous drug users]. In Hein, Ritva et al. 2000.

⁵⁶ Ovaska A, Holopainen A. & Annala T. 1998.

⁵⁷ According to the Department of Infectious Disease Epidemiology of the National Public Health Institute, 556 hepatitis B infections were detected in 1999 in the entire country.

⁵⁸ Leinikki P. Virus infections among injecting drug abusers - an epidemic within an epidemic? (in Finnish). *Suomen apteekkarilehti* 4, 30-33, 1999; Turpeinen, P, Leinikki, P, Seppälä T, Forsman H, U-G. Ahlfors: Drug abuse and viral hepatitis among psychiatric admissions to a Finnish psychiatric emergency ward. *Nord J Psychiatry* 1999; 53; 141-145.

intravenous drug use.⁵⁹ The clear correlation between hepatitis C and intravenous drug use suggests that hepatitis C could be used as an indicator of trends in drug use. In order to examine infection risk, obligation to report all hepatitis C infections was imposed on physicians in 1998. In 1999, there were 1,686 new hepatitis C cases, and in recent years this number has remained around 1,500 – 1,700 per year. Of the 1999 viral infections, over half involved persons under 30 years of age, and most infections had occurred in age group 20 – 24 –year-olds.

In prisons especially the number of HIV infections induced by intravenous drug abuse have increased. In 1998, five prisoners having sought testing proved to be carriers of drug-related HIV, whereas in 1999 there were already 33 infections, and 10 new infections by the end of May 2000. However, these infections have mainly occurred outside prison⁶⁰ The high number of infections found (a third of all Finnish cases) can partly be explained by the comprehensive testing carried out in prison.

3.4 Other drug-related morbidity

Drug-induced morbidity is monitored through the hospital patient discharge register. According to the register, the number of drug-related hospital periods has increased rapidly in 1990 – 1999. Drug-related illnesses have partly become more prevalent because of the increased publicity given to drugs and changes in diagnostic practices. For instance, in 1992 the largest drug treatment unit in Finland, Helsinki University Central Hospital, transferred from unspecified pharmaceutical or drug diagnoses to substance-specific diagnoses, a fact alone accounting for an increase of 100 treatment periods. In 1996, the changeover to the ICD-10 classification caused an increase of 450 drug-related treatment periods, almost half of which were attributable to the changeover.⁶¹

Especially the 1998 hospital statistics suggested that the number of treatment periods recorded due to medicinal or drug diagnoses have decreased by 17 per cent in a year. This change is mainly attributable to the alterations in 1998 to applying the Finnish ICD-10 system, which integrated poisoning diagnoses in terms of medicinal poisonings into one diagnosis category (T36), where substances are differentiated by the specific ATC code associated with pharmaceuticals. In 1997, over 3,000 medicinal poisoning

⁵⁹ Partanen, Airi 2000(b).

⁶⁰ Mäki, Jukka 2000. Statement of the Prison Administration Department of the Ministry of Justice for the Drug Report.

⁶¹ In 1996, the number of drug treatment periods increased by half from the year 1995 (criterion, see footnote 16). Of this addition, more than 500 treatment periods consisted of substance-induced brain syndromes (ICD-10/F1x.3-9). Of these, about 125 treatment periods were estimated to result from a statistical changeover from unspecified drug-induced brain syndromes (ICD-9/292, not previously counted as drug diseases but as polydrug use) to substance-specific brain syndromes; meanwhile, the number of treatment periods due to drug dependence decreased accordingly (in terms of primary diagnosis, the transfer does not show). In the changeover, the number of drug-induced brain syndromes, previously unspecified, decreased by about 200 periods. Moreover, some 100 new treatment periods were introduced into opiate-induced brain syndromes from a group of people aged over 50 (mostly 70 years of

diagnoses were made. However, in 1998 almost 1,500 poisoning diagnoses were recorded by the ICD code, without the ATC extension,⁶² a fact that makes it impossible to carry out comparisons over time series on poisonings caused by sedatives, tranquillisers or non-dependence-inducing medicines.

Figure 6.

Hospital treatment periods related to drugs and pharmaceuticals in the 1990s⁶³

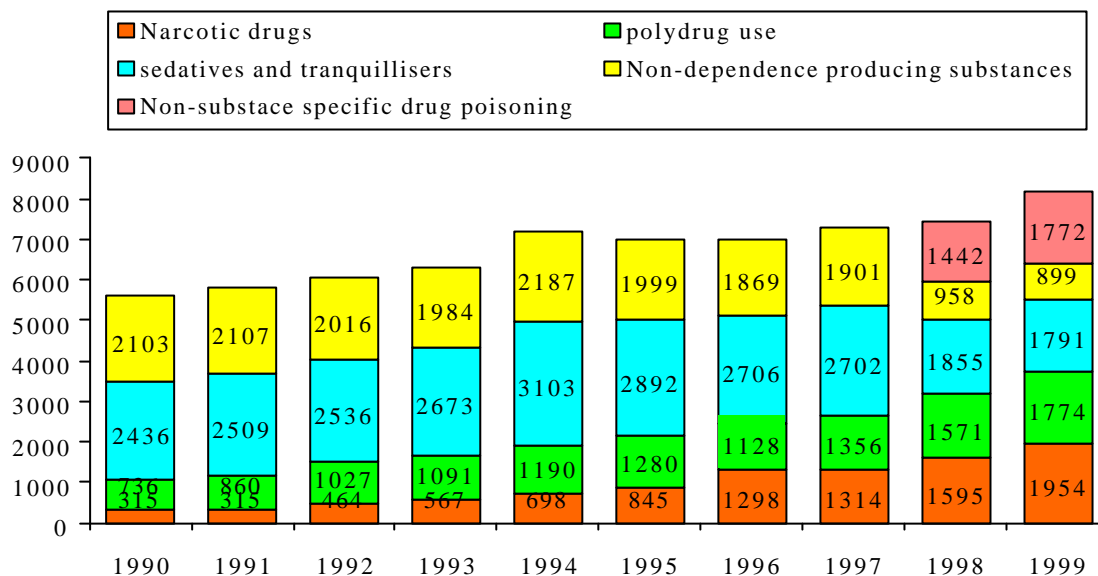
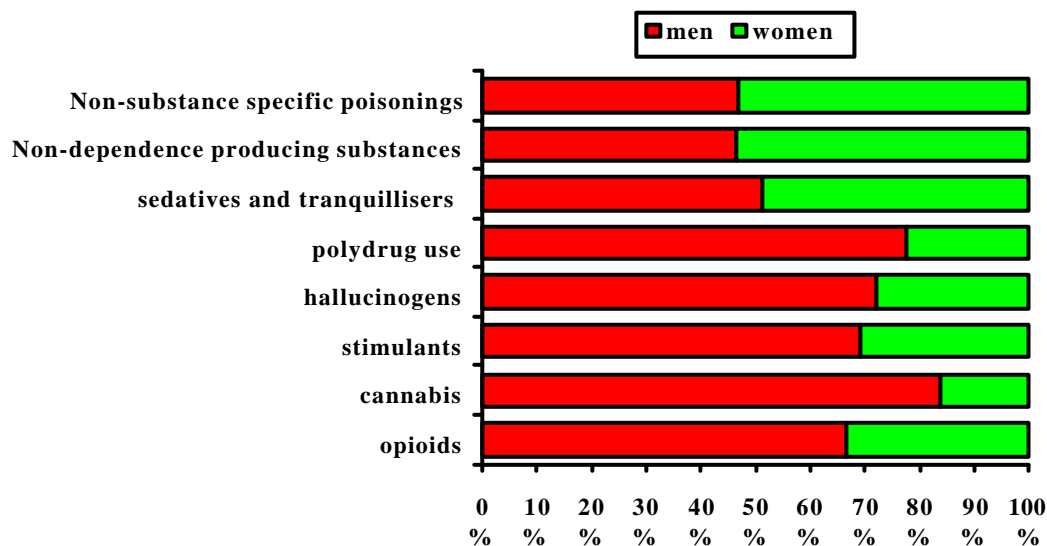


Figure 7.

Hospital treatment periods related to drugs and pharmaceuticals in 1999 by sex



age). In hypnotics, sedatives and tranquillisers, the increase in hospital periods caused by brain syndromes was about 150, which almost matches the decline in dependence diagnoses attributable to hypnotics, sedatives and tranquillisers.

⁶² Defined in Figure as Non-substance specific drug poisoning.

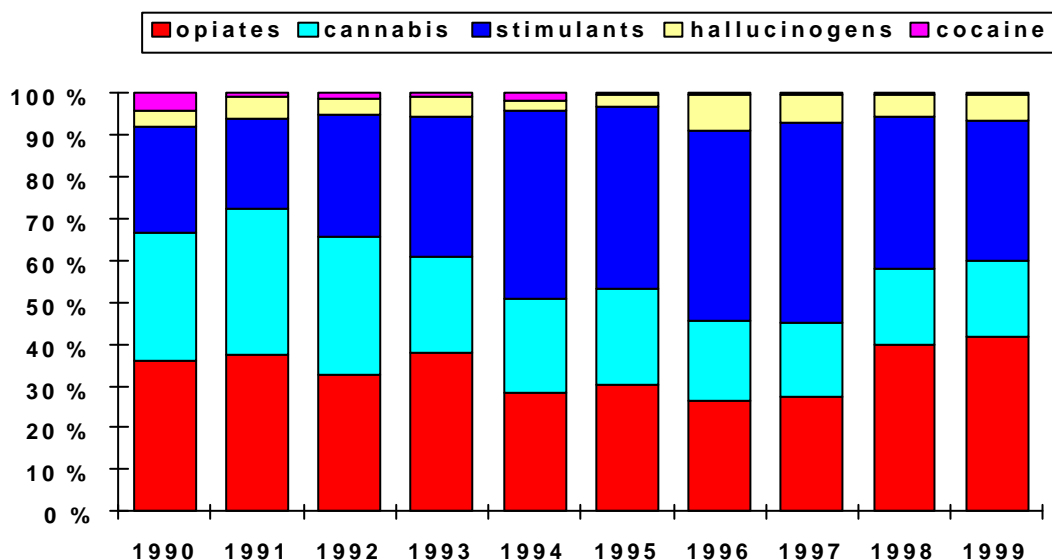
⁶³ The cases for substance-specific diagnoses were selected based on the principal drug mentioned in pharmaceutical diagnosis (primary diagnosis and two secondary diagnoses). In 1990 – 1995, the drug diagnoses are according to the Finnish ICD-9 codes (see appendix 6). In 1996, the classification changed in Finland, and since 1996 ICD-10 has been in use (see appendix 7). The appendix aims at statistical compatibility of drug-related diseases, despite the differences between the classifications.

The number of treatment periods recorded due to drug diagnoses continued to rise, as did the amount of treatment periods associated with polydrug use. It also seems that men predominated in polydrug use in particular. There seems to be no great difference between the sexes in the use of medicines inducing intoxicant-related morbidity.

Most drug-related hospital treatment periods in recent years have involved amphetamine. In 1998, there was a change of order, as opiate-related treatment periods became more numerous in age group 15 – 54, and this trend continued in 1999. This may partly be due to the new Regulation issued by the Ministry of Social Affairs and Health concerning detoxification and substitution treatment for opiate addicts with medicines and stipulating that the assessment of substitution treatment, along with most of the treatment provision, must be done in certain hospitals.⁶⁴ Also the number of cannabis-related treatments has clearly grown during the past two years. In 1999, increase of the number of treatment periods was typical of age group 15 – 24 –year-olds, whose proportion of the drug treatment periods grew from 36 per cent to 43 per cent.

Figure 8.

Drug-related hospital treatment periods (%) for 15-54-year-olds in the 1990s.⁶⁵

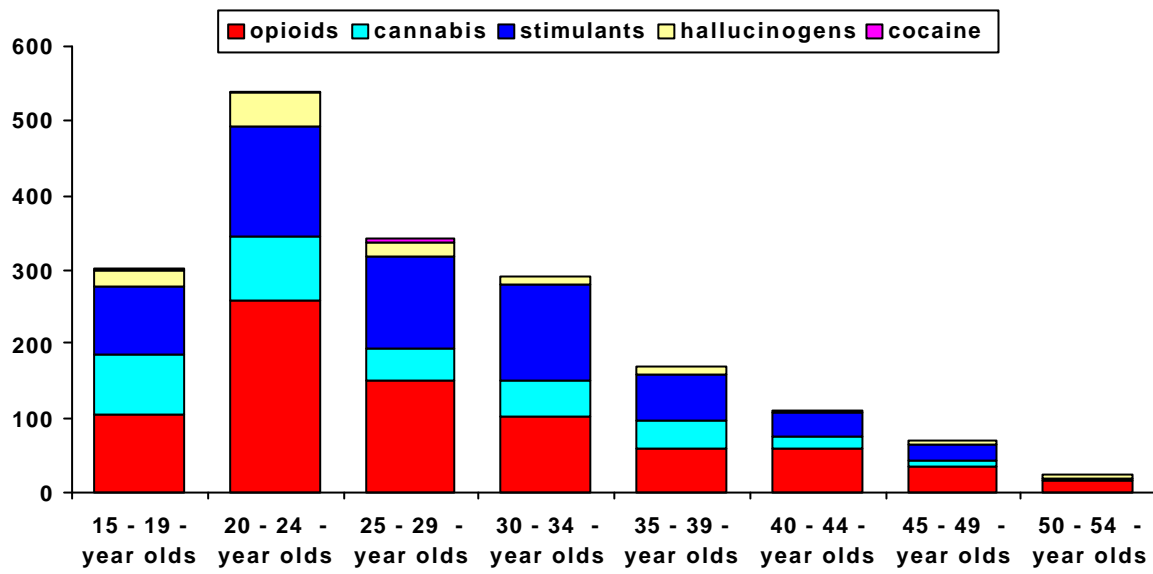


⁶⁴ In 1998 – 1999, University Central Hospitals in particular had a key role here. See Chapter 1.2.2.

⁶⁵ According to primary diagnosis.

Figure 9

Drug-related hospital treatment periods for 15-54-year-olds by age in 1999



4. SOCIAL AND LEGAL CORRELATES AND CONSEQUENCES

4.1 Social problems

The 1995 Alcohol Act dismantled Finland's monopolistic alcohol system, with the exception of a retail monopoly. At the same time, attitudes became more liberal towards alcohol use, and alcohol was more openly consumed in public places. Also young people were affected by this change of attitudes, probably resulting also in slightly more liberal attitudes towards narcotics and an increase in drug experiments.

In 1999, the debate became more heated, as young people's drinking in public places met with much criticism. Some cities imposed stricter municipal ordinances by banning intoxicant use (i.e. drinking) in public places (e.g. Helsinki) or by pursuing an active zero-tolerance policy (e.g. Tampere).

There are also nationwide plans to amend legislation on city ordinances and regulations. A working group on the issue submitted its memorandum to the Ministry of the Interior in January 2000, proposing a bill that e.g. bans intoxicant use in public places, such as stations and ports, children's playgrounds, shopping centres and public transport. It was also proposed that a ban be placed on buying and soliciting sex services causing public nuisance. The bill has not yet been submitted to Parliament.

A small-scale survey was conducted in 1998 among drug users, asking them to assess the social welfare and health care services at their disposal.⁶⁶ The interview of some twenty people in treatment for drug use demonstrated that their drug-related social problems were mostly associated with housing, work and prison experiences. Many people had lost contact with their relatives, and if they had children, the child welfare measures taken by the authorities aroused strong emotions. Another problem was that their circle of friends was narrow, but some people also considered their drug-user subculture in positive yet contradictory terms.

Many social problems had to do with health and treatment: three out of five interviewees also received mental health services, and three out of four had used other health services due to substance abuse (viral infections, overdose or withdrawal symptoms). Psychiatric services were criticised for giving drug users the runaround or for administering supposedly inappropriate medication, whereas the

⁶⁶ Nuorvala, Yrjö 1999. *Sosiaali- ja terveydenhuollon palvelut käyttäjien silmin*. [Social and health services through the clients' eyes]. STAKES, Aiheita 26/1999.

attitudes towards general health services were more neutral. Specialised services for substance abusers were seldom criticised, but the treatment was considered to lack content: it was perceived as a passive, lonesome, void, uninspiring and eventless state of being. In addition, some clients had problems with gaining access to treatment and with the related criteria.

According to a study now underway, about a fifth of the persons convicted of drug offences in 1995 were employed; the corresponding figure for persons convicted of some other crime was over 40 per cent. Forty-three per cent of the persons were reportedly unemployed, while other economically inactive persons accounted for 28 per cent. The most common professions among drug offenders were various types of construction or transport jobs. Also service jobs (salesperson or restaurant staff) were relatively common. People convicted of drug offences typically had little education. More than half of them had received no formal training after school.⁶⁷

4.2 Drug offences and drug-related convictions

The Finnish Penal Code forbids e.g. the illicit use, possession, purchase, sale, manufacture, distribution and import of (narcotic) drugs. The control authorities often manage to arrest drug offenders because of their social situation: problem drug users, the excluded and habitual criminals. On the other hand, the police are usually unaware of the more random or experimental use of drugs.

4.2.1 Drug offences

The number of persons suspected of drug offences⁶⁸ has rapidly increased in the 1990s. However, this not only reflects the extent of actual crime but also efforts made by the law enforcement agencies.⁶⁹ For instance, the intensified police training in drug questions has contributed to a statistical increase in drug offences.

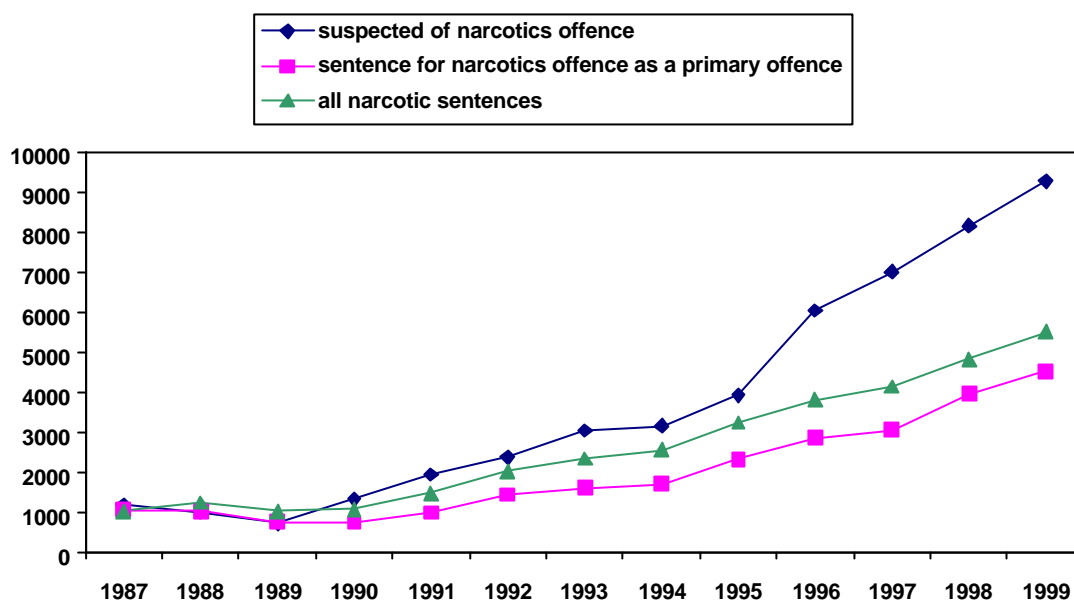
⁶⁷ Preliminary information supplied by Aarne Kinnunen, the Police College of Finland & Tuomo Niskanen, Statistics Finland.

⁶⁸ The official term is narcotics offences according to the Narcotics Act, but this report uses the concept "drug" parallel to "narcotics," and the latter term is used only when it is important to see the connection to the Narcotics Act.

⁶⁹ Kinnunen, Aarne 1998. *Huumausainerikollisuus ja huumausaineisiin liittyvä oheisrikollisuus*. [Drug offences and concomitant crime]. Appendix to the memorandum of the drug policy committee. Komiteamietintö 1997:11. Oy Edita Ab, Helsinki 1998.

Figure 10.

Number of people suspected and convicted of drug offences in 1987 - 1999



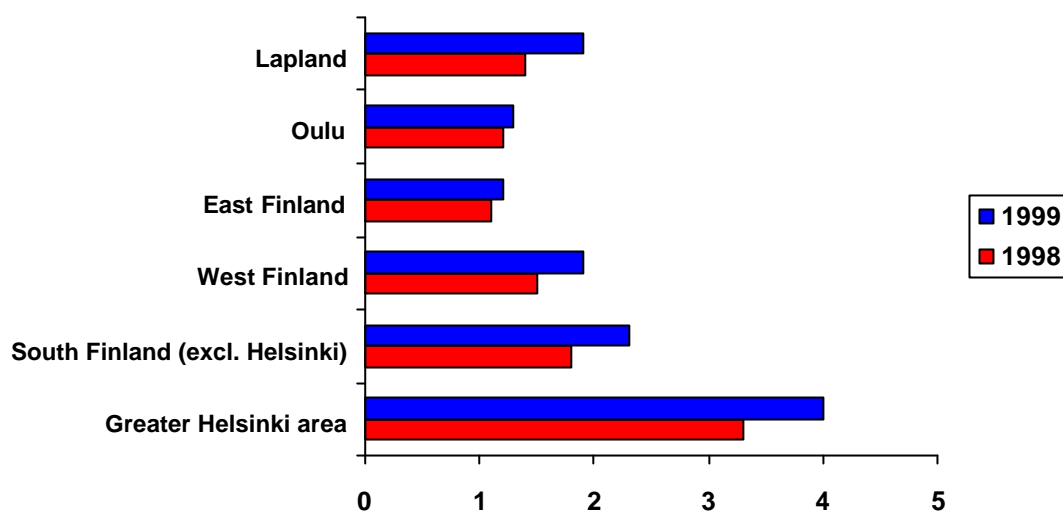
The largest aggregate of reported offences consists of the so-called user offences (use, possession and purchase, specified in the statistics but not in legislation). According to the statistics of the National Bureau of Investigation, they accounted for 65 per cent of all drug offences reported in the 1980s, and for almost 80 per cent in 1990 – 1998. However, in 1999, user offences only accounted for 60 per cent of drug offence reports. The 1990s statistics also show a reduction in "user offences" and an increase in "possession offences" compared to the 1980s. The year 1999 also saw a change in this trend: possession offences accounted for 32 per cent (48 per cent in 1998) and drug use offences for 30 per cent (22 per cent) of the reported drug law violations.⁷⁰

In 1999, about half of the suspects were aged under 25, and 15 per cent were women. Seven per cent of the cases allegedly involved aggravated drug offences. Over 40 per cent of the drug offences reported were committed in the Greater Helsinki Area.

⁷⁰ Kinnunen, Aarne 1999. *Päihderikokset* [Intoxicant-related crimes]. In *Rikollisuustilanne 1998*. [Crime situation in 1998]. Publications of the National Research Institute of Legal Policy. Tutkimuksia 165. Helsinki, 1999. Aarne Kinnunen 2000, advance information concerning the yearbook on the crime situation in 1999.

Figure 11.

Drug offences per 1,000 inhabitants in 1998 and 1999 by region⁷¹



According to the first semi-annual review in 2000 of the National Bureau of Investigation, the number of drug suspects has increased by 15 per cent from the year before. This increase has mainly taken place in age group 19 – 25 -year-olds, with an increase of almost 30 per cent.⁷²

Drug offences are often uncovered during preliminary investigation of other offences or afterwards by some other means. Amendments to the laws governing preliminary investigation and coercive measures (1989 and 1995) have shifted the focus of criminal investigation towards surveillance and control, with an effort to provide the law enforcement authorities with new telesurveillance equipment. In 1999, the police and the customs were given permission for telesurveillance in 817 cases and for monitoring telephone conversations in 230 cases. The year before, permission for telesurveillance was given in 756 cases and for monitoring telephone conversations in 230 cases. About 60 per cent of the telesurveillance cases were related to narcotics offences. Telesurveillance authorisation was applied to aggravated drug crimes in particular.⁷³

Telesurveillance and monitoring are coercive measures that are taken covertly, without an opportunity for the suspect to be heard beforehand. He or she must however be notified afterwards, in compliance with the Coercive Means Act. Usually, this happens during preliminary investigation, but in some cases the court has given permission to refrain from notifying or to notify at a later date. This has been done in 113 cases.

⁷¹ *Poliisin tietoon tullut rikollisuus 1998 ja 1999*. [Crime recorded by the police in 1998 and 1999]. Statistics Finland, SVT/oikeus, 1999:5 and 2000:5.

⁷² Semi-annual review 2000 of the drug information service of the National Bureau of Investigation.

4.2.2 Drug convictions

In 1999, the courts of first instance passed 5,518 sentences involving drug offences.⁷⁴ Of them, 4,546 had a drug offence as the primary count. Of the persons convicted, 71 per cent were fined, 19 per cent received prison sentences and 8 per cent were given suspended sentences. The average length of a prison sentence for a drug offence was 4.0 months (3.7 months in 1998) while in aggravated drug offences,⁷⁵ the average length was 35.9 months (29.0 months in 1998). In 1999, prosecution was waived in case of 94 suspects.⁷⁶

Court statistics reveal no great changes in judicial practice, but the growing number of drug offenders in prisons reflects a change in apparent crime.⁷⁷ Under certain circumstances, the prosecutor or court may waive prosecution in drug offences (Sections 3:5 and 50:7 of the Penal Code and Section 1:7-8 of the Criminal Procedure Act). In 1998, prosecution was waived in case of about 10 per cent of all persons suspected of drug offences by the police. The key reasons for dismissing a case included insufficient evidence or the fact that the offence was negligible.

Persons suspected of drug offences seem to undergo a harsher treatment than other criminals do in the Finnish legal system. A study⁷⁸ established that incarceration as a coercive measure in the criminal process appears to concern drug offences in particular. According to the study, incarceration was typically associated with three offender groups: a) homicide suspects, b) suspects (repeatedly) involved in damaging property and c) suspects in drug offences. Persons suspected of drug offences accounted for 25 per cent of these cases. Nevertheless, the police usually have sufficient grounds for recommending incarceration. The police (or customs) may have followed the suspects for a long time and used informers and other sources, the suspects' telephones may have been tapped and so on. Because drug crime often involves several perpetrators, incarceration is used

⁷³ Reports of the Police Department of the Ministry of the Interior to the Parliamentary Ombudsman in 1999 and 2000.

⁷⁴ The sentences included a total of 6,823 drug offences alleged in 1999.

⁷⁵ For example, a person is convicted of an aggravated drug offence in the Helsinki District Court if he or she has handled a kilo of hashish, 100 grams of amphetamines or 10 – 15 grams of heroin. Also other aspects of the offence have a bearing on the severity of the crime, such as criminal proceeds and the organised nature of activities. Kinnunen, Aarne 1999.

⁷⁶ When the mean length of a prison sentence is calculated, one should note that even though a drug offence is the principal crime and the primary reason for the conviction, the case may also involve other (narcotics) offences. Thus the figures reflect the length of sentences given to drug offenders rather than the length of sentences resulting from drug offences. Nevertheless, the results are not dramatically different from sentences carrying only one count of drug offence. The proportion of such offences is a third of all drug crime. Preliminary information, *Syytetyt ja tuomitut 1999*. [The accused and convicted in 1999]. Statistics Finland/Oikeus 2000:(17).

⁷⁷ Aho, Timo 1998. *Huumeongelma tilastojen valossa sekä tilanne vankiloissa*. [Drug problem in the light of statistics and the situation in prisons]. Background material to the national drug strategy 1997. Komiteamietintö 1997:11. Oy Edita Ab, Helsinki 1998.

⁷⁸ See Kainulainen, Heini. *Rikosprosessuaalinen vangitseminen tuomioistuinkäytännössä*. [Criminal process incarceration in court practice]. National Research Institute of Legal Policy, Tutkimustiedonanto 34/98; Sarvanti, Tapani 1997. *Huumepolitiikka ja oikeudenmukaisuus*. [Drug policy and justice]. STAKES, Tutkimuksia 83/1997. Gummerus oy, Helsinki.

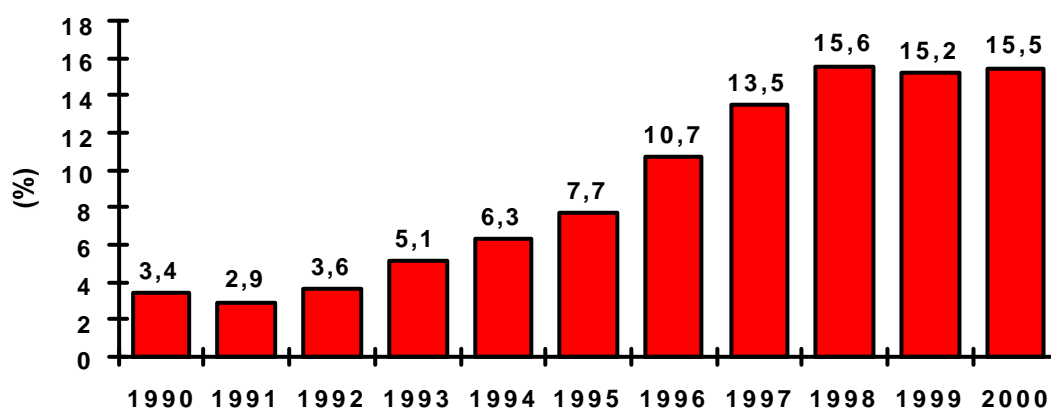
to ensure a successful investigation by isolating the suspects. The statistics do not say how often incarceration has led to an indictment or sentence. The interviewees reported that the incarcerated suspects (including drug suspects) have usually been charged and convicted.

A study on the judicial grounds for waiving prosecution in drug cases suggests that the so-called drug users are not usually incarcerated, but some arrests have been made. Incarceration apparently concerns persons who have allegedly committed aggravated drug offences. It seems that the prosecutor decides not to press charges if the amount used (or possessed) is small. The most common drug is hashish in small quantities (e.g. a 'joint' shared by several persons). According to the interviewees, when larger quantities or hard drugs have been used (or if used in prison), prosecution will usually ensue. However, the judicial practice is far from uniform, and some prosecutors tend to be less inclined to press charges. Committal to treatment, now possible under the new law, has seldom been used. It is not common to waive sentences, either.⁷⁹

Compared to other inmates, prisoners primarily convicted of drug crimes are more often first offenders. In 1999, about 15 per cent of all prisoners served sentences primarily for drug offences, whereas a decade ago their proportion was about 2 per cent.⁸⁰

Figure 12.

Proportion (%) of prisoners primarily convicted of drug offences according to the annual prison census



According to an unpublished study made in 1999, almost half of the prisoners had used

⁷⁹ Kainulainen, Heini. 1999. *Toimenpiteistä luopuminen huumauserikoksissa*. [Waiving measures in drug offences]. Publications of the National Research Institute of Legal Policy. No 164. Helsinki. 1999.

⁸⁰ Situation on 1 October in all prisons, when the prison census was conducted. Since 1998, the census has been carried out on 1 May. According to the 2000 census, the Finnish prisons had 2,748 inmates, i.e. 54 per 100,000 population. The number of persons primarily convicted of drug offences was 360 on 1 May 2000. In addition, there were 84 prisoners awaiting trial primarily for drug offences.

intravenously drugs at least once during lifetime. Of them, over 50 per cent had engaged in intravenous drug use during the previous month prior to imprisonment. Furthermore, over 50 per cent of the convicts who had used intravenously drugs during lifetime had also used them in prison – a fifth of them had done so during the past month. This means that over 10 per cent of the inmates continued intravenous drug use during imprisonment.⁸¹

Based on a study on the material in the Statistics Finland database on recidivism, it seems that drug offenders start their criminal activities at a younger age than the other convicts do. A third had committed their first offence by the age of 15 and half by age 17. The first drug conviction usually came at age 18 – 21. Of the group studied, 76 per cent had committed other crimes prior to the first drug offence.⁸²

The study also indicated that drug offenders' criminal careers usually start with theft. The number of thefts peak at age 19, whereupon the trend takes a slight downward turn. In the meantime, the drug offence trend starts to rise. Drug-related crime is relatively stable at age 21 – 22. Car thefts and driving under the influence of intoxicants (incl. drugs) are typical prior to drug offences, but their number is lower than that of other thefts, and also these offences become rarer before drug offences start to increase. Theft and drug offences remain at a relatively high level until age 33, followed by a steep downtrend. Drug offenders "get bored with" their crime career at a later age than is the case with other convicts.

4.2.3 Drugs in road traffic

Drugs are present in road traffic as well, and their prevalence can be deduced from law enforcement statistics. In 1999 (1998), the number of intoxicant cases in traffic was 21,940 (21,850), most of which were alcohol related, carrying convictions of drunken driving. Of all cases, 1,323 (1,111) involved drugs (medicines or narcotics); the number of cases involving narcotics was 918 (755). Amphetamines were found in 670 (528) cases, cannabis in 580 (514) and opiates in 180 (100) cases.⁸³ In the early 1990s, the number of narcotic drug findings was about 200.

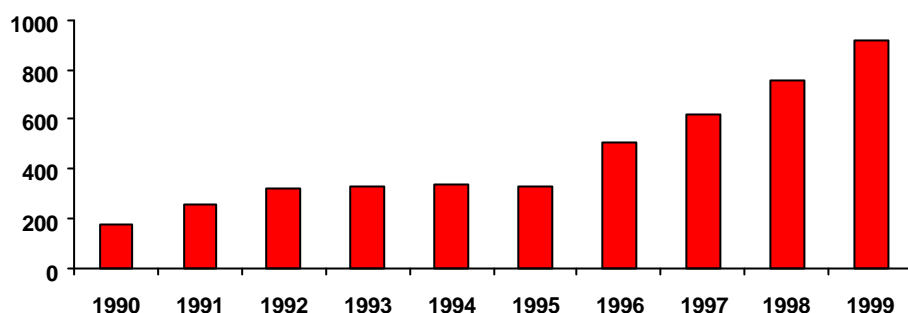
⁸¹ Arpo, Leena 1999. *Huumeriippuvuuden hoito vankiloissa*. [Treatment of drug dependence in prison]. In *Huumeriippuvuuden hoito Suomessa*. [Treatment of drug dependence in Finland]. Academy of Finland & Finnish Medical Society Duodecim, consensus seminar 1-3 November 1999. Vammalan kirjapaino, Vammala 1999.

⁸² The material comprises the years 1977 – 1996. The study will be published in 2000. Aarne Kinnunen, the Police College of Finland & Tuomo Niskanen, Statistics Finland.

⁸³ Drug Laboratory of the National Public Health Institute; Niemi, Hannu 1998. *Liikenne rikokset. Rikollisuustilanne 1997*. [Traffic violations. Crime situation in 1997]. National Research Institute of Legal Policy. Helsinki 1998.

Figure 13.

Narcotics findings among suspects for driving under the influence of drugs (in road traffic) in the 1990s



Despite the considerable increase in narcotics findings, the number of sentences for driving under the influence of drugs (medicines or narcotics) as the primary offence has not increased correspondingly in the 1990s: in 1991, 277 sentences were passed, whereas in 1998 the number was 356 and 358 in 1999. The difference between the number of suspects (drug findings) and persons convicted is partly due to the fact that the total amount of pharmaceutical and narcotics findings in the cases of driving under the influence of drugs leading to a conviction has not increased so rapidly in the 1990s and that many cases involve some other primary offence (such as drunken driving).

4.3 Social and economic costs of drug consumption

Drug abuse has detrimental effects at individual and societal levels. It increases morbidity, social exclusion and causes interpersonal problems and suffering. Moreover, drug abusers face a great risk of untimely death. Substance abuse inflicts damage and expenses on society at all levels. Along with health care expenses, considerable costs are incurred in drug-related control and crime.

Preliminary information on the situation in 1998⁸⁴suggested that abuse of medicines and narcotics resulted in direct societal costs ranging from FIM 609 million to FIM 901 million, with an increase of five per cent from the year before. The greatest increase was in institutional health care (19 per cent) as well as in benefits and child welfare costs (17 per cent).

Table 13.

Cost of narcotics and medicines -related harms in Finland in 1998

⁸⁴ Hein, Ritva, 2000: Preliminary information on alcohol and drug costs in 1998.

	Minimum (FIM million)	Maximum (FIM million)
Criminal justice system	209	271
- Police and rescue services	64	120
- Judicial system and prisons	145	151
Damage to property	79	196
Social services	264	351
- Welfare for substance abusers	146	195
- Living allowances, child welfare	118	156
Health care and pensions	109	197
- Inpatient care of drug and medicine abuse	51	98
- Outpatient and home care	39	52
- Sickness pay	6	11
- Disability pensions	12	36
Research and prevention	28	28
TOTAL	689	1043

In addition to direct costs, drug and medicine abuse causes considerable indirect expenses, e.g. in the form of production losses. For example, substance abuse may lead to inefficiency in studies and work and social problems may occur, such as marital break-ups. What is more, there is even a calculable figure for untimely deaths. Rough estimates of indirect costs per year vary between FIM 1.7 – 3.6 billion.⁸⁵

⁸⁵ Another future cost to be added involves hepatitis C cases due to intravenous drug use (90 per cent of the cases), not to mention HIV infections. While the infections were relatively few in the early 1990s, hepatitis cases reported to the register of infectious diseases have rapidly increased during the past three years, and the same applies to HIV during the past six months.

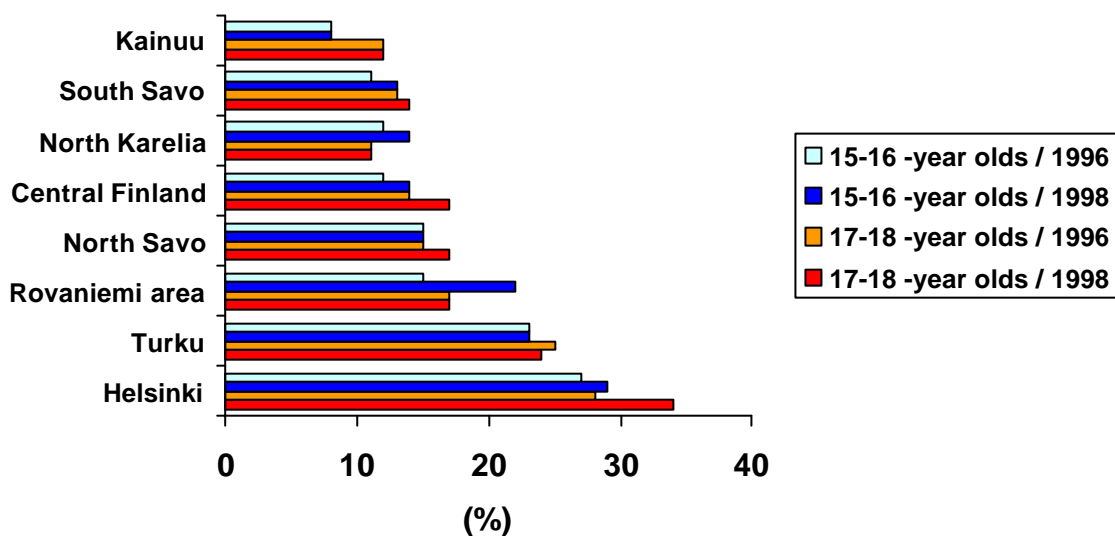
5. THE DRUG MARKET

5.1 Availability and supply

Many drug surveys have asked the interviewees whether they have been offered drugs. According to the 1992 – 1998 conscript surveys, 45 – 48 per cent of the respondents had been offered drugs.⁸⁶ The same question was posed to 14 – 18-year-olds, concerning the previous 12 months.⁸⁷ According to the 1996 and 1998 school health surveys, drugs had on average been offered to 19 per cent of 15 – 16-year-olds and to 21 per cent of 17 – 18-year-olds during last 12 months.⁸⁸

Figure 14

Drug offers to young people (%) during last 12 months in Finland



According to a survey of juvenile delinquency, drugs were often used within the confines of private dwellings (45 per cent) or in the street (31 per cent). Of the young respondents, almost two-thirds had received their last drug dose free of charge. The responses indicated that the more regularly a person had used drugs during the year, the more likely it was that he or she had to pay for it. Payment was also more likely if the drug use had started at an early age. Irrespective of how regular the use was, girls received drugs for free more often than boys did. Entering the drug scene leads to a situation where a person must pay for drugs, but the price is liable to go down as the drug user gets to know the market

⁸⁶ Jormanainen, Vesa et al. 1998.

⁸⁷ Rimpelä M, Pohjanpää K, Terho P, Pienimäki-Jylhä P & Poikajärvi K. 1995. *Huumeet nuorten arjessa*. [Drugs in young people's everyday life]. STAKES, Aiheita 28/1995. Helsinki; Rimpelä A, Rimpelä M, Vikat A, Ahlström S, Huhtala H & Lintonen T. 1997. *Nuorten terveystapatutkimus: tupakointi ja päihteet 1977 - 1997*. [Young people's health habits: smoking and intoxicants in 1977 – 1997]. STAKES, Aiheita 28/1997; Rimpelä M, Luopa P, Jokela J, Linnamo A & Siivola M. 1996. *Kouluterveys 1996 – tutkimus: kouluviihtyvyys, terveys ja terveystottumukset Helsingissä huhtikuussa 1996*. [School health survey 1996: school satisfaction, health status and health habits in April 1996 in Helsinki]. City of Helsinki. 1997.

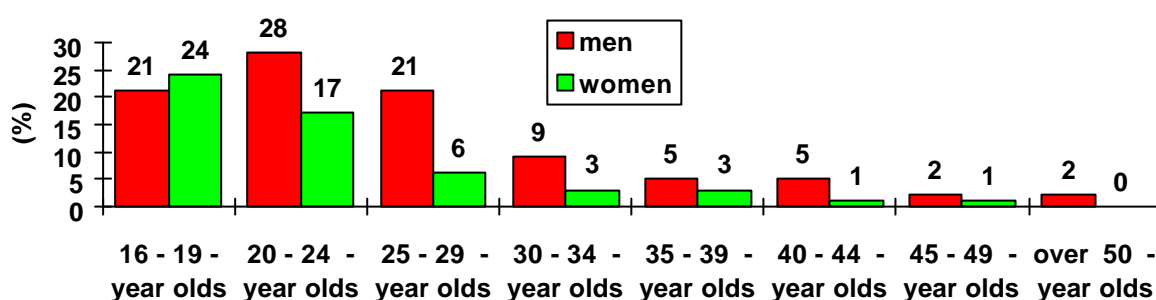
⁸⁸ Rimpelä, Matti & Luopa, Pauliina 1999. Preliminary information on the 1996 and 1998 survey results.

better. Only four per cent had reportedly acquired money by illegal means during the year in order to purchase hashish or marijuana.⁸⁹

The 1998 population surveys found that 28 per cent of men (9 per cent during the year) and 16 per cent of women (5 per cent) had been offered drugs. Drugs has been at least once been offered for free to more than three persons out of four.⁹⁰

Figure 15

Drug offers to adults (%) during the past 12 months by age in 1998



Towards the end of the 1990s, attempts to smuggle drugs have become more professional and better organised, with profit as the prime motive. Based on recent information, illicit drugs are exported not only from the Netherlands but also from or via other EU countries. It is also noteworthy that smuggling from Estonia (amphetamine in particular) has increased, partially run by Finns. The bulk of the ecstasy on the market seems to originate from the Netherlands, although it too is smuggled via Estonia. In 1998, heroin from Russia entered the Finnish drug market and newspaper headlines, especially as regards import organised by the Ingrian returnees, who are ethnic Finns having formerly lived in Russia. Most of the seized heroin was heroin hydrochloride, usually smuggled from Russia. Another phenomenon of the late 1990s was buprenorphine tourism to France: heroin addicts travelled to France, where buprenorphine can be prescribed for one month for substitution treatment.

According to the statistics, drug offences in the Leningrad Region and St Petersburg, not far from Finland's eastern border, have more than quadrupled in 1992 – 1996. While this is partly attributable to intensified militia operations, drug smuggling via St Petersburg to the Nordic countries and the rest of Europe has expanded. Home-made drugs of inferior quality have been

⁸⁹ Kivivuori, Janne 1999.

⁹⁰ Leena Metso, 2000: Preliminary information on population survey 1998. STAKES.

replaced by heroin, especially the smoked variety.⁹¹ Heroin sold at a rock-bottom price in St Petersburg is an alarming scenario for Finnish illicit drug markets. This supply is already reflected in the increased heroin use in Finland, particularly among young Ingrian returnees.

5.2 Seizures

In the 1990s, hashish and amphetamine, and to some degree also heroin, seizures have been on the increase. However, the large consignment of heroin seized in 1995 was mainly destined for other countries, and the same applied to some major seizures of cocaine in the 1990s (the latest in 1998). The first time ecstasy was seized in larger quantities was as late as in 1995. Gamma (GHB) was introduced into the Finnish market in 1998. However, GHB is not classified as a narcotic in Finland, and thus its supervision is based on pharmaceutical, rather than narcotics, legislation.

Table 14.
Drugs seized in 1990 - 1999 (kg)⁹²

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Hashish	71.20	101.29	43.86	117.05	64.32	147.51	99.44	197.66	160.97	492.32
Marijuana	0.60	6.03	3.73	1.19	4.37	4.27	3.51	12.15	8.01	18.17
Amphetamines	1.38	5.32	11.58	18.70	9.07	20.12	22.14	22.20	24.78	71.26
Cocaine	0.03	38.14	0.06	0.01	0.04	0.07	0.07	0.12	1.99	1.70
Heroin	0.03	0.66	1.87	0.68	1.59	16.12	6.45	2.40	1.97	2.88
Khat	-	39.38	12.60	23.87	88.23	68.11	264.50	249.01	103.94	374.10
LSD (units)	39	27	337	29	2,541	500	41	323	301	50
Ecstasy (units)	-	-	-	18	-	3,750	1,011	3,062	3,320	17,665

Table 15.
Number of drug seizures in 1993 - 1999

	1993	1994	1995	1996	1997	1998	1999
Hashish	897	774	1,235	1,312	1,686	1,997	2,256
Amphetamines	381	415	696	972	1,352	1,641	1,956
Heroin	39	39	82	145	153	210	342

⁹¹ Pakkasvirta, Teela 1999. *Drugs in St Petersburg and the Leningrad Region Situation in Spring 1998*. STAKES/Themes 2/1999.

⁹² *Rikollisuustilanne 1999*. [Crime situation in 1999]; National Bureau of Investigation.

Cocaine				15	16	24	49
Ecstasy				52	74	57	159
LSD				14	14	...	15

According to preliminary information, about 1.8 kilos of drugs were seized in prisons in 1999, whereas in 1998 the amount was 4.2 kilos. In 1999, the largest quantities involved 1.2 kilos of hashish (3.4 kilos in 1998) and 0.5 kilos of amphetamines (0.6 kilos), while the amount of heroin seized was 35 g (11 g). Some 2,400 narcotic pills were seized (3,800 in 1998), along with about 800 hormone tablets or ampoules (1,200).⁹³

The semi-annual statistics on 2000 of the National Bureau of Investigation indicate that the number of drug seizures rose at the same pace as in recent years, with the exception of ecstasy, which has increased by about 150 per cent in terms of seizures made.⁹⁴

5.3 Price and purity

The price of drugs is relatively high in Finland, many times higher than e.g. in the Netherlands, which is the primary source of narcotics imported to Finland. According to the statistics of National Bureau of Investigation in 1999, the street value of cannabis was FIM 50 – 80 per gram, amphetamine sold at FIM 100 – 200 per gram, ecstasy at FIM 60 - 100 per tablet, brown heroin at FIM 800 – 1,500 and white heroin at FIM 1,500 – 2,500 per gram. Interviews made in Helsinki suggest that the price of hard drugs has dropped in the 1990s, whereas cannabis has more or less remained at the same level. Another recently emerged threat is the cheap heroin from St Petersburg.

The purity of amphetamine and heroin is regularly tested in Finland by forensic or customs laboratories. Small quantities of cannabis need not to be tested if the suspect has confessed and there is no ambiguity over the substance. The quality of drugs in the street varies much. In 1997, the average purity of the amphetamine seized was 55 per cent and 50 per cent for heroin. Over a longer period, the average purity has been about 35 per cent.⁹⁵ However, amphetamine has been very pure, almost 100 per cent, when imported to Finland.

⁹³ Prison Administration Department of the Ministry of Justice. See also Kansanterveys journal 3/1999.

⁹⁴ Semi-annual report 2000 of the drug information service of the National Bureau of Investigation .

⁹⁵ *Rikollisuustilanne 1998* [Crime situation in 1998]; Forensic Laboratory 1998.

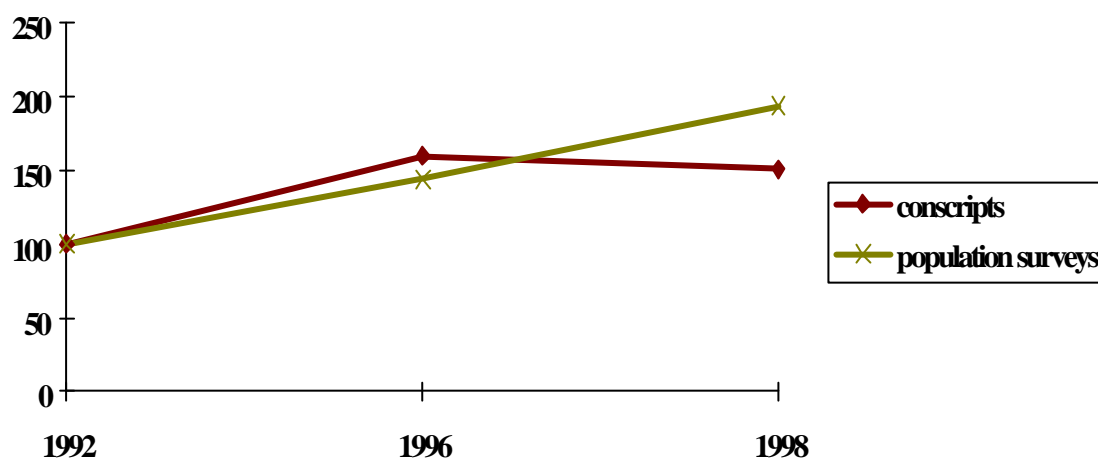
6 TRENDS PER DRUG

6.1 Cannabis

According to the 1998 data, 10.3 per cent of 16 – 64 –year-olds had experimented with cannabis at least once during lifetime (12.1 per cent of men; 7.6 per cent of women). The proportion of those having experimented with cannabis during last year was 2.7 per cent (1.0 per cent during last month). Cannabis experiments have developed in the 1990s as shown in the figure below:

Figure 16.

Trends in the lifetime prevalence of (experimental) cannabis use in 1990s (1992=100)⁹⁶

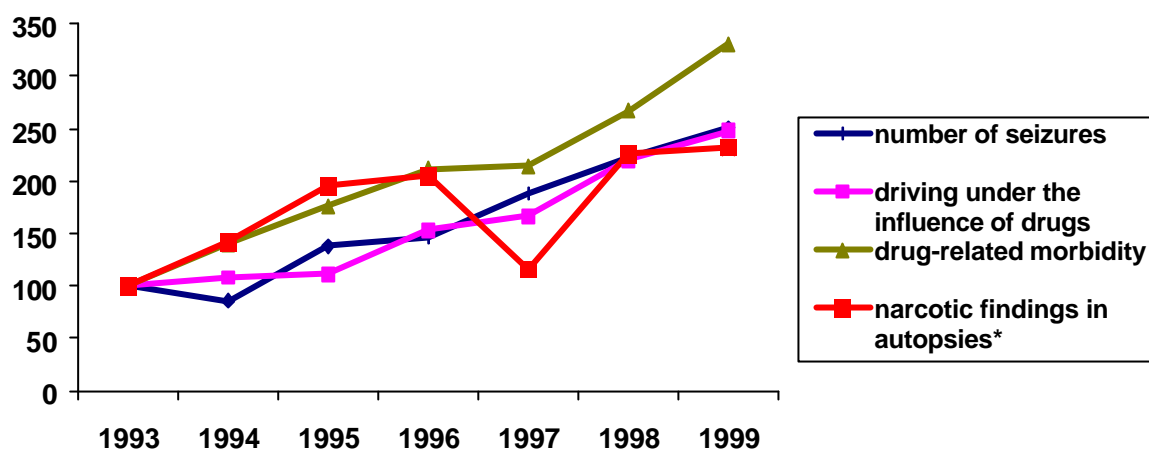


Correspondingly, the cannabis related harms (cannabis seizures made, driving under the influence cannabis, cannabis related morbidity and cannabis findings in autopsies)⁹⁷ have developed as follows (1993=100):

⁹⁶ Indicators are from Chapter 2.2.

⁹⁷ Indicators of harmful effects of each substance were compiled on the basis of the figures in Chapters 3.2, 3.4 and 4.2.

Figure 17.
Trends of cannabis related harms in the 1990s

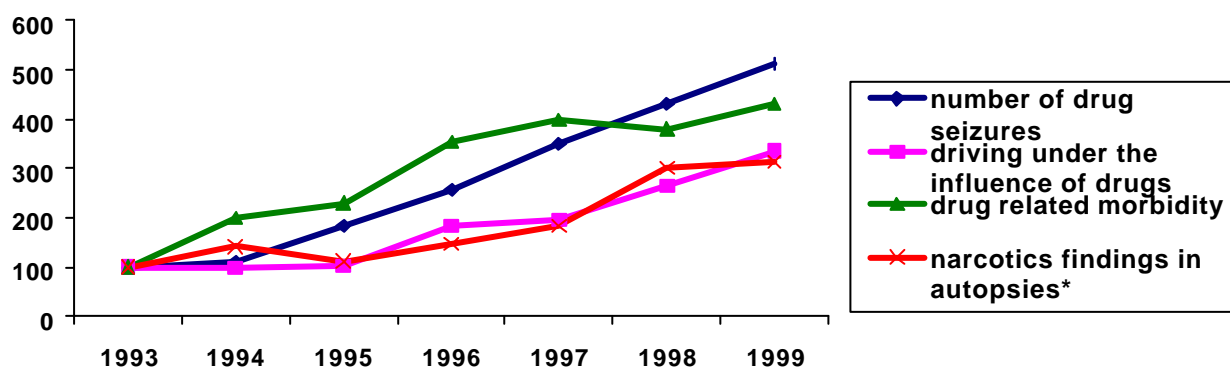


* = Preliminary information on 1999

6.2 Synthetic drugs (amphetamine, ecstasy, LSD)

A study on the prevalence of hard drugs was conducted in 1997, suggesting that Finland had an estimated 6,800 – 11,640 amphetamine users in age group 15 – 55 year-olds in 1997.⁹⁸ The estimates indicated that women accounted for some 20 – 30 per cent of the amphetamine users. The estimates made on the basis of 1998 preliminary information are in line with these figures. Correspondingly, the harmful effects associated with amphetamine have developed in the late 1990s as shown below (1993=100). There are no equivalent and comparable time series for ecstasy or LSD.

Figure 18.
Trends of amphetamine related harms in the 1990s



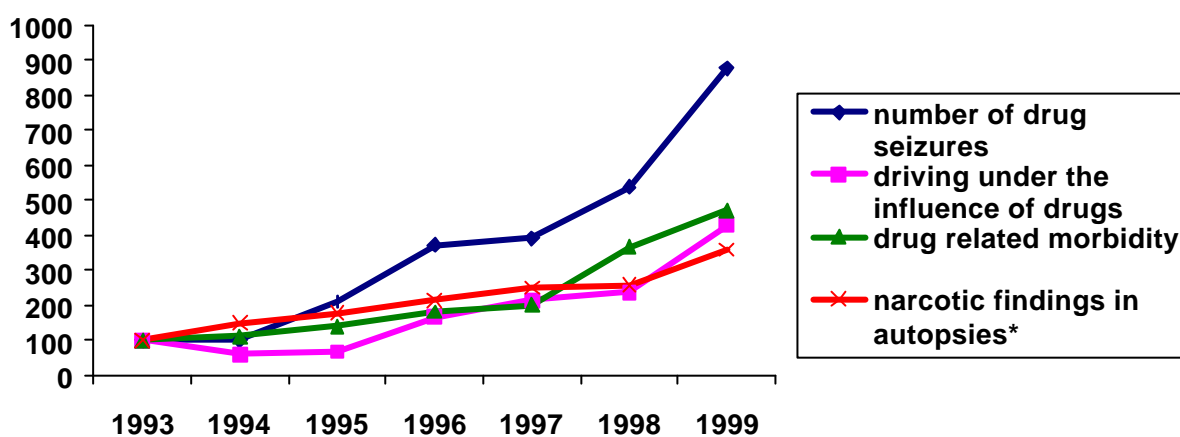
* = Preliminary information on 1999

⁹⁸ See Chapter 2.3.

6.3. Opiates / Heroin

According to the 1997 study on the prevalence of hard drugs, Finland had an estimated 1,530 – 3,260 opiate users in age group 15 – 55 –year-olds in 1997.⁹⁹ Based on the estimate, women accounted for about 25 – 50 per cent of the opiate users. The estimates made on the basis of 1998 preliminary information are in line with these figures. The harmful effects of opiates have developed in the late 1990s as follows (1993=100):

Figure 19.
Trends of opiate-related harms in the 1990s



* = Preliminary information on 1999

6.4 Cocaine

Cocaine is often associated with 'recreational use', which may partly explain why this substance cannot be made visible by indicators measuring (severe) harms of drug use. On the other hand, the use of drugs (other than cannabis) is so rare in Finland that population surveys cannot accurately reflect it. Therefore, no reliable time series on cocaine are available. Based on the latest police statistics, the number of seizures has doubled in a year, but the level remains very low (49 cases).

6.5 Multiple drug use

Finnish substance abuse is characterised by multiple or polydrug use. The 1998 and 1999 drug treatment pilots collected information about clients in treatment for substance abuse, who were

problem users of narcotics or medicines - with or without alcohol. The result was that when the primary substance and possibly two additional substances was examined, it transpired that almost two-thirds of the drug clients had at least three substances recorded and almost 90 per cent had at least two substances that they abused. In terms of diseases linked to narcotics and medicines, polydrug use has increased steadily.¹⁰⁰ More than one substance finding was also involved in over 50 per cent of all drug-related deaths (based on substance findings) and in cases of driving under the influence of drugs.

As regards abuse of medicines for intoxication purposes, information about the use of sedatives and tranquillisers has been collected as well. Based on the 1998 survey data, 4.6 per cent of 16 – 64 –year-old men and women had used medicines for non-medicinal purposes at least once during lifetime and 1.5 per cent during the past year. Some 2.0 per cent of the Finnish population had experimented with inhaling solvents or glues during lifetime, but only 0.2 per cent had done so during the previous year.

The number of patients in hospital and substance abuse services, treated for abusing sedatives or tranquillisers, is somewhat higher than that of all narcotics clients. However, the former group consists of older people. Deaths related to pharmaceuticals are four times more common than narcotics deaths. Many deaths related to pharmaceuticals are classified as suicides.

⁹⁹ See Chapter 2.3.

¹⁰⁰ See Ch. 4.2.

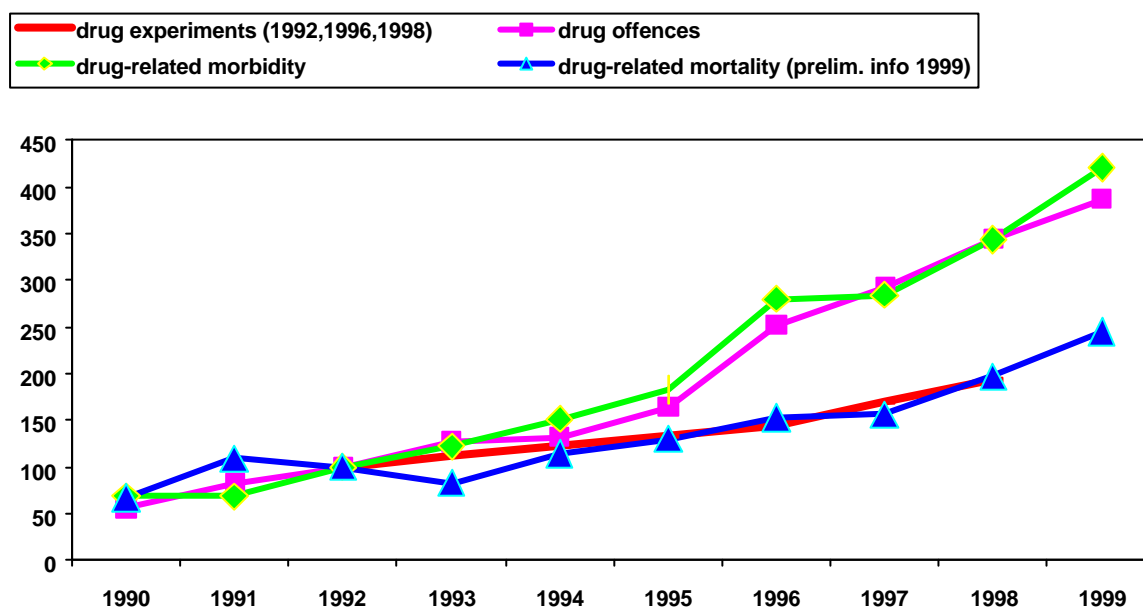
7 CONCLUSIONS

7.1 Consistency between indicators

Throughout the 1990s, the existing indicators show a constant development in the drug situation: drug experiments and use (time series available on cannabis only) as well as the related harms (morbidity, crime and mortality) have increased steadily during the decade. One important reason for the relatively steep increase in the indicators is the exceptionally low levels of the early 1990s.¹⁰¹

Figure 20.

Trends in drug experiments and related harms in 1990 - 1999 (1992 = 100)¹⁰²



Different substances are manifested in the statistics in different ways. For instance, statistics on health care and substance abuse services show the harms of "hard drugs," amphetamines and opiates, in particular: drug-related morbidity, infections and deaths. In crime statistics, a key role is played by cannabis, although amphetamine is rapidly increasing its proportion of the seizures made. At present, cocaine and ecstasy are reflected in the Finnish crime statistics.

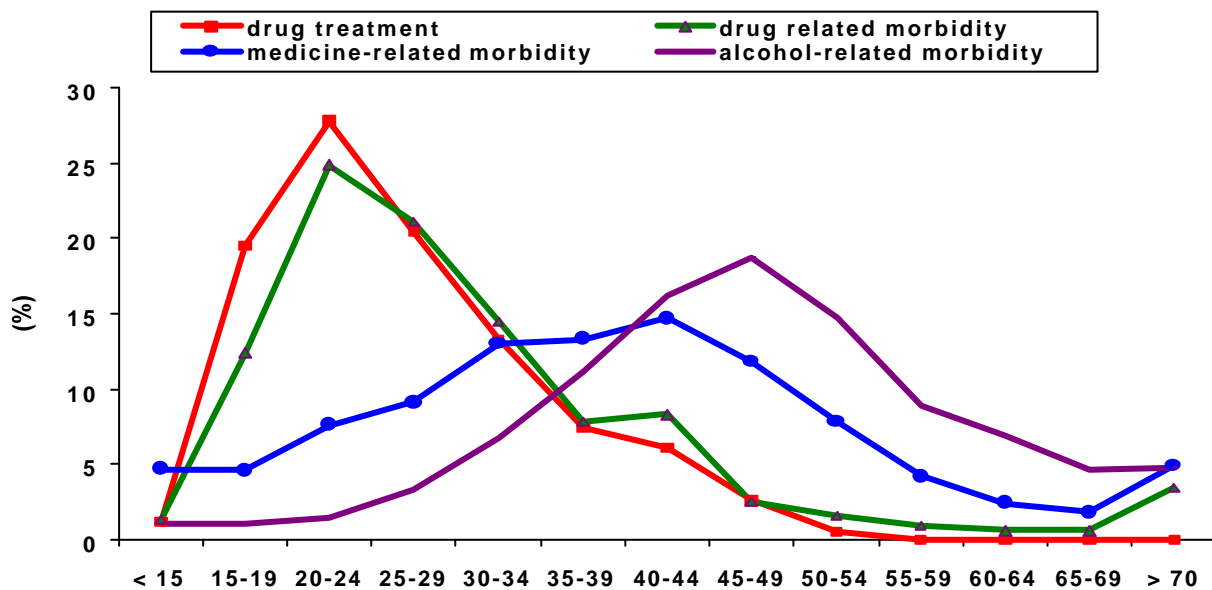
¹⁰¹ This Chapter is based on two articles: Virtanen, Ari 2000(a). *Huumaussaineiden kokeilu ja käyttö* [Drug experiments and use]; and Virtanen, Ari 2000(b). *Huumaussaineiden käytöstä aiheutuvat haitat*. [Negative effects of drug use]. In Hein, Ritva et al. 2000.

¹⁰² Drug offence = Persons suspected of a drug crime in the statistics of the National Bureau of Investigation; Drug-related morbidity = Drug-related diseases according to primary and secondary diagnosis in the health care registers of STAKES; Drug-

Polydrug use is becoming increasingly typical of Finnish substance abuse. The largest user group however comprises abusers of alcohol, who only occasionally consume other substances. The combinations of substances used in the 1990s have remained unaltered: the most important groups are polydrug users of alcohol and pharmaceuticals; amphetamine and cannabis users who also drink alcohol; and opiate users who also use amphetamines and cannabis but not much alcohol. It seems that the role of alcohol is declining, especially among "hard-drug" users.¹⁰³

While all indicators show that the Finnish substance abuse problem revolves around alcohol, there are two factors that are alarming about the problematic use of narcotics: the above-mentioned rapid growth of drug use, with the resulting harmful effects, and the fact that these problems typically concern young people. The latter phenomenon is reflected in the Figure on hospital or drug treatment statistics, shown below:

Figure 21.
Drug treatment and related morbidity in health services by age group (%) in 1998¹⁰⁴



Drug-related morbidity is heavily concentrated in the age group 15 – 29 –year-olds, so much so that although the total number of treatment periods due to alcohol-related diseases is almost twenty times higher and three times higher due to pharmaceutical-related diseases compared to drug-related diseases, in this age group the number of drug-related treatment periods is roughly the same as pharmaceutical-related treatment periods and almost half of alcohol-related treatment periods. The

related mortality = Drug findings in autopsies, according to the Department of Forensic Medicine, Helsinki University; Experiments and use = Persons having experimented with cannabis at least once, according to population surveys.

¹⁰³ See Partanen, Airi 2000(a) .

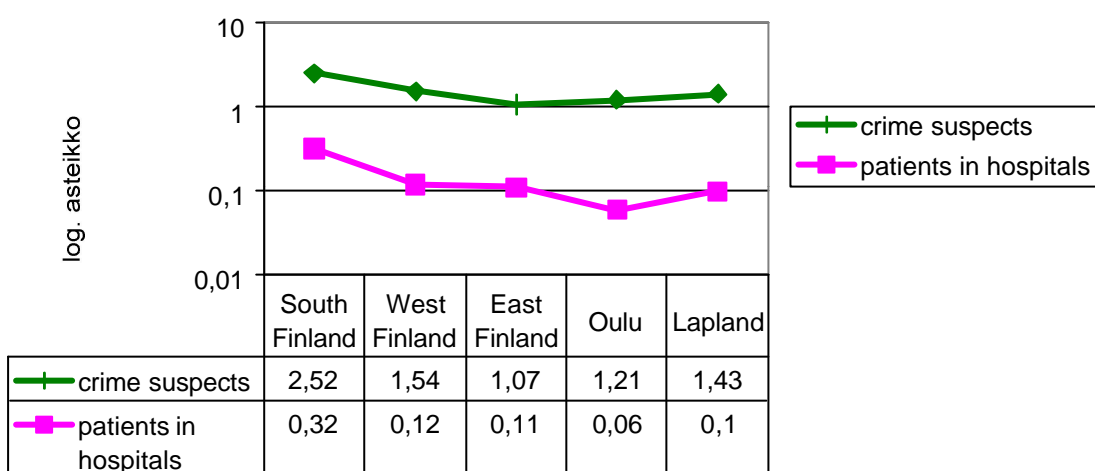
¹⁰⁴ STAKES/Drug Monitoring Centre.

age distributions also show that in the late 1990s, half of the suspects in drug offences were aged 15 - 25.¹⁰⁵ In addition, half of the persons having died of heroin poisoning were under 25 years of age,¹⁰⁶ and over half of the hepatitis C infections were diagnosed in people under 30 years of age.¹⁰⁷

Geographically, drug-related harms are distributed in the same way as drug experiments and use: Southern Finland and major cities predominate in drug use and negative effects as well.¹⁰⁸

Figure 22.

Drug patients in hospitals (according to main diagnosis) and suspects of narcotics offence by province in 1998 (per 1,000 inhabitants) ¹⁰⁹



¹⁰⁵ National Bureau of Investigation 2000.

¹⁰⁶ Vuori, Erkki 2000. *Helsingin yliopiston oikeuslääketieteen laitoksen ennakkotietoja ruumiinavausten huumelöydöksistä 1998-1999*. [Preliminary information of the Department of Forensic Medicine, Helsinki University, about drug findings in autopsies in 1998 – 1999] Seminar paper, Finnish society of alcohol researchers, 25 May 2000.

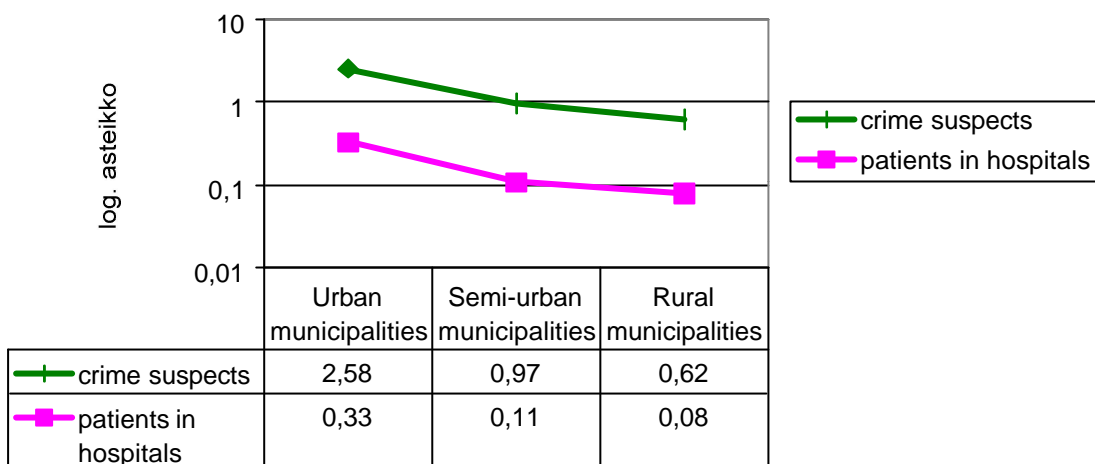
¹⁰⁷ Kansanterveys journal 4/2000. See also Partanen, Airi 2000(b). *Suonensisäisesti huumeita käyttävien veriteitse leviävät vakavat virusinfektiot*. [Severe blood-transmitted viral infections in intravenous drug users]. In Hein, Ritva et al. 2000.

¹⁰⁸ Cf. Chapter 2.2.

¹⁰⁹ Stakes Information & Oikeustilastollinen vuosikirja 1999 SVT/ Oikeus 3/1999, Statistics Finland.

Figure 23.

Drug patients in hospitals (according to main diagnosis) and crime suspects Of narcotics offence by type of municipality in 1998 (per 1,000 inhabitants)



The drug related harms – along with drug experiments – have spread across Finland: based on 1999 information, drug seizures took place in 240 municipalities, whereas a year before drugs were seized only in 122 municipalities.

Thus it seems that if the upward spiral of drug experimenting (since the early 1990s) continues, the harmful effects will spread to older age groups as the users grow older, both in acute (e.g. poisonings) and chronic (e.g. cirrhoses due to hepatitis C) forms, which have long since been apparent as a result of long-term abuse of alcohol, the dominant intoxicant in the country. As the use becomes stabilised in the long run, regional differences are liable to level off, a fact that has a direct impact on the negative effects throughout the country. Some of these impacts, e.g. HIV infections due to intravenous drug use, will also affect people who do not use drugs. Compared to other substances, the illegality of narcotics and the resulting connections to criminal subcultures pose additional risks.

7.2. Implications for policy and interventions

The rapid growth of drug use and the related harms have necessitated the development of local and national drug strategies. In 1998, the Government Decision-in-Principle on drug policy was outlined to serve as a frame of reference in national strategic planning, including a draft for a national

research programme. An interadministrative working group was established to implement and monitor the Decision, but the separate drug research programme seems to fall through, as drug studies will be incorporated into the existing national research programmes.

Many local drug strategies have been drawn up since 1998 to prevent and address drug problems. There are at least ten regional drug strategies,¹¹⁰ including the four largest Finnish cities (Helsinki, Espoo, Tampere and Turku). The strategies usually aim at a well-balanced approach, where both drug demand prevention (Part III) and supply reduction (Part IV) are taken into account.

Public discussion about drug related harms focused on four phenomena: the expanding drug use among young people, the growing number of drug offences and seizures, heroin deaths and the HIV epidemic caused by intravenous drug use. In early 1999, the Ministry of Social Affairs and Health appointed a committee to make proposals for actions to prevent young people's drug use. An effort has been made to counteract expanding drug crime by introducing new ways of combating it (fictitious purchase and covert operations) and by intensifying the methods already in use (technical surveillance and supervision, collaboration to forestall money laundering). Drug-related health risks have been prevented by promoting infection risk counselling and exchange of hypodermic needles. Since 1997, a nationwide substitution treatment system has been developed for opiate-dependent clients. Moreover, a working group was appointed in summer 2000 to plan and develop the national drug treatment system further.

7.3 Methodological limitations and data quality

The amount of drug information expanded considerably in the 1990s, and an effort was made to improve its quality. Also the technical development of statistical systems has advanced.

In the 1990s, Finland had regular surveys targeted at schoolchildren, young people, conscripts and the general population. The data on drug use among conscripts span almost three decades.

The bulk of the indicators of drug-related harms is collected as a part of a larger information system, which may restrict their usefulness as specific drug information. The Finnish development of drug information systems focuses on a more precise interpretation and utilisation of the data. Examples of this include investigations into the backgrounds of drug offences and deaths (to be

completed in 2000) and estimates of the prevalence of hard-drug use, retrieved through combined data in different registers. Progress has also been made in the compilation of specific drug treatment data by using the internationally compatible Pompidou drug treatment demand information protocol.

Along with information about the drug situation, some research in Finland has carried out on drug policy and the control and service system. The data on the systems and the improved methods of evaluating projects on drug prevention and drug treatment make it possible to devise more feasible interventions in the future.

Quantitative methods have been widely developed, but the lack of qualitative field studies is a serious drawback in Finnish drug research, narrowing the possibilities to interpret quantitative data and to gain more profound insights into the drug phenomenon. This lack of information also restricts the possibilities to target public interventions at different drug user groups and cultures.

¹¹⁰ Cf. <http://www.stakes.fi/neuvoa-antavat>

PART III DRUG DEMAND REDUCTION INTERVENTIONS

8. STRATEGIES IN DEMAND REDUCTION AT NATIONAL LEVEL

Drug demand reduction involves broad activities encompassing authorities, organisations, citizens and several areas in the private sector. This work is done at local, regional and national levels and as a part of international co-operation.

The issues of drug demand reduction especially prevention, drug legislation and the relevant social and health services belong to the domain of the Ministry of Social Affairs and Health, while educational, youth, cultural and sports issues are administered by the Ministry of Education. The Ministry of the Interior is in charge of the strategic planning concerning the police.¹¹¹

Transfers paid from the state budget constitute a central resource basis and a means of exercising control over the planning of intoxicant abuser services. In its annual plans, the Government approves the guidelines and grounds for the distribution of state appropriations for social and health services as well as education and culture. The State provides the municipalities with allocations for health, social, educational and cultural services, the amounts of which are calculated based on the population, age structure, morbidity, service structure and the unemployment rate in each municipality.

The Finnish municipalities have a relatively extensive autonomy. By law, the municipalities are responsible for the implementation of intoxicant abuser services and temperance work to meet the needs in the municipality.¹¹² The municipalities plan and pursue local intoxicant policies based on the residents' needs and rights stipulated by law. They are also responsible for the use of State transfers, municipal taxes and other revenues.

Civic activities in Finland have a long tradition, and these activities complement the public system. Preventive drug work is done by many non-profit-making general organisations and organisations specialising in public health or intoxicant abuser services.¹¹³

¹¹¹ See Appendix 1: Organisation chart of drug administration in Finland.

¹¹² See the Act on Welfare for Substance Abusers (41/1986), Section 3 and the Temperance Act (828/1982), Section 4.

¹¹³ See Appendix 4, Actors in demand reduction.

8.1 Major strategies and activities

At the end of 1998, a Government Decision-in-Principle on national drug policy was issued, containing a draft proposal for a drug research programme. The decision was based on the proposal for a national drug strategy drafted in 1997 by officials and experts in the Drug Policy Committee. The decision concluded that, in order to combat drug use and distribution of drugs, general socio-political measures are needed along with drug-specific demand and supply reduction activities.¹¹⁴ Demand reduction actions are divided into preventive work as well as treatment and support activities provided for the users and their close persons.

Preventive work and early intervention

According to the Government Decision-in-Principle, demand reduction is promoted by influencing the population's living conditions by implementing Nordic welfare policy and by early and effective intervention in emerging intoxicant problems and in symptoms preceding drug use. The following methods are used to achieve this goal:

1. New approaches will be developed to drug education so that:

- The use of existing programmes on alcohol and drug education in schools will be evaluated.
- Telematics services aimed at preventing drug use will be developed.
- The role of the school in local network co-operation in drug prevention among young people will be developed through education.
- Drug and other intoxicants issues will be integrated into the curricula, subjects and the daily activities in comprehensive school, upper secondary school and vocational institutes.

2. In order to promote early intervention in drug problems and to encourage personnel to intervene through experience and adequate knowledge of useful working methods:

- Courses dealing with drugs and educational material will be provided for the vocational and further training of personnel working with drug issues.
- Preventive work will be intensified by increasing the professional skills of personnel working with young people and by promoting multiprofessional co-operation.

¹¹⁴ For the demand reduction strategy, see Part V: *Huumausainestrategia 1997* (Drug strategy 1997). Memorandum of the drug policy committee. 1997:10. Oy Edita Ab, Helsinki, 1997; Government Decision-in-Principle on drug policy, 1998.

3. A committee will be set up to make proposals for preventing drug use among young people and reducing the detrimental effects of abuse, taking account of, in particular, new synthetic drugs, the special needs of immigrants and the most vulnerable groups.

4. Local projects will be launched to support early intervention in young people's problems. Methods to identify and prevent substance abuse among children will be introduced through the pastoral care of pupils, based on parents' support.

Care of abusers and support for their families

The care and treatment of drug abusers is based on the general principle observed in Finnish social welfare and health care to provide all citizens with the services they need. The aim of welfare for substance abusers is, on the one hand, to prevent and reduce substance abuse and, on the other hand, to curb the related social and health harms, as well as to promote the functional capacity and security of abusers and their families. The abuser is entitled to good medical care and a confidential specialist-client relationship. The treatment of drug abusers is made difficult by their changeable motivation and short attention span. Abusers should therefore be offered flexible access to care. The Government Decision-in-Principle¹¹⁵ incorporates the following approaches to reach this goal:

1. Referrals to treatment and care services for drug abusers outside consulting hours are provided by emergency units of health centres and hospitals, joint emergency services of social welfare and the police, in larger population centres by detoxification centres and by special out-patient clinics operating on a 24-hour basis. These services will be expanded.

2. The quality of care required by the Act on Welfare for Substance Abusers has to be ensured equitably throughout the country. The possibility will be studied of introducing a system of equalising costs between municipalities in drug treatment within social welfare, similar to that already applied in specialised hospital care.

3. Detoxification and substitution therapy will be provided to meet the present needs, observing the Ministry of Social Affairs and Health regulation on the treatment of opiate addicts.

¹¹⁵ Government Decision-in-Principle on drug policy 1998.

4. The Ministry of Social Affairs and Health will examine the provision of care for pregnant women using drugs and give proposals for its development. In addition, the primary nature of the Child Welfare Act and the possibilities involved in it to help young substance abusers will be applied in practice more widely. Also the supply of child welfare services based on voluntary procedures will be promoted.

5. Drug prevention in prisons will be developed so that new drug users are not recruited, and drug use does not continue during imprisonment.

- The government has introduced a bill (10/1998) to amend the Act on enforcement of punishments and certain other Acts with a view of intensifying drug control in prisons.

- At the beginning of 1999, the Prison Administration confirmed its guidelines for action during 1999 - 2001, defining the objectives, goals, and lines and principles of action to avert substance abuse-related crime, to prevent harm caused by substance abuse and to encourage prisoners to adopt a lifestyle free from crime and substance abuse.

- The continuity of support after release from prison will be ensured in co-operation with agencies outside prison.

6. Models of action will be developed further and introduced that prevent the spread of communicable diseases and promote the integration of abusers into the service system. The services will be expanded so that they are accessible to the extent needed.

7. A system will be created, according to which those subject to measures by the police are offered expert help in order to assess their situation and to refer them to treatment.

8. The special needs of drug abusers will be taken into consideration in the development of existing services by intensifying personnel training. Low-threshold services, day activities and housing services for marginalised people will be launched and expanded, and support persons and supportive services will also be provided.

On 28 October 1999 the Finnish Government approved the target and action programme on social welfare and health care in 2000 – 2003. In this programme, the Government outlines its developmental goals for social welfare and health care as well as the necessary recommendations for actions and the implementers. One target is to prevent substance abuse problems. The object of these endeavours is to intensify collaboration between municipalities, administrative bodies as well as the authorities, civic organisations and the business sector in preventing substance abuse

problems and to clarify work organisation and responsibilities. A letter sent by the Ministry of Social Affairs and Health via the provinces to the municipalities in May 2000 suggested that the municipalities appoint regional co-ordinators in charge of substance abuse prevention, whose task is to promote prevention in the locality through multiprofessional co-operation, to co-ordinate local or regional alcohol and drug strategy work and to disseminate information between the municipality and different organisations. The Ministry will support the related projects through both training and prevention resources at STAKES; also the provinces participate in this undertaking. By September 2000, over 300 municipalities had already appointed persons in charge of substance abuse prevention.

8.2 Approaches and new developments

Demand reduction policy in 1999 has been a continuation and result of the 1998 Government Decision-in-Principle on drug policy and its implementation. The new approaches are linked to the contentions put forward in the Decision.

The main themes on demand reduction emerging in 1999 included the prevention of young people's alcohol and drug use, measures to strengthen a low-threshold approach to treatment as well as assessment of the clients' need for treatment and developing ways of responding to it.

To implement the first theme, the Ministry of Social Affairs and Health appointed an inter-administrative working group consisting of civil servants and experts in order to make proposals and investigations to prevent drug use. By autumn 2000, the committee will chart various drug user cultures among young people, assess experiences of preventive drug work, draft local preventive activities, examine requirements for collaboration between various actors, draw up a plan to improve information flow and make a proposal for research needs in the field.

Within the framework of the second theme, the Ministry of Social Affairs and Health, the National Public Health Institute and the Association of Finnish Pharmacies issued a recommendation for pharmacies regarding the retrieval and distribution of hypodermic needles and syringes as well as the related co-operation with municipal social and health services to provide counselling and referral for drug addicts. In this connection, training has been given to service providers, supervised by the A-Clinic Foundation. In addition, agreement on monitoring the issue at a local level was reached with the Provincial Governments.

In addition, the Ministry of Social Affairs and Health has set up a working group to develop drug treatment. The system devised for the detoxification, substitution and maintenance treatment of opiate addicts by methadone or buprenorphine has been improved through a new Decree issued by the Ministry, with an aim of facilitating access to treatment as close to the client's place of residence as possible.

The police authorities have also contributed to the development of demand reduction by arranging a conference between the law enforcement authorities in the EU. The purpose of the conference was to disseminate information about the best preventive practices used in combating drug offences. The meeting also proposed that a data bank on the operative practices be established for the use of all actors in the field, possibly to be located at Europol. Also the Ministry of the Interior has emphasised the need to develop a more comprehensive system of referral to care.

In the late September of 2000, the newest Health Barometer¹¹⁶ was published in the National Seminar on Intoxicants, conveying the views of municipal health care directors and heads of non-governmental organisations. According to the Barometer, the relative proportion of drug use in overall substance abuse problems is small, but it is on the increase. Alcohol still causes the majority of the problems in all fields. Compared to the previous year, considerably fewer health care directors forecast that the substance abuse problem will exacerbate, and they were increasingly convinced that the situation will remain the same. Various intoxicant problems were more severe in the Province of Southern Finland than in the rest of the country. While the situation was perceived to be more difficult in the south than in the north, some problems have slowly emerged in the northern Province of Oulu as well. The current situation was deemed the worst in the Provinces of Southern Finland and Oulu. The prospects for the future were considered bleak especially in the south.

According to a study cited in the Barometer, intoxicant-related service use is concentrated in the major cities, partly because they have specialised services available but also because intoxicant use and the concomitant social and other problems are more prevalent in urban areas, resulting in service demand. In 1999, over two-thirds of all intoxicant-related services were provided in towns with populations over 20,000, and one out of two in cities with populations exceeding 50,000.¹¹⁷

¹¹⁶ *Päihdebarometri 2000 - ajankohtaistarkastus päihdetilanteeseen*. Publications of the Finnish Centre for Health Promotion 10/2000. Helsinki, 2000. (see also: http://www.health.fi/paihde/paihdepaivat/barometri_2000.html)

¹¹⁷ Kaukonen Olavi, Metso Leena & Halmeaho Matti, 2000: Päihdepalvelut [Treatment services for substance abusers]. In Uusitalo Hannu, Parpo Antti & Hakkarainen Anni (ed.): *Sosiaali- ja terveydenhuollon palvelukatsaus 2000* [Social Welfare and Health Care Review 2000]. STAKES / Raportteja 250 / 2000. Gummerus kirjapaino Oy, Jyväskylä, 2000.

In the responses given by the health care directors, substance abuse education in school was overwhelmingly the most important way of preventing negative effects. The new subject, health education, has a central role in developing temperance education in school. The next item was the general improvement of living conditions. Strict laws and police control were still regarded as a significant means of preventing drug use. Police control and public campaigns were ranked third. Control was especially stressed by municipal representatives.

For the first time, the Barometer had questions concerning health centres and organisations and their co-operation in substance abuse issues with other fields. The responses highlighted collaboration in treatment but not so much in prevention. Treatment co-operation was apparent in the health care directors' attempt to develop seamless care chains. The target and action strategy for 2000 – 2003 of the Ministry of Social Affairs and Health suggests that a network of municipal workers in charge of drug prevention be established in Finland. These persons are in a key position in developing multiprofessional co-operation as well.

Most municipalities and organisations had kept their substance abuser services at the same level as before. In the municipalities and organisations which had expanded services, resources had been targeted at reinforcing drug treatment services, counselling and mini-intervention. The health care directors and most organisational leaders considered that additional resources will be directed at these areas in the future as well. The health care directors regarded the amount of detoxification and outpatient services as the most satisfactory, whereas drug treatment as well as rehabilitation and housing services were considered inadequate. The lack of drug treatment was most apparent in the Provinces of Southern, Western and Eastern Finland. It was expected that drug treatment resources will be augmented during the year, especially in the Provinces of Southern and Eastern Finland and the Province of Oulu.

9. INTERVENTION AREAS¹¹⁸

During the past year, action models in drug work were discussed from a variety of viewpoints in three nationwide seminars (the consensus meeting on drug treatment, the social welfare and health care trade fair (TERVE-SOS) and the national seminar on intoxicants) and two international seminars held during Finland's EU Presidency (the seminars on good preventive practices used by law enforcement authorities and on the use of telematics equipment in substance abuse prevention) .

In November 1999, a joint consensus meeting between the Academy of Finland and the Finnish Medical Society Duodecim convened in order to develop drug treatment further. The resolution of the conference presented developmental needs to promote drug treatment and research on a broad scale and in line with the Government Decision-in-Principle.

According to the resolution, adequate social and health services belong to the fundamental rights of citizens. Therefore, regional treatment models must be established, specifying the various steps of care and treatment chains. Irrespective of the municipality, each person suffering from drug problems has a right to multiprofessional, specialised care need assessment. Nevertheless, the incoherence of care services is liable to upset the treatment and rehabilitation process.

Low-threshold treatment facilities are needed in the entire country. Research and training in addiction medicine must also be supported as diagnosing and treating drug problems are becoming increasingly important in health care. A drug problem is often overlooked when other illnesses are treated. Thus also general hospitals need specialised mental health and addiction psychiatric services. Other special groups in need of closer attention include pregnant substance abusers, young drug addicts, drug addicts with HIV and prisoners.

The meeting concluded that, in terms of harm reduction, needle exchange programmes are advisable but not adequate, as also other measures are required in preventing communicable diseases. Thus the meeting found it justified that the threshold in opiate substitution treatment be lowered in a controlled manner and that maintenance treatment be considered for patients who cannot abstain from abuse through medicinal treatment alone. Resources should also be invested in outreach work and hepatitis B vaccination programmes.

¹¹⁸ In the present report, the theme-specific discussion of action models differs from the previous years. In the former reports, separate undertakings were presented as examples of existing practices, whereas in this report isolated projects are mentioned for special reasons only, i.e. if the project is nationally important due to its scope or theme (as indicated in each case).

Organised annually in May by STAKES and a collaborating city, the training and trade fair event (TERVE-SOS) was staged in Tampere in 2000, with 'the millennium of juveniles' as its theme. As regards drugs, the seminar discussed the new challenges of youth culture to drug prevention. Drug use was viewed as a by-product of a postmodern society whose underlying reasons and explanations are always individual. For some young people, drug use is a behavioural pattern adopted in a subculture, whereas others seek momentary excitement in their otherwise protected or dull lives. The common denominator is that both groups are looking for ways of escaping from oppressive reality. Meaningful social contact is replaced by addiction to drugs and other dependencies (work, sex, etc.)

According to the underprivileged model, drug use is one aspect of the vicious circle of accumulating problems, social exclusion. Trend users, on the other hand, form a newer user group. The former constitutes the hard core of drug culture, while the latter has emerged as aberrant behaviour, including drug use, has become fashionable. It has been suggested that in case of trend use, which will decrease as young people grow older, prevention should focus on harm reduction issues, even including targeted user instruction. For the underprivileged, the most effective prevention models are to be found among socio-political interventions supporting underprivileged families.¹¹⁹

In addition, there was some criticism of the notion that young people will stop drug experiments once adults have demonstrated the inherent dangers. The importance of interaction is often ignored. Adults think that they have an answer as to why young people should not use drugs, but impatience leaves no room for young people to find that answer themselves. Interactive learning is like 'pastoral care', it is not about acting as an 'IT-support'. Nevertheless, also traditional education is effective in giving an informative basis for making choices. When the objectives of instruction are examined, the methods must be selected depending on whether the aim is to change attitudes or to enhance knowledge.¹²⁰

The *National Seminar on Intoxicants* in September is an annual event on prevention and treatment, organised by the Ministry of Social Affairs and Health, the Finnish Centre for Health Promotion and the Co-operation Forum of Treatment Units for Substance Abusers (PÄIVYT).

¹¹⁹ Janhukainen, Markku 2000. *Nuorisokulttuuri haastaa aikuisten päihde-ehkäisyyn*. [Youth culture challenges adults' prevention of substance abuse]. Seminar paper. Terve-Sos 2000 Messukirja. STAKES & City of Tampere, 2000. See also <http://www.stakes.fi/neuvoa-antavat/>

The agenda of the seminar encompassed the entire Finnish substance abuse field: abuse of alcohol, medicines, narcotics, surrogates, solvents and other compulsive behaviour (dependence on gambling, the Internet, sex, etc). The approach is not substance-specific but involves a comprehensive focus on the dependence phenomena in general. The 2000 seminar had eight sections, where drugs were discussed separately, with the development of prevention, children and young people, special treatment issues and local policies as themes.

The session on regional policies presented the new drug strategies or proposals of two major Finnish cities, issued in 1999 and 2000. The drug problem has aggravated in these two cities in particular, as seen e.g. in the increasing heroin deaths. The presentations clearly reflected the focal points of Finnish regional drug policy. Both strategies emphasise restrictive drug policy as their starting point, although the methods include all aspects of drug policy – including an expressly stated notion of harm reduction – and are for the most part congruent with the nation-wide strategy.

The starting point for the drug strategy of the City of Helsinki is restrictive drug policy, with minimising drug demand and use as one aim. However, compared to the 1997 strategy, the proposal stresses demand reduction on a wide front, varied range of treatment alternatives as well as the need to curb the risks and harms associated with drug use.¹²¹

In Turku, the drug strategy is defined as restrictive, i.e. the aim is to reverse the growth of drug use and the resulting adverse effects. In treating drug abusers, methods are also used which have traditionally been regarded as harm reduction. These treatment and preventive methods include e.g. the detoxification and substitution treatment of opiate addicts with certain medicines and needle exchanges as a way of preventing infections.¹²²

In 1999, contacts with Europe associated with Finnish demand reduction have been similar to previous years, except that Finland's EU Presidency considerably expanded administrative collaboration and interaction. During the Presidency, two major events on drugs and drug demand reduction were arranged in Finland: the Ministry of the Interior convened a seminar on the demand reduction procedures used by law enforcement authorities (11 - 13 July 1999) and the National Research and

¹²⁰ Veikkolainen, Janne 2000. *Kuuluuko nuorten ääni*. [Do young people get their voice heard?] Seminar paper. Terve-Sos 2000. See also Nuorisobarometri 2 / 1999. http://www.minedu.fi/nuora/julkaisut/barometri2_99.doc

¹²¹ Metsä-Simola, Sinikka 2000. *Helsingin tarkistettu huume-strategia ja käytännön toimenpiteet*. [Revised drug strategy of Helsinki and practical actions]. Paper in the National Seminar on Intoxicants, 13 September 2000. See also <http://www.health.fi/paihde/paihdepaivat/metsa-simola00.html>

Development Centre for Welfare and Health (STAKES), in association with other actors in the field, staged a seminar discussing telematics equipment in drug prevention during a mental health seminar (11 - 13 October 1999).¹²³

9.1 Primary prevention

9.1.1 Infancy and family ¹²⁴

The information provided by maternity clinics for families expecting a baby deals with alcohol, tobacco and, to some degree, medicines, excluding narcotics. However, a new guidebook was published in 1999 for health care professionals and educational institutions in the field.¹²⁵ Most research in the field is alcohol related. There is only one study for training purposes, monitoring the feasibility of different rehabilitation programmes on treating mothers with drug problems at the Oulunkylä Mother and Child Home, Helsinki.¹²⁶

The Federation of Mother and Child Homes and Shelters is a child welfare organisation, whose goal is to ensure children's right to a favourable and safe development, to support parenthood and families and to prevent violence in the family. The 21 member organisations have nine homes for pregnant women or mothers with a newborn and 13 shelters for persons facing violence in the family. By the end of 1999, there were two special homes for pregnant women or mothers with substance abuse problems. In these units, most beds were occupied by heroin addicts undergoing buprenorphine treatment.

A central principle of substance abuse work directed at young people is to involve families at the earliest stage possible in all multiprofessional substance abuse work, whether it takes place in school, in a wider context of youth work or in terms of community programmes. To support these activities, the A-Clinic Foundation published a drug guidebook for parents. The purpose of the publication is to dissolve the mystical aura surrounding drugs and to encourage parents to discuss substance abuse with their children.¹²⁷

¹²² Korkeila, Jyrki 2000. *Strategiasta toimintaan Turussa*. [From a strategy to action in Turku]. Paper in the National Seminar on Intoxicants, 13 September 2000. See also <http://www.health.fi/paihde/paihdepaivat/korkeila00.html>

¹²³ See <http://www.stakes.fi/mentalhealth/work6.htm>

¹²⁴ See also Chapter 9.6 (paragraph "Support for children in drug user families").

¹²⁵ Halmesmäki, Erja 1998. *Detection and care of a heavy alcohol user or drug addict at maternity clinic and hospital*. The maternity clinic at Helsinki University Central Hospital. STAKES / Drug Prevention Group, 1999.

¹²⁶ Holopainen, Katja 1998. *Äitiys on mahdollisuus. Päihdeongelmaisten äitien kuntoutus Oulunkylän ensikodissa*. [Motherhood is a possibility. Rehabilitation of mothers with substance abuse problems at the Oulunkylä Mother and Child home]. Federation of Mother and Child Homes and Shelters, Publications 17. Helsinki, 1998.

¹²⁷ *Huolesta puheiksi, puheista teoiksi. Opas nuorten vanhemmille*. [From concern to words, from words to action. A guide for young people's parents]. A-Clinic Foundation 2000.

9.1.2 School programmes

The school syllabus reform currently underway in Finland supports the development of health and legal education as well as collaboration between school and families and with other key actors. As far as drugs are concerned, further education for teachers has been given, based on information packages on drugs, compiled in 1997.¹²⁸ In addition, a report was published in 1998 under the heading *Use of programmes supporting the prevention of substance abuse in school*.¹²⁹ At the end of 2000, the project will continue in the form of a handbook on co-operation between schools and other actors in drug prevention. First version of a drug-related web-page for teachers, pupils and their parents is also being tested.¹³⁰

Drug education in school mainly involves disseminating information, often as a part of health education on intoxicant-free lifestyles or as a part of legal education. As awareness of drugs is rapidly increasing in society, more resources are directed at media education. There is a changeover from a traditional preventive approach towards health promotion through experiencing and participation.

Schools work against drugs by improving the curriculum, student welfare services and networking as a part of prevention at a local level, with pupils and parents as major contributors. Thus, many schools try to devise comprehensive methods of intervening in substance abuse problems. Because the school cannot act alone, the assistance of official and expert bodies is needed.

9.1.3 Youth programmes outside school

In terms of their scope, the projects to prevent substance abuse among young people are varied. Workers implementing drug prevention have continued traditional education in schools, PTA meetings and other functions. Sports and youth organisations have also been involved when alternatives to alcohol and drugs experiments or use have been sought. Especially schoolchildren's afternoon activities have been developed in order to promote sports and other activities among

¹²⁸ *Tietopaketti huumeista*. [Information package on drugs]. Free From Drugs Association, National Bureau of Investigation, National Board of Education, Central Organisation of Insurance Companies. TT tryckeri 1997; *Menettelytapa* lukiolle ja ammatillisille oppilaitoksille huumeidenvastaiseen työhön. [Methods for antidrug work in secondary and vocational schools]. National Board of Education. Hakapaino Oy 1997.

¹²⁹ Huopaniemi K., Peltonen H., Mustalampi S. & Koskinen-Ollonqvist P. 1998. *Ehkäisevää päihdetyötä tukevien ohjelmien käyttö koulussa*. [Use of programmes supporting the prevention of intoxicants use in school]. National Board of Education. Oy Edita Ab. Helsinki 1998. <http://www.edu.fi/julkaisut/paihde.pdf>

¹³⁰ See [URL:Http://www.antidrugnet.org](http://www.antidrugnet.org) in Swedish: <URL:Http://www.interdrug.net>

juveniles, with a view to anti-drug work as well. In addition, brief anti-drug projects have been implemented, such as plays and musicals. Such projects among young people are clearly on the increase.

Along with traditional information and education, active preventive and remedial activities have been developed, ranging from clubs to life-management courses spanning several months, with an aim of developing young people's ability to manage their lives. The methods applied include adventure and experience education.¹³¹ This has made it possible to reach young people who are not susceptible to traditional drug education. Workshops organised for young people have been an important resource, with a possibility of enhancing young people's life-management skills.

For children and young people facing unprotected living conditions different meeting places (cafés, clubs, shelters) have been established, where it is possible to face and alleviate the problems of loneliness, parents' substance abuse and other severe difficulties. A support person may be designated for a young client, or small-group sessions may be arranged for meeting people in a similar situation. New kinds of youth work have also been set up in connection with residents' activities. For example, parents' training groups have been formed in order to distribute information and to discuss approaches to preventing substance abuse. Teams consisting of adults, young people and children have been established for children's and young people's interests and hobbies.

An example of such meeting places, the Walkers youth cafés¹³² provide early intervention, currently operating in 24 localities. Some youth cafés have extended opening hours at night. An important role in these activities is played by adults, trained volunteers supported by youth work professionals. An effort has been made to develop the youth cafés into safe meeting places, where all young people are welcome and can interact individually within the group and with adults. The Walkers activities have set an example for expanding participatory youth work now having started in many localities.

9.1.4 Community (municipal) programmes

The municipal strategies usually cover all substances abused or concentrate on either alcohol or narcotics. Especially in small localities, the focus is on alcohol, and only major cities or federations of municipalities have specific drug strategies. A local alcohol and drug programme may also be

¹³¹ The activities launched by the Ministry of Education (*Avartti*) as one example.

¹³² Address and other information about the Walkers cafés at <http://www.asemanlapset.fi/Walkers/Walkers.html>

included in a more extensive municipal programme for the promotion of health and welfare in general. In most cases, the entire population is included, while some strategies only embrace young people and children. An effort is made to set goals that are consistent with the national drug strategy proposal of the Ministry of Social Affairs and Health.¹³³

The purpose of the municipal strategies or programmes is to chart the local drug situation and the projects underway, as well as to define the targets, actors in charge, timetables and resources of the programmes. There are also inter-municipal, or regional, alcohol and drug programmes. Based on this preliminary work, the development of inter-administrative co-operation as well as new services and treatment alternatives is ongoing.¹³⁴

In May 2000, the National Research and Development Centre for Welfare and Health (STAKES) established information service package in Internet for municipalities, presenting municipal drug strategies, drug prevention projects, methods and practices for preventive work as well as links to the virtual library of alcohol and drug publications and to alcohol and drug legislation. The information service package includes also a news calendar, a database of treatment units and statistical tables on alcohol and drugs.¹³⁵

9.1.5 Telephone help lines

Since 1995, the *drug telephone helplines* of the Free from Drugs Association have provided a means of disseminating drug information for early intervention. The helplines operate in the evenings on weekdays throughout the country (20 regional branches, 500 trained volunteers). In addition, nationwide guidance and referral to care are offered by the Drug Dependency Treatment Unit at Helsinki University Central Hospital and, since 1997, at the drug clinic of the Deaconess Institute in Helsinki.¹³⁶ The first two of the above-mentioned units belong to the European FESAT drug telephone helpline network, which has 30 units in the EU Member States.

It is increasingly often that the helplines of many other organisations encounter people seeking ways to break free from drug problems involving themselves or a close person¹³⁷ An example of a

¹³³ Kekki, Tuula 1998. *Kuntien päihdestrategiat 1994 – 1998. Selvitys kuntien kirjallisista päihdetoimintaohjelmista*. [Municipal substance abuse strategies in 1994 - 1998: a report on municipal written action plans concerning drug abuse]. STAKES, Aiheita 42/1998. <http://www.stakes.fi/neuvoa-antavat/>

¹³⁴ The most extensive and comprehensive local drug strategy is that of the City of Helsinki, drawn up in 1997 and updated in 2000, available at <URL:<http://www.hel.fi/sosv/jotu/huumeest.htm>>

¹³⁵ <http://www.stakes.fi/neuvoa-antavat/>

¹³⁶ In addition to service by telephone, the units of Helsinki University Central Hospital and the Deaconess Institute engage in assessment of care need, referral, short-term follow-up and drug screening.

¹³⁷ Finnish helplines are at <http://www.asemanlapset.fi/palvelut/Palvelu.html>

nationwide service is the helpline of the Poison Information Centre, targeted at professionals and laypersons alike.

For example, the drug helpline of the Free from Drugs Association received some 2,600 crisis calls in 1999, many of which led to further action, such as meetings with close persons. Of the callers, 72 per cent were close persons, while 19 per cent were substance abusers. The conversations involved the following substances: cannabis (33 per cent), amphetamines (25 per cent), heroin (9 per cent) and ecstasy (7 per cent). In 2000, the Poison Information Centre has received almost 37,000 phone calls, of which less than one per cent concerned narcotics, mostly the amphetamines or GHB.¹³⁸

In 1999, a new telephone service was introduced by the A-Clinic Foundation. A mobile phone text message service was incorporated among its telephone service arsenal for self-assessment of drug use.

9.1.6 Mass media campaigns

No wide-scale drug campaigns were launched during the past year, as it remains uncertain whether public campaigns actually prevent experimenting with drugs or merely arouse interest in narcotics, especially in places where drugs are not yet widespread.

However, there have been local information campaigns, e.g. by organisations, when new drug treatment services or local strategies have been launched. In addition, educational videos and websites have been created on substance abuse. An effort is made to influence drug information in the media by organising an annual meeting between journalists and bodies doing preventive work, discussing also the possibility to incorporate preventive messages in the programming.

9.1.7 Internet services

The A-Clinic Foundation has contributed to prevention methods based on new technology in the Prevnet programme. It develops the monitoring and assessment of preventive methods in co-operation with Finnish collaborators (the telematics network for promoting mental health and substance abuse work MEPT¹³⁹) and with European partners (the Prevnet-EURO network and

¹³⁸ See the Free from Drugs Association's Report of Activities 1999 [in Finnish]. The Annual Report 1999 of the Poison Information Centre of Helsinki University Central Hospital [in Finnish].

¹³⁹ <http://www.stakes.fi/mept/>

Prevnet-SynWeb network¹⁴⁰). The Foundation also has a drug data bank and self-help service (the Drug Link), for drug information and individual support through the multimedia.¹⁴¹ The Internet services of the A-Clinic Foundation has also provided a forum for debates on different drug-related topics.

The Drug Link of the A-Clinic Foundation has been expanded to include self-assessment tests concerning e.g. dependence on gambling and tobacco as well as instant on-line surveys on current addiction-related topics. In 1999, the Prevnet EURO Project has expanded to an unofficial network, with participation from all EU countries, several international organisations and countries outside the EU.¹⁴² An evaluation of the project and a guide for developing telematics services on substance abuse issues have also been published.¹⁴³

9.2 Reduction of drug related harm

9.2.1 Outreach work

Methods of intervention have been devised in a few municipal working models. Outreach work is a way of introducing drug work into the ordinary environment of young people, with an attempt to tackle problems wherever encountered. The work is done among drug abusers in their own living spheres.

Outreach work is done only in a few major cities, but also in some minor towns. Outreach work in Finland mainly involves street patrols. In the street, the workers on duty can assist people who need help, give first aid, listen to their troubles, offer a possibility to rest or sober up, or just look on how people spend their Friday night. The aim is to mediate between young people and the official care system. The key is to make confidential contact on a mutually voluntary basis and to maintain that contact.

9.2.2. Low-threshold services

¹⁴⁰ The collaborators of the Prevnet Euro project, co-ordinated by the Finnish A-Clinic Foundation, are ABS (Spain), CAN (Sweden), Jellinek (Netherlands), NIGZ (Netherlands) and the Turning Point (United Kingdom). The partners in the SynWeb project are the Institute for the Study of Drug Dependence (UK), EDEX Kolektiboa (Spain), the Centre for Addiction Studies at Utrecht University (Netherlands) and the A-Clinic Foundation (Finland). See <http://www.a-klinikka.fi/prevnet/index.html> or <http://www.reitox.emcdda.org/eddra/explorer/>

¹⁴¹ More information at <http://www.a-klinikka.fi/plimenu1.htm>

¹⁴² <http://www.prevnet.net/>

In recent years, the number of the so-called low-threshold day centres has increased in Finland. These services cater for all problem users of intoxicants. In addition to guided and free activities, the centres offer meals and an opportunity to take a shower. In some cases, also health services are made available. The first-stage homes give temporary accommodation to intoxicant abusers. The immediate needs of the client are addressed, and more permanent solutions are found within social and health services. However, the first-stage homes primarily serve middle-aged alcohol abusers. According to the one-day census of intoxicant-related cases in social and health care services in 1999, the number of clients receiving day centre services on account of substance abuse on a weekday was about 1,000, and 150 people visited overnight shelters. Less than a quarter of these clients were under 40 years of age.¹⁴⁴

Traditionally, the hospital and health centre clinics also operate on a low-threshold principle. According to the 1999 one-day census, some 1,200 substance abusers used these services during one day.¹⁴⁵ At drug clinics, the client either walks in the clinic without referral or is referred by social or health services. The client's physical, psychological and social condition is assessed at the clinic, including a previous history of abuse and dependence. The assessment is usually made by a multi-professional care team together with the client.

Low-threshold services are also provided by crisis centres in different fields and areas. To complement the traditional service organisations, the A-Clinic Foundation and the Finnish Association for Mental Health have developed a versatile model called Mobile to give around-the-clock assistance to municipal residents. The units established in the project aim at helping residents, their relatives or municipal officials in emergencies. The units are on standby around the clock, complementing municipal services. Clients are directed to municipal services, and assistance is given in sudden crises. By the end of 1999, Mobile units operated in seven municipalities.

The most modern low-threshold service is provided in the telematics Preynet project of the A-Clinic Foundation through *anonymous consultancy and self-assessment tests*.¹⁴⁶ To introduce a new

¹⁴³ Tammi, Tuukka & Peltoniemi, Teuvo (Eds.) 2000. *Telematic Drug & Alcohol Prevention. Guidelines and experiences from PREVNET EURO*. A-Clinic Foundation, Report series no. 33. Forssa 1999. (also at [Http://www.preynet.net](http://www.preynet.net))

¹⁴⁴ Nuorvala, Y., Metso, L., Kaukonen, O. & Haavisto, K. 2000. *Päihde-ehdotin asiointi sosiaali- ja terveydenhuollossa. Vuosien 1995 ja 1999 päihdetapauslaskentojen vertailu*. [Intoxicant-related cases in social and health services. Comparison of the 1995 and 1999 censuses]. *Yhteiskuntapolitiikka* -lehti 65 (2000):3.

¹⁴⁵ Nuorvala et al. 2000. If other outpatient services, mental health clinics and home care are counted, the number of clients is higher by half.

¹⁴⁶ At <http://www.paihdelinkki.fi>

approach in drug work, the A-Clinic Foundation drew up a plan on a virtual clinic, combining the traditional and new telematics services into a low-threshold service package.

9.2.3. Prevention of infectious diseases

Each treatment unit aims at reduction of harmful drug use habits (intravenous use), but only a few units engage in needle exchange. Formerly, pharmacies sold syringes quite freely, but for security reasons, almost a fourth of the pharmacies have restricted the sale of syringes. Most pharmacies reported that they refrain from selling syringes to minors.¹⁴⁷ In spring 1999, The Ministry of Social Affairs and Health, the National Agency for Medicines, the National Public Health Institute, the Association of Finnish Pharmacies and the University Pharmacy dispatched a recommendation to all pharmacies to sell syringes to drug users as well.¹⁴⁸

Health counselling services for IV-drug users concerning infection risk (including an exchange programme) are underway in almost ten municipalities. The aim is to provide drug abusers with counselling to reduce behaviour involving infection risk. The visitors, who have an opportunity to exchange their hypodermic needles, are also informed about the risks of using contaminated needles, syringes and other drug paraphernalia as well as about sexually transmitted diseases.¹⁴⁹ Also condoms are made available. One important aim is to motivate addicts to seek help and abandon the drug habit.

The oldest health counselling centre in Finland, Vinkki, has operated since 1997 in Helsinki. In 1999, it served some 2,500 clients. Compared to drug treatment clients in the entire country, the clients in this needle exchange were clearly older: almost half were over 30, while elsewhere little less than 30 per cent of the drug clients were aged over 30. Women accounted for a quarter of the clientele. On average, the clients had visited the needle exchange five times during the year. In September 1999, the centre started testing for HIV and hepatitis: 66 HIV tests were analysed, five of which turned out positive.¹⁵⁰

¹⁴⁷ Harju, Outi & Holopainen, Antti. *Huumeiden käyttäjät apteekkien asiakkaana vuosina 1997-1999*. [Drug users as pharmacy clients in 1997 – 1999]. A-Clinic Foundation, Moniste 22/2000.

¹⁴⁸ Recommendation of the Ministry of Social Affairs and Health: sale of IV equipment in pharmacies.

¹⁴⁹ In August 1998, the National Public Health Institute drew up an "exclamation mark" leaflet for drug users, with basic information and directions how to avoid infections (20,000 copies). In addition, the Finnish Red Cross produced a guide for professionals in primary health care concerning hepatitis C.

¹⁵⁰ Harju, Ovaska & Holopainen 2000: *Toimintakertomus Vinkin toiminnasta vuonna 1999*. [Report of activities at Vinkki in 1999].

According to a study conducted in 1998 – 1999,¹⁵¹ 38 per cent (31 per cent in 1997) of the clients visiting the health counselling centre (Vinkki) in Helsinki were opiate users, 44 per cent (58 per cent in 1997) used amphetamines and 7 per cent used cannabis. Over 80 per cent of the opiate users were under the age of 30, while only half of the amphetamine users were aged under 30. In practice, all used drugs intravenously, but three-quarters of the opiate users and half of the amphetamine users had engaged in intravenous use for less than ten years. The majority of the opiate users also used buprenorphine intravenously.

During the year of 1999, the National Public Health Institute launched a special project to lower the technical threshold for HIV testing. It included theoretical and hands-on training in the use of near-patient HIV tests and aspects of associated counselling. The programme was aimed at prisons and the needle exchange programme action sites. The Ministry of Social Affairs and Health also sponsored a project that included counselling and support for HIV-infected drug abusers. The activities started in the latter part of the year 1999 in the Helsinki area.

In co-operation with the infection risk counselling centres, a broad study to follow up risk behaviour among intravenous drug users was launched at the beginning of 2000, planned to last for three years. The project is co-ordinated by the A-Clinic Foundation, in collaboration with the National Public Health Institute and the National Research and Development Centre for Welfare and Health (STAKES), and funded by the Ministry of Social Affairs and Health.

9.3 Treatment

In the summer of 2000, the Ministry of Social Affairs and Health appointed a working group on the treatment of drug abusers, to investigate the possibilities of the existing service system to meet the treatment needs of problem users, to make proposals for developing the service and financial system and to assess the need for amending social welfare and health care legislation. The working group is to submit its proposal by the end of February 2001.

9.3.1 Treatments and health care at national level

¹⁵¹ Harju, Outi, Ovaska Anne & Holopainen Antti, 2000: Selvitys neuvontapiste Vinkin asiakkaita 1997-1999. [Report on the Clients of health counselling centre, Vinkki, in 1997-1999] A-klinikkasäätiön monisteita 23/2000.

According to the Act on Welfare for Substance Abusers (41/1986), municipalities are responsible for organising services for intoxicant abusers in a way that meets the need; 'intoxicants' here refer to all substances used for inducing intoxication: alcohol, surrogates, medicines and narcotics.¹⁵²

The service system consists of outpatient clinics (A-clinics), short-term institutional care (detoxification centres), rehabilitation units and support services (day centres and supported housing) and self-help groups (NA, Narcotics Addicts Anonymous). Along with these specialised services, many primary health care and social service units encounter drug problems (social work, child welfare, clinics and wards at health centres, hospitals). The number of specialised service units for drug addicts is limited, and the units are mainly located in Greater Helsinki and other major cities.

In addition to information and referral, primary health care provides specific services for substance abusers. The health centres are mainly responsible for treating poisonings, illnesses and injuries associated with drugs. They can also provide short-term detoxification. Within specialised health care, the general and psychiatric hospitals treat severe withdrawal symptoms and cases needing special hospitalisation. The mental health clinics care for outpatients in psychiatric illnesses, which may involve substance abuse problems.

According to the 1999 one-day census of intoxicant-related cases in social and health care services, drug clients accounted for a fifth of intoxicant-related clients in psychiatric services and for a fifteenth in other health services. People abusing medicines accounted for over a quarter of psychiatric intoxicant-related clients and for a sixth of intoxicant-related clients in other forms of health care.¹⁵³

The regulation issued by the Ministry of Social Affairs and Health assigned a special role to university and central hospitals in assessing the medical detoxification, substitution and maintenance treatment need of opiate addicts.¹⁵⁴

Finland has over 100 specialised local outpatient clinics. In addition, many municipalities have agreed to purchase services for their inhabitants from a public or private service provider.¹⁵⁵ The

¹⁵² *Huumausainetilanne Suomessa*. [Drug situation in Finland]. Memorandum for the Council of State on 13 November 1998. Information on specialised services, see Päihdehuollon palveluopas, 13th revised edition. STAKES, luetteloita 10/1996 or on drug treatment facilities at <http://www.asemanlapset.fi/Hoito/hoito.html> or at <http://www.a-klinikka.fi/osoite.htm>

¹⁵³ It should be noted that drug or medicine-related cases are not mutually exclusive. Nuorvala et al. 2000.

¹⁵⁴ See Chapter 1.2.2.

clients can access outpatient services whenever they wish. In bilingual areas, services are provided in Finnish and Swedish, and there is one rehabilitation unit especially for Swedish speakers.

In 1998, 43,500 people visited the outpatient facilities for substance abusers (72 A-Clinics and 7 youth centres). During the year, 10,500 people used residential treatment services (47 institutions) for substance abusers.¹⁵⁶ Of the outpatients, almost a third were women, and clients aged under 25 accounted for 10 per cent. The proportion of women in residential treatment services was about a fifth, and people aged under 25 accounted for eight per cent. The treatment periods usually lasted for a week, but a quarter of the periods lasted longer than two weeks.¹⁵⁷ According to the one-day census in 1999, drug clients accounted for 20 per cent in specialised outpatient services for substance abusers and for 30 per cent in residential treatment. The proportion of cases related to pharmaceuticals was three percentage points higher in both these services.¹⁵⁸

There are about 10 residential treatment units specialising in drug abusers in Finland. Some units pursue a one or two-year rehabilitation plan, where the patients are completely detached from their ordinary settings, while other units provide short-term care in the abusers' own environment.

Since 1996, Finland has had an *ombudsman institution for intoxicant abusers*, based on non-governmental organisations. Working in the entire country, it is an interest organisation for treatment clients. The ombudsman gives counselling in legal matters relating to services and safeguards the clients' legal rights in issues concerning municipal financial obligations, sickness pay and other financial matters as well as data protection.¹⁵⁹

¹⁵⁵ The A-Clinic Foundation has made such agreements with about 130 municipalities, and many municipal A-Clinics have agreements with neighbouring municipalities, sometimes including 20 – 30 municipalities.

¹⁵⁶ *Intoxicants Statistical Yearbook 1999 - Alcohol and Drugs*. STAKES / SVT / Social Security 1999:2.

¹⁵⁷ Kauppinen, Sari 2000. *Päihdeasiakkaat sosiaali- ja terveyspalveluissa*. [Substance abuse clients in social and health services]. In Hein et al. 2000.

¹⁵⁸ Nuorvala et al. 2000.

¹⁵⁹ Tervo, Marjo 1998. *Päihdeasiakkaan oikeus hoitoon – ja sen toteutumisessa ilmeneviä ongelmia*. [Substance abuse client's right to care and the concomitant problems in its implementation]. League of A-Guilds, Publications 3/1998. Invapaino, Helsinki.

9.3.2 Substitution and maintenance programmes

The Ministry of Social Affairs and Health gave a regulation in 1997 concerning the treatment of opiate addicts with medicines. This treatment aims at curing the dependence based on a multiprofessional treatment plan, which also defines other medical and psychosocial care and follow-up. The regulation was updated and supplemented in 1998 and 2000.

According to the Orders of the Ministry and a Decree passed in 2000, substitution treatment by medicines containing buprenorphine, methadone or levacetylmethadol can only be given to patients whose treatment by generally accepted means of detoxification has failed. The new Decree also enabled maintenance treatment. The Decree stipulates that treatment may only start when it is imperative to reduce negative effects of drug abuse to patients: persons who are not likely to stop using drugs, but who may benefit from maintenance treatment and avoid contracting communicable diseases and other negative health effects and whose quality of life can be improved and who can be trained for more demanding rehabilitative substitution treatment.¹⁶⁰

The explanatory memorandum on the new Decree estimated the costs of substitution and maintenance treatment. The buprenorphine treatment of one patient costs a total of about FIM 120,000 per year, of which the pharmaceuticals only cost FIM 14,400. Treatment with a pharmaceutical containing methadone, on the other hand, costs about FIM 80,000, of which the pharmaceuticals cost FIM 1,800. Thus far no preparations containing levacetylmethadol have been used for treatments specified in the Decree, but the costs incurred would probably be in between those of buprenorphine and methadone.

By the year 2000, 170 people have undergone medicinal buprenorphine detoxification associated with the Ministry's decisions. Methadone substitution treatment has been given to some 70 persons, whose need for treatment was first assessed in Helsinki.¹⁶¹

In the Drug Detoxification Unit of Helsinki University Central Hospital, the criteria for medical detoxification treatment in 1999 included the patient's age (18 or over), diagnosed opiate dependence (ICD-10 or DSM-IV) and drug screening to detect recent use (in uncertain cases, naloxone test). Criteria for disqualification include uncontrolled polydrug use, acute alcoholism,

¹⁶⁰ Ministry of Social Affairs and Health Decree (607/2000) on the detoxification, substitution and maintenance treatment of opiate-addicted persons with certain medicines. See Chapter 1.2 and orders on treating opiate-addicted patients with certain medicines. Ministry of Social Affairs and Health Orders 1997:28 and 1998:42.

psychological or somatic illnesses precluding treatment and pregnancy. Accordingly, the criteria for methadone treatment in the Greater Helsinki Area have been age (20 years or over), compulsive use of opiates (for a minimum of four years) and a history of institutional or long-term care. Uncontrolled polydrug use, severe psychological or somatic illnesses precluding treatment and acute alcoholism constitute factors disqualifying a client from substitution treatment.

Some people outside the official programme sought buprenorphine treatment where it was more easily accessible, e.g. by regularly visiting Paris to get buprenorphine doses needed in the treatment.¹⁶² In Finland, the National Agency for Medicines issues regulations on the personal import of pharmaceuticals, with Order 3/2000 concerning buprenorphine. According to the Order, a passenger may bring an amount corresponding to 14 days' use of pharmaceutical substances, which are to be considered narcotics, for personal use. In calculating the daily dose, the maximum dose is the one approved for the preparation licensed in Finland. When the same or equivalent substance is reimported, the amount of time elapsed from the previous instance of importation must exceed the time estimated for the personal consumption of the previous consignment.

9.4 After-care and re-integration

To get permanently free from drugs, it is imperative that the person will abandon drug culture and the related lifestyle. The greatest risk of a relapse coincides with discharge from a protected institutional environment to everyday settings. Some treatment schemes incorporate a follow-up stage lasting for a year or so. A treatment programme may also include general socio-political measures, arranging housing for the client and reintegration into working life or studies. Participation in e.g. the activities of Narcotics Addicts Anonymous will help the client in creating a drug-free social environment. Support groups for ex-addicts have been set up as well, the most recent of which is an association of support persons for opiate addicts, established in 1998.

9.4.1 Education and Training

An effort is made to help drug abusers by multiprofessional co-operation. The treatment of juvenile problem users also involves the school authorities. Therefore, the planning of education and

¹⁶¹ In early 1998, a special substitution clinic was set up in Helsinki City Hospital for methadone treatment. Up until summer 2000, the majority of the patients have been treated there.

vocational guidance are an integral part of the treatment process. At the final stages of treatment processes for older problem users, the presence of educational or employment authorities is not always guaranteed. Another problem with providing education is that persons with long drug careers are not ready for long-term studies. The educational system (e.g. training for the unemployed) can provide only little training for ordinary work, based on the problem users' abilities, and often the only alternative is a menial job. Because a former drug addict cannot compete on the labour market, his or her motivation to study may be weak. One realistic option for a student lacking motivation is to abandon studies and relapse into drug use, providing at least a momentary sense of success.

The EU's Social Fund (the Integra programme) has participated in certain Finnish projects on young substance abusers. Implemented in Greater Helsinki in 1998 – 1999, the broad-scale project for young drug addicts, *Back to the Future*, reinforced the notion that people facing unemployment and income problems after recovering from drug abuse problems are in an extremely difficult situation.¹⁶³ These problems include inadequate housing, reduced working capacity, lack of vocational training and problems associated with work and maintaining a drug-free lifestyle.

Many-sided education was available to the project participants, but the clients found it hard to perceive educational systems and work options. The alternatives to vocational training are apprenticeship contract, isolated training possibilities offered by the employment authorities and the rehabilitation allowance of the Social Insurance Institution. Nevertheless, several structural problems emerged during the project, affecting the training choices in the target group. It was not easy to find employers who were willing to enter into apprenticeship contracts. A student in Finland relies on market-based study loans, study grants and housing benefits. Although the State automatically guarantees the study loan, the banks refuse to give loans because almost 90 per cent of the clients are not creditworthy due to previous money problems. Neither is it possible to receive the rehabilitation allowance of the Social Insurance Institution solely based on a drug addiction diagnosis, as a secondary diagnosis is also required, e.g. an impairment, disability or disease.

The project found that the actions available to social and health services are inadequate to resolve multiple welfare problems. On the other hand, the situation cannot be rectified by training possibilities, living allowance system or general employment policy alone. Active measures are

¹⁶² Since February 1996, health centre physicians in France have been entitled to prescribe buprenorphine for four weeks (e.g. Subutex used as an analgesic) for substitution. See Karvonen, Pentti 1998. *Heroinistien Benedictus-kolmoishoito*. [Benedictus triple treatment of heroin addicts]. *Yhteiskuntapolitiikka* (63), 2/1998.

required of the rehabilitation system – an individual and tailor-made approach transcending administrative boundaries.

9.4.2. Employment measures

During 1999, an after-care stage was incorporated in many rehabilitation projects, including housing services, training and labour policy measures e.g. for people released from prison (the Kalliola Clinic's so-called VP services) or for young people (the Back to the Future project of the Deaconess Institute).¹⁶⁴

It was established in both undertakings that people who had used drugs had difficulties in finding jobs and were faced with prejudice and other obstacles. The methods used in client work turned out to be inadequate in a situation where jobs are not available. On the other hand, jobs are useless if the threshold of employment is too high. Employment was also hindered by ongoing drug treatment process. Thus better possibilities and readiness to gain employment should be ensured in the target group by creating a feasible co-operative network supporting employment, irrespective of sectorial and administrative boundaries. The project outcomes show that a tailor-made approach is successful in employing drug users as well.

Young people's workshops constitute one example of employment activities: apprenticeships for people under the age of 25. Depending on the municipality and workshop, they engage in different work tasks. A person is hired to a workshop for 5 – 6 months, and ordinary wages are paid for the work. Workshop activities also enable support for young people's life-management skills and tailor-made educational or career paths. Personal guidance is provided to support a young person's efforts to abandon a drug habit, so that he or she can embark on the above-mentioned path. In the near future, the focus in training workshop instructors is on preventive work and on an ability to recognise problems in young people's lives in order to guide them. In co-operation with the participants, the instructor reaches an agreement on the objectives achievable during the workshop period. This also makes it possible to assign responsibility to young people themselves.¹⁶⁵

¹⁶³ ESF final report on the young drug addicts' Back to the Future project.

<URL:<http://www.mol.tietotyö.fi/esrprojekti/loppurap/lr970719.html>>

¹⁶⁴ See Chapters 9.4.1 ja 9.5.2.

¹⁶⁵ For more detailed information, see <http://www.alli.fi/allison/tyoelama/tyopajat.html#paja>

9.4.3. Housing services

In Finland, it is possible to provide financially supported housing as a part of general social services also for substance abusers who do not need specialised housing services.

The housing service units for substance abusers constitute one part of the service system. They are targeted at substance abusers, who need daily support in their housing. Some housing service units also provide rehabilitation, some act as therapeutic communities, offering possibilities for excluded people to regain control over their lives. Finland also has some housing service units specialising in drug users. In 1998, the number of residents in all substance abusers' housing services was 4,100.¹⁶⁶ Based on the one-day census of intoxicant-related cases in social and health care services in 1999, one out of eight clients in housing services used narcotics, and almost one out of four abused medicines.¹⁶⁷

9.5 *Interventions in the criminal justice system*

9.5.1 Drug testing

As a form of control and prevention, drug testing has aroused much debate in Finland during the reporting year. In this discussion, strong arguments were set out concerning the legality of such tests. For instance, the Helsinki City Council debated the question of organising drug tests for all city employees, but the issue was postponed until legislation processed by the Ministry of Labour will be passed.¹⁶⁸

A seminar organised by Parliament¹⁶⁹ concluded that drug testing at workplaces and schools is important in principle. Many educational institutions and employers would like to test - and some do test by mutual consent – drug use among students and employees on the grounds of work safety or in order to make a timely intervention in young people's drug use. Drug tests however interfere with individual liberties, rights and privacy, all of which are protected as fundamental rights.

¹⁶⁶ Kauppinen, Sari 2000.

¹⁶⁷ Nuorvala et al. 2000.

¹⁶⁸ See Chapter 1.3.

¹⁶⁹ The texts mentioned in this Chapter refer to a paper in a seminar in Parliament on 20 March 2000, held by the Advisory Committee on Intoxicant and Temperance Affairs. Piispanen, Kirsti 2000. *Huumetestejä sääntelevä lainsäädäntö*. [Legislation on drug testing]. Cf. <http://www.stakes.fi/neuvoa-antavat/>

In Finland, fundamental rights can be restricted by law only. Such authority that restricts fundamental rights cannot be delegated to a lower level than that of a law. Section 80 in the new Constitution requires that all important regulations affecting the individual's judicial position must be stipulated by law. The reason behind the requirement for a legal basis is protection of the fundamental rights of the individual against administrative arbitrariness, and thus it is a matter concerning the rule of law.

From the viewpoint of protecting fundamental rights, the person's consent is immaterial: fundamental rights are inalienable basic rights which each individual is entitled to, evolved from the legacy of the Enlightenment and common to the entire Western judicial culture. Therefore, a person's consent regarding restrictions on his or her fundamental rights is irrelevant. It may be possible to impose some restrictions on fundamental rights, but the restrictions must meet all the acceptable criteria. In connection with the fundamental rights reform, it was also established that a person's age justifies no exceptions: fundamental rights protect minors as well, although there may be generally acceptable restrictions in order to protect minors.

Drug tests are thus judicially impossible until a law on them is passed.¹⁷⁰ Nevertheless, there may be some instances where drug tests may be legitimate in a democratic society.

From the viewpoint of the acceptable general prerequisites for restricting fundamental rights, drug tests are problematic, especially as regards the principle of proportionality. Such restrictions must be necessary in order to achieve a goal and in proportion to the legal privilege protected by fundamental rights and to the societal interests underlying the restriction (proportionality). Is it necessary to introduce general tests that are available to all employers, and are such tests proportionate to the resulting benefit?¹⁷¹

The reason for testing minors is an attempt to protect them from dangerous drugs and to intervene in their use. While minors also have a legitimate interest to protect their privacy, in some cases tests

¹⁷⁰ The Act on the Status and Rights of Patients (782/1992) lays down the preconditions for determining, restoring or maintaining the patient's health by means of health care procedures. While drug tests are not specifically mentioned in legislation, these preconditions are valid in the care situation as well: the patient must be treated in mutual understanding. If the patient refuses a certain treatment or procedure, he or she must be treated by common consent in some other medically acceptable way. For example, testing for HIV is not a minor procedure that can be implemented without the patient's consent. See also Liljeström, Marita 2000. *Potilaan tahto ja sen huomioon ottaminen hoidossa*. [Patient's volition and taking it into account in treatment]. In Koskenvuo, Kimmo (Ed.). *Lääkärintyö ja laki*. [Physician's work and the law]. Kustannus Oy Duodecim, Helsinki 2000.

¹⁷¹ In July 1999, the Ministry of Labour appointed a tripartite working group, whose task was to prepare legislation on data protection in working life, including all personal information about employees. The core aspects of the law concern testing employees and processing health information. Thus there is a direct link to the drug and alcohol testing of employees. Cf. Chapter 1.2.2.

may be necessary to safeguard their health and development. For example, tests conducted among all students do not meet the requirements of proportionality. On the other hand, individual tests may be conducted if there are weighty reasons to suspect that the subject uses drugs.

In June 2000, the Parliamentary Deputy Ombudsman issued a statement on a complaint concerning the legality of drug tests conducted in two schools. According to the statement, the tests should be based on the existing legislation. Information about students' test results constitutes patient data, which can be made available to parents only if the student, who in terms of age and maturity is capable of deciding on his or her treatment, has not forbidden it. Thus the head teacher or rector is not entitled to gain access to patient records. Refusal to take a test or a positive test result as such do not give a right to inform the social welfare authorities. Neither is it justified to require drug tests as a precondition for enrolment. The statement further emphasised that drug tests can only be conducted by health care professionals, that due care must be taken in ensuring the accuracy of the tests, that personal data are processed in a lawful manner, that the students tested positive will receive proper treatment and that the result has no such negative impact on the students which is not specified by law

9.5.2 Police work

During the past years, the police have produced preventive material for adults, young people and children alike. The police have also participated in the projects of other parties. Collaboration with schools, social and health authorities and various organisations has traditionally been intensive. According to the police, preventive work plays a major role in combating drugs, and these activities are performed by officers working as youth police and crime investigators. Also the customs authorities stress the viewpoint of prevention, investing resources in material provision and co-operation between the authorities.

Legislation is important in demand reduction as well. In Finland, the law forbids the use, possession and sale of narcotics; these are punishable acts. The police consider that this ban has a generally preventive impact on citizens. According to the police, the implications of drug use, which do not result in prosecution or sentencing but in a fine, do not act as deterrents against drug demand. However, preliminary investigation conducted by the police makes it clear to the suspects and their intimates that narcotics are not tolerated in society.

In recent years, the police have launched experimental community policing projects in many localities. This approach was selected to be a central working model for the police in the near future, along with combating serious crime. Street-level supervision makes it possible to stop the potential drug use or crime careers of young people experimenting with drugs. The community police tackles local crime in a problem-oriented approach by relying on police information and inter-administrative collaboration. Networking between authorities and organisations aims at joint measures to intervene in drug abuse at the earliest stage possible.

Local collaborative projects have been implemented, based on the so-called zero tolerance model in some cities (Tampere 1999) or focusing on a group, such as juveniles and their referral to care instead of punishment (Järvenpää 1997 – 2000). In the latter experiment, the local Board of Substance Abuse Affairs collaborates with the police and other actors to develop solutions for referral and waiving prosecution in case of young drug suspects as an alternative to enforcing the relevant penal consequences.¹⁷² If the young offender opts for this alternative, the prosecutor will postpone legal action (for 2 – 4 months) until the body referring to care makes a treatment agreement and plan together with the offender, parents and an outpatient clinic or institution for substance abusers. When this period has elapsed, the prosecutor inquires about the implementation of the treatment, and, if the answer is positive, waives prosecution. If the treatment has failed, the prosecutor will submit the case to a court of law.¹⁷³

Special attention was also paid in 1999 to drug use in traffic. In compliance with the new legislation,¹⁷⁴ clinical intoxicant-related check-ups will become more important. Thus a clinical intoxicants check-up must always be carried out by a physician at the request of the police or based on driving while intoxicated. There are no threshold levels for substances other than alcohol for drunken driving. The verified use of an intoxicating substance in road traffic as such is not automatically defined as drunken driving, but a person's ability to operate a vehicle must also be impaired. When the presence of a substance other than alcohol is suspected, both blood and urine samples are taken, and a clinical intoxicants check-up is conducted and the related form is filled in. The court ruling is based on the reports and statements of the police, the physician and the National Public Health Institute (alcohol and drug laboratories).¹⁷⁵

¹⁷² Cf. Chapter 1.2.1.

¹⁷³ The final report on the project on referring young drug offenders to care [available in Finnish], Järvenpää Board of Substance Abuse Affairs. The project is also available in the project database <URL:<http://www.stakes.fi/neuvoa-antavat/index.html>>

¹⁷⁴ See Chapter 1.2.

¹⁷⁵ Order concerning clinical intoxicant-related check-up, Ministry of Social Affairs and Health, 1999:52. <URL:<http://www.vn.fi/stm/suomi/pao/julkaisut/nolo52/kptutk.htm>>

Drug detection equipment to be used at the roadside was put to the test in the Helsinki, Turku and Tampere regions. The experiment is a part of the EU's ROSITA undertaking. The purpose is to list narcotics and medicines harmful in traffic and to examine what kind of equipment is available to roadside testing for drugs, what is the feasibility of this equipment and the judicial aspects of testing in Finland. The Ministry of Transport and Communications commissioned the project, the police is in charge of roadside testing and the National Public Health Institute co-ordinates and administers the project.

In January 2000, the police approved a drug strategy for the years 2000 – 2003. In terms of demand reduction, the strategy highlights deterrence, early intervention and control actions:

In terms of deterrence¹⁷⁶ and early intervention, the following is proposed:

- At a local level, the police will establish co-operative networks together with authorities working with young people and other parties and reach agreement on the practical procedures required by the successful further implementation of early intervention.
- In co-operation with other authorities and civic organisations, the police will do the following: produce educational material, drawing attention to legislation as well as supportive and care services; implement a nationwide information campaign; investigate the extent and nature of drug use in school; and seek ways for breaking free from drugs together with school health services and parents.
- In disseminating information, attention is paid to the link between narcotics and crime and to the serious consequences they have for individuals and society.
- In collaboration with other authorities and civic organisations, the police will provide a nationwide telephone helpline free of charge, to distribute information about the effects, regulations and care possibilities associated with drugs.
- The police and customs authorities will inform about drugs and actions taken to combat the related crime, with the aim of reducing drug demand and supply.

In terms of the role of control in demand reduction, the following is proposed:

- The emergence of local venues for distributing or using drugs will be prevented.

¹⁷⁶ During the reporting year, the police arranged in Tampere an EU symposium on preventive work done by law enforcement authorities.

- In agreement with the prosecutorial authority, an effort is made to establish consistent practices (risk for suspect) in prosecuting drug crimes.
- The introduction of an accelerated criminal procedure for young offenders will be supported. The police will check all drug-related information, especially that coming from parents and school, and take necessary steps.
- The risk of apprehension will be increased with regard to persons operating a motor vehicle under the influence of drugs.
- An effort will be made to ensure expert help in police interventions to assess care need and possibilities and to support municipal projects on referral, in accordance with the Government Decision-in-Principle on drug policy.

9.5.3 Prison work

In 1998, the prison administration launched work on a drug strategy to prevent problems arising from drug use in prisons. The strategy resulted in guidelines that were introduced in January 1999.¹⁷⁷ According to the strategy, antidrug work in prison is based on good knowledge of the prisoners and on a community approach, so that no drugs are allowed to enter prison or are produced there. Other aims include creating an environment that is safe and free from intoxicants and enhancing prison inmates' readiness for lifestyles free from crime and drugs as well as preventing drugs related harms.

In terms of demand reduction, this goal is pursued by:

- Developing prison activities so that they support and encourage drug-free lifestyles, by providing special rehabilitation programmes and meaningful work, education and free-time activities, which incorporate elements supporting temperance.
- Supporting a community free from drugs and the prisoners' responsibility through active presence, knowledge, positive interaction and coherent procedures on the part of personnel.
- Developing conditions to create drug-free settings by spatial arrangements and the appropriate placement of prisoners.
- Providing prisoners with a possibility to participate in planned rehabilitation for the duration of their sentence.
- Supporting voluntary work and the prisoners' independent activities in prison.

¹⁷⁷ *Vankeinhoitolaitoksen pähdestrategia. Osa I. Toimintaohje vuosille 1999-2001.* [Intoxicants strategy for the prison administration. Part I. Operational guidelines for 1999 – 2001]. Ministry of Justice, Guidelines, 27 January 1999.

- Utilising health care procedures effectively in prison to prevent communicable diseases transmitted by drug use.
- Using the existing methods of prevention to counteract drug-related subcultures and their negative effects.

In compliance with the 1999 administrative targets, each institution will draw up a concrete drug strategy in 1999 and a related action plan for the year 2000. In the near future, the aim is to create a rehabilitative continuum, consisting of the following elements:

- Assessment of the state, motivation and placement of a prisoner.
- Actual rehabilitation.
- Training for release.

Sixteen of the 24 Finnish prisons provided substance abuse courses for their inmates in 1999, and ten prisons had wards supporting drug-free lifestyles. During the year, over 700 prisoners participated in various courses for substance abusers. In 1999, over half of the participants in substance abuse programmes took part in rehabilitation and less than half in guidance and information programmes.

The project on welfare for substance abusers (the VP project), launched in 1996 by the Ministry of Social Affairs and Health, the prison administration and four central organisations engaging in the treatment of substance abusers, ended in the spring of 1999.¹⁷⁸ It resulted in ten different treatment products (including six rehabilitative programmes and training packages) for prison use. The project programmes have been introduced in ten prisons since 1996. By the end of 1998, the project had reached almost 700 prisoners through different activities. In 1998, there were a total of 2,800 rehabilitation days provided for prisoners or ex-prisoners, and almost 2,000 training days for prison personnel.

With the rapid onset of an HIV epidemic, more attention has been paid to preventing communicable diseases by giving prisoners preventive education and a possibility to receive disinfectants and vaccination against hepatitis B and get tested for HIV anonymously. Some 1,000 prisoners were tested in 1998, but in 1999 the number of tested prisoners exceeded 1,600.

¹⁷⁸ Mutalahti, Timo 1999. *Hoito ja rangaistus kohtaavat - Vankien päihdehuoltoprojektin loppuraportti*. [Treatment meets punishment - Final report on the welfare for substance abusers in prison]. STAKES, Raportteja 242/1999.

The Platform of the present Finnish Government included a statement concerning the prevention of recidivism and drug crime by developing prison sentences and probation further as well as by improving the ex-convicts' reintegration into society, in co-operation with municipalities. The 1999 administrative agreement between the Ministry of Social Affairs and Health and the Provincial Governments requires that the Provincial Governments arrange seminars to develop social work with prison inmates and people released from prison and to improve collaboration between municipal authorities and prisons. One theme to put forward in this collaboration is to ensure funding for treatment services for prisoners with substance abuse problems.

9.6 Specific targets and settings

Self-help groups for drug users

In the Greater Helsinki Area, there are Narcotics Addicts Anonymous¹⁷⁹ groups for people who want to stop drug use. These include a closed group for drug-dependent persons, a women's group and an open group for all those interested. Also some other major cities have such groups, working often in connection with the local treatment programmes.

Gender-specific services

Outpatient services are usually meant for both men and women facing intoxicant problems, provided in the form of personal, family or group therapy and support. In some units, special women's groups have been set up. There are two facilities for pregnant women or mothers with a newborn, one in Greater Helsinki (five beds; the number of drug and mixed-substance abusers has constantly increased) and one in Turku (six beds). The proportion of drug or polydrug abusers in the clientele is increasing. Because women usually have overrepresentation in parents' support groups, there are special support groups for the fathers of drug addicts as well.

Support for children of drug users

¹⁷⁹ See e.g. <URL:<http://gamma.nic.fi/~netna/alku.htm>>

Compared to alcohol problems, drug abuse in Finland has been relatively rare. In addition, drugs usually involve young people, who as adults often abandon drugs but not alcohol. For instance, family violence is primarily associated with alcohol abuse.

In the most serious cases, children may be taken into custody, which means that the child is provided for and educated by society. Such action must be taken if childcare is neglected or if some other circumstances at home jeopardise the child's health or development, or if the child endangers his/her health by using intoxicants, by committing a serious criminal offence or by other such behaviour. An additional requirement is that outpatient services have not been appropriate, possible or adequate and that care outside home is deemed to be in the child's best interests.¹⁸⁰

In the 1998 statistics on Helsinki, 27 per cent of the placements and 37 per cent of the custodial cases, enforced on the basis of the Child Welfare Act, resulted from substance abuse in the child's home environment, usually due to alcohol, drug, medicine or polydrug use by a parent or custodian. Only two per cent of the cases resulted from a child's own substance abuse.¹⁸¹

The memorandum of the working group on coercive action in foster care was completed in 1998, assessing the field of coercive measures and restrictions based on the Child Welfare Act and possible reform needs, with suggestions for amendment.¹⁸² As a new recommendation, the working group proposed that body searches may be performed in a child welfare institution to obtain samples of blood, hair or urine or some other sample outside the body, if there is cause to believe that the child has used intoxicants.

A budgetary proposal was made in 1999 to improve child welfare measures and to provide care for drug users' children.¹⁸³ The system to equalise the extensive costs of child welfare services directs municipal resources so that child welfare clients in every municipality will receive appropriate services, irrespective of the costs incurred. The financial burden is equalised so that the municipality receives compensation if the child welfare costs of a family exceed FIM 150,000 per year. This compensation covers both custodial and non-institutional services for the family and child.

¹⁸⁰ Child Welfare Act 683/1983, Sections 16, 17 and 34.

¹⁸¹ *Helsingin sosiaaliviraston asiakastietoja vuodelta 1998*. [Client information of the Helsinki Social Services Department in 1998]. Helsinki City Social Services Department, Julkaisusarja 12/1999.

¹⁸² *Sijaishuollon pakkotoimityöryhmän muistio 1998*. [Memorandum of the working group on coercive action in substitute care 1998]. Memoranda of the Ministry of Social Affairs and Health, 22/1998

¹⁸³ See also Chapter 1.2.

The equalisation system is partly financed by inter-municipal fees, partly through state appropriations, which account for half of the estimated total value of equalisation. The equalisation fees of a given municipality depend on the number of inhabitants under the age of 21 years.

Support for parents of drug users

Many treatment facilities emphasise the role of the families and close support persons in the drug treatment process. Both in residential treatment but also in outpatient services, family-centred therapy is gaining more ground, as seen in the increasing supply of education in the field. Self-help groups have been established for drug abusers' close persons as well. Anybody whose relative or close person is a drug addict may join in. Sometimes the group is a closed one, with the same participants meeting regularly. The Free from Drugs Association has 20 groups in different localities, and in some cases, specific intimate groups have been provided for young people, spouses and fathers.

The Free from Drugs has organised a three-year networking project, *Pilvi vai pouta*, to prevent intoxicant use among the youth, by supporting the parents and by creating regional networks for parents, authorities and volunteers. The project is implemented in three municipalities (Vantaa, Oulu and Porvoo).¹⁸⁴

Drug services at workplaces

Intoxicant-related services targeted at the workplace have focused on the early detection and prevention of substance abuse problems. Drug questions have been incorporated into prevention of substance abuse in general which aim at maintaining working capacity both through publications and training, but in practice the focus has been on abuse of alcohol and/or medicines and the related dependence. However, according to the statement issued by the *Intoxicants in Working Life* expert group of the Centre for Occupational Safety, representing the labour market organisations, drug issues can only partly be dealt with like other intoxicant questions; in many respects, they call for special measures, e.g. because of the illegality of drugs. In general, referral to care may be based on an agreement between the client and employer. This must take place by the client's consent. The

actual treatment plan is made in the treatment facility by the client and treatment worker. Legislation on workplace drug testing is currently prepared in the Ministry of Labour.¹⁸⁵

In 1999, the Centre for Occupational Safety planned a study on drug information and attitudes at workplaces and the *drug-free workplace* programme, to be implemented through a wide collaborative network. The 1999 operations also included the reconvening of the network consisting of instructors. In early 2000, The Finnish Institute of Occupational Health produced a guide on encountering drug users at work.¹⁸⁶ The guide is intended for security and health care professionals, but it is suitable for everybody who may meet drug users at work.

As a new type of activity, the Finnish Association for the Minnesota Model will train experts on intoxicants issues for the use of small and medium-sized businesses, financed by the EU Social Fund. Another goal is to establish regional expert networks and model enterprises dealing with substance abuse problems, assessing the effectiveness and usefulness of the resulting training product. This project resulted in three training process models for small and medium-sized firms.¹⁸⁷

Drug services for ethnic minorities

In Finland, health care services are in principle available to all, but especially linguistic and cultural reasons pose some practical problems. Special services for Romanians already exist. Especially in Greater Helsinki, where more than 40 per cent of the immigrants live, the intoxicant service units are only seldom visited by non-native people. In 1998, these units had 190 non-native clients, the majority of whom were Russians. In many units, the number was based on an estimate, and the survey did not eliminate possible overlap.¹⁸⁸

The Järvenpää Addiction Hospital has prepared a special treatment programme for Russian-speaking drug abusers (especially abusers of heroin), involving ethnic Finns from Ingria, but so far

¹⁸⁴ Oravainen, Elina 1998. *Pilvi vai pouta? Verkostoyhteistyön väliraportti 1.6.1997 – 15.4.1998*. [Intermediate report on network co-operation 1 June 1997 – 15 April 1998]. Helsinki Institute of Social Welfare. The final report is also available. See also <URL:<http://www.reitox.emcdda.org/eddra/explorer/>>

¹⁸⁵ See Chapters 1.2.2. and 9.5.

¹⁸⁶ Lusa, Sirpa (Ed.) 2000. *Huumeiden käyttäjien kohtaaminen työssä*. [Encountering drug users at work]. Finnish Institute of Occupational Health, Helsinki 2000.

¹⁸⁷ ESF final report on the project, see <URL:<http://www.mol.tietotyö.fi/esprojekti/loppurap/1r970353.html>>

¹⁸⁸ The survey conducted by Director Roger Nordman of the Hangonkatu Rehabilitation Centre in spring 1998 was responded by 14 substance abuse units in Greater Helsinki.

the visits have been occasional. Many immigrants have received help from A-Clinics, and co-operation between the clinics and the Association of Somalis will be further developed.¹⁸⁹

In 1999, services were developed in order to prevent and treat substance abuse problems among ethnic minorities. For instance, the Free from Drugs Association and the Centre for Ingrians train people, who have adequate linguistic skills, to work as helpline operators and support persons both for drug users and their immediate circle. Other actors included municipal social and health services and organisations, such as the Finnish Free Romany Association, the Finnish division of the international councils of Iranian refugees and immigrants, the Albanians' association Liria and the international association of Arabian culture Ibn-Faidla at Hakunila, Vantaa.

¹⁸⁹ Jouhki, Mika 1998. *Miten maahanmuuttaja pärjää päihdekulttuurissamme*. [How are immigrants coping with Finnish intoxicant culture]. *Tiimi-lehti* 6/1998 or <http://www.a-klinikka.fi/tiimi/698/698maa.html>

10. QUALITY ASSURANCE

10.1. *Quality assurance procedures*

The methods used in the quality control of substance abuse work have been haphazard until the late 1990s. The procedure often used was final reporting, which was not totally systematic in form. During the past year, the situation has changed, though. The final reports on projects are made more systematic, partly due to reasons of data processing. Another contributory factor is the publication of foreign and domestic guidebooks on project evaluation. Books published in Finnish include guidelines for evaluating preventive work¹⁹⁰ and a manual of preventive substance abuse work.¹⁹¹ At the moment, the Finnish Centre for Health Promotion has made the best progress in systematising and published a guidebook on the quality criteria for health promotion projects.¹⁹²

The quality criteria for health promotion projects are divided into five segments: framework criteria, structural criteria, process criteria, outcome criteria and application criteria. The quality criteria are classified according to focal areas into three groups: client-centric and customer satisfaction (C); target- and plan-centric (TP); and framework-related approach (F).

The segments are described by the following separate indicators:

Framework criteria:

1. The project aims at utilising the participants' own resources (C)
2. The need for the project is justifiable (TP)
3. The most up-to-date information is used in planning the project (TP)
4. The risks involved in the project have been realistically anticipated (TP)
5. It is possible to evaluate the objective(s) of the project (F)

Structural criteria:

6. The parties benefiting from the project have been identified (C)
7. Participants' expectations have been taken into account (C)

¹⁹⁰ Kröger, C., Shaw, R. & Winter, H. 1998. *Ehkäisevän päihdetyön arviointiohjeet*. [Guidelines for evaluating preventive substance abuse work]. Finnish translation by Tuukka Tammi. EMCDDA & A-Clinic Foundation. See also <URL:<http://www.health.fi/paihde/hanketyokalut/index.html>>

¹⁹¹ van der Stel, Jaap (Ed.) *Ehkäisevän päihdetyön käsikirja - alkoholi, huumeet ja tupakka*. [Guide to preventive substance abuse work – alcohol, drugs and tobacco]. Pompidou Group of the Council of Europe. A-Clinic Foundation, Raporttisarja 31. Gummerus Kirjapaino Oy, Jyväskylä 1999.

8. The project has a realistic timetable (TP)

9. The project has a justified budget (TP)

Process criteria:

10. The operational processes consistent with the objective(s) have been defined (TP)

11. The division of labour between the project participants has been specified (TP)

12. Communication between participants at different stages is planned to be active (C)

13. The participants can influence the development of activities (C)

14. Progress at all stages is monitored and periodically evaluated (F)

Outcome criteria:

15. The expected outputs of the processes have been recorded (C)

16. The expected outcomes of the project have been recorded (GM)

17. The unexpected impacts of the processes have been anticipated (F)

18. The cost-effectiveness of the project has been anticipated (F)

19. The health and welfare impacts of the project have been anticipated (TP)

Application criterion (C)

20. The applications of the project can be partly or entirely utilised in the operating environment.

An expert will evaluate the implementation of the criteria on a scale 'implemented entirely/mainly/partly/not at all'. The criteria are weighted according to the focal area in the expert evaluation: C (10, 5, 1, 0); TP (5, 2.5, 0.5, 0) and F (3, 1.5, 0.3, 0). The value sum of the criteria enables a numeric assessment of a project.

10.2. Treatment and prevention evaluation

Because of the inadequate resources, evaluation as such has not been given a central position in the objectives of drug projects, and consequently the outcomes of evaluation tend to be process-oriented, retrospective or descriptive rather than systematic or theoretical in nature.

¹⁹² *Hanketuki - kansalaisjärjestöjen terveyden edistämisen ohjelmatyö*. [Project support – health promotion programme work done by NGOs]. Finnish Centre for Health Promotion, Publications 3/2000. See also:
<URL:<http://www.health.fi/paihde/hanketyokalut/index.html>>

The so-called VP Project, developing welfare for prisoners with substance abuse problems, was evaluated in 1999. The key operations in the project were turned into ten services, tailor-made for prisoners but applicable elsewhere as well.¹⁹³ The projects that were implemented both inside and outside prisons found new approaches to preventing substance abuse problems and treating them during and after imprisonment. The project showed that the prisons have the capability, willingness and many-sided knowhow to engage in substance abuse rehabilitation, to be developed and implemented together with outside actors. Good results can be achieved in method development, implementation and evaluation if the existing resources are retargeted, if networks are created with substance abuser services outside the prison and if this responsibility is taken by the institution as a whole. The municipality of residence and other actors must commit themselves to the prisoner's rehabilitation continuum. However, to be systematic, such rehabilitation requires a law to stipulate the organisational and financial responsibilities involved.

Inside the treatment systems, especially the infection risk counselling given to intravenous drug users has been evaluated, including the centres in Helsinki (Vinkki)¹⁹⁴ and Tampere (Nervi).¹⁹⁵ Two project evaluations were conducted concerning the Prevnet programme of the A-Clinic Foundation: Prevnet subprojects¹⁹⁶ and Prevnet-Euro¹⁹⁷.

In 1998, the Ministry of the Interior appointed a service assessment group, whose task was to standardise and develop monitoring (evaluation) of basic municipal services in the state provincial offices. One object of special assessment was drugs, the related control and services. As a part of the service assessment, the National Monitoring Centre at STAKES implemented in 1998 a small-scale municipal survey of drug prevention and treatment. The follow-up reports by the state provincial offices have been published in spring 1999 and 2000.

10.3 Research

The Government Decision-in-Principle concerning drug monitoring and research states as follows:

- The possibilities of STAKES to create and maintain up-to-date information systems on the prevalence of drug use, the treatment system, drug research and trends in drug-related crime will be

¹⁹³ Mutalahti, Timo 1999.

¹⁹⁴ Harju et al. 2000. See Chapter 9.2.3.

¹⁹⁵ Julin, Johanna 1999. *Piikki lihassa - suonensisäisten huumeiden käyttäjien arkipäivän hyvinvointi sekä kokemukset Nervin asiakkuudesta*. [A spike in the flesh - everyday welfare of intravenous drug users and their experiences as clients of Nervi]. Tampere University, Department of Psychology. MA Thesis, November 1999.

¹⁹⁶ MacGourty; Helena 1999. Prevnet pilot - Finnish Drug Prevention Development Project. An Evaluation Report. A-Clinic Foundation, Monistesarja 15/1999.

¹⁹⁷ Tammi & Peltoniemi (Eds) 2000. See also Chapters 9.1.7.

enhanced and collaboration between the authorities monitoring the trends in drug-related crime will be intensified.

- The research projects proposed in the 1997 report of the drug policy committee and other topical and important research projects will be launched, and a cross-sectorial drug research programme will be drawn up for the Academy of Finland.

Appointed on the grounds of the Government Decision-in-Principle on Drug Policy, the drug strategy co-ordination group has prepared a sector research plan on drugs for the State administration and the related research agencies in order to implement the Government Decision. The group has also proposed that the Academy of Finland launch a fixed-term research programme to find solutions to the growing drug problem in Finland. However, the Academy of Finland did not consider it necessary to create a specific programme on drugs; instead, financing will be channelled through the existing research programmes (e.g. the one on health promotion).

In the sector drug research plan, the quota of drug research in the agencies working under the Ministries was estimated to be 6 – 7 working years at present. It was suggested that additional 5 working years were required. The most important national actors are the National Research and Development Centre for Welfare and Health (STAKES), the National Public Health Institute, the Finnish Foundation for Alcohol Studies, the National Research Institute of Legal Policy, the Police College of Finland as well as other units engaging in drug work (the Järvenpää Addiction Hospital, the Helsinki – Uusimaa Health Care District, etc). A major aim is to have a distinguished expert on drugs appointed both at STAKES and in the National Public Health Institute, respectively, who, along with his or her personal research interests, co-ordinates drug research in the agency. A co-ordinating expert is also needed in the National Research Institute of Legal Policy and in co-ordinating nationwide work done in treatment and rehabilitation units.¹⁹⁸

The Academy of Finland and the Finnish Medical Society Duodecim arranged a broad consensus conference on drug dependence treatment in Finland in early November 1999. The objective was to issue a consensus statement in response to the questions arising at the conference, concerning drug use, treatment, the care system and research on drug dependence.¹⁹⁹

¹⁹⁸ Proposal for reinforcing drug research in Government agencies and units engaging in drug work (6 December 1999).

¹⁹⁹ Basic material and propositions of the meeting are published in *Huumeriippuvuuden hoito Suomessa - Konsensuskokous 1.-3.11.1999*. [Treatment for drug dependency in Finland: Consensus meeting 1-3 November 1999]. Finnish Medical Society Duodecim & Academy of Finland. Vammalan kirjapaino, 1999. Available in Finnish only. See also <URL:<http://www.duodecim.fi/koulutus/konsensuskokoukset/>>

With regard to research, the statement asserted that the rapidly changing drug situation calls for epidemiological research. To direct the treatment system, independent treatment studies are needed as well, whereby good treatment practices and methods can be advanced. High-quality research also has a bearing on the public image and credibility of the field in general.

As mentioned above, publications have been issued during the past year on the prevalence of drug use among adults and young people,²⁰⁰ on the prevalence of problem use,²⁰¹ on the intoxicant-related cases in social and health services,²⁰² on the treatment of drug users,²⁰³ on the low-threshold clients²⁰⁴ and on the criminal justice system concerning waiving prosecution in drug offences.²⁰⁵ The ESPAD study on intoxicant use among 15 – 16 – year-olds in Europe is in its final stages. In addition, studies on the background factors of drug crimes and drug-related deaths as well as on the drug treatment system are in progress.²⁰⁶

A persistent shortcoming is the narrowness of qualitative analysis of the phenomenon and a shortage of studies on the effectiveness of the measures taken. However, during the year studies on drugs and technoculture²⁰⁷ and on intoxicants and the media²⁰⁸ were completed.

Furthermore, the Nordic Council for Alcohol and Drug Research (NAD), located in Helsinki, has coordinated the EMCDDA project on qualitative studies related to drugs. In the near future, NAD will be involved in conducting comparative studies on the costs and other negative effects of drug use as well as on control policy and treatment of drug addicts.

10.4. Training for professionals

Drug training in Finland has been incorporated into the curricula of social welfare and health care education: students have e.g. the possibility to specialise in services for intoxicant abusers and drug

²⁰⁰ Chapter 2.2.

²⁰¹ Chapter 2.3.

²⁰² Chapters 3.1, 9.3.1 and 9.4. A doctoral dissertation was also published on the development of the treatment system: Kaukonen, Olavi 2000. *Päihdepalvelut jakautuneessa hyvinvointivaltiossa*. [Substance abuse services in a divided welfare state]. National Research and Development Centre for Welfare and Health (STAKES), Tutkimuksia 107. Gummerus kirjapaino Oy, Saarijärvi 2000.

²⁰³ Chapter 3.1.

²⁰⁴ Chapters 2.3 and 9.2.2.

²⁰⁵ Chapters 4.2 and 13.1.

²⁰⁶ Chapters 2.3 and 3.1.

²⁰⁷ Chapter 2.1.

²⁰⁸ Piispa, Matti 1999. *Alkoholi, huumeet ja media. Viisi tapaustutkimusta päihdevalistuksen mahdollisuuksista*. [Alcohol, drugs and the media. Five case studies on the possibilities of substance abuse education]. Finnish Centre for Health Promotion, Julkaisuja 9/99. Helsinki, 1999.

prevention. At a university level, drug education has been provided in sociology, public health studies and medicine. The Drug Laboratory of the National Public Health Institute has supervised further education in biomedicine.

Concerning post-graduate education in the social and health care sector, the A-Clinic Foundation has provided advanced treatment service training for different professional groups. The Järvenpää Addiction Hospital, maintained by the foundation, has provided courses for physicians. In addition, the A-Clinic Foundation is preparing regional models for drug training in a specific project (*Monikko*). The project has commenced in four municipalities, with the aim of improving readiness among local units providing specialised treatment for substance abusers, in order to act as regional expert centres in preventing drug and polydrug abuse and in developing diversified treatment services for addicts.

With units in 20 localities, the Free from Drugs Association is an important actor in drug prevention training. The association provides training for its voluntary workers as well.

In 1999, the Ministry of Social Affairs and Health financed supplementary courses on health counselling in each hospital district, lasting for 1 - 2 days. The goal was to enhance the readiness of personnel to face clients who use drugs intravenously, to recognise attendant health problems and to give advice and information about referral to care. This training was especially targeted at health care and pharmacy personnel. The training was a part of the infection risk project of the A-Clinic Foundation.

In addition, the Ministry funded two-day training sessions in autumn 2000, organised by the A-Clinic Foundation on the medicinal treatment of opiate addicts. A project spanning several years is planned on the Ministry's R&D funds, in order to instruct regional drug training groups, which in turn will organise further education on drug dependence for health care personnel.

During the past two years, several textbooks have been published on drug-related training: on basic drug information,²⁰⁹ preventive substance abuse work²¹⁰ and the treatment of substance abusers in addiction medicine in general²¹¹ and for nurses in particular²¹². Guidebooks have been targeted at

²⁰⁹ Dahl, Päivi & Hirschovits, Tanja 1998. *Tästä on kyse - tietoa päihteistä*. [To the point: information on intoxicants]. Third revised edition. Hakapaino Oy, Helsinki.

²¹⁰ van der Steel, Jan (Ed.). 1999. *Ehkäisevän päihdetyön käsikirja - alkoholi, huumeet ja tupakka*. [Guide to preventive substance abuse work – alcohol, drugs and tobacco]. A-Clinic Foundation, Raporttisarja 31/1999. Gummerus Kirjapaino Oy, Jyväskylä, 1999.

²¹¹ Salaspuro, M., Kiiänmaa, K. & Seppä, K. (Eds.) 1998. *Päihdelääketiede*. [Addiction medicine]. Duodecim, Helsinki 1998.

smaller groups as well: on temperance education in school,²¹³ preventive telematics work,²¹⁴ evaluation of preventive substance abuse work,²¹⁵ encountering heavy drinkers or drug addicts at maternity clinic,²¹⁶ early intervention in substance abuse problems,²¹⁷ encountering drug users at workplaces²¹⁸ or in the treatment system²¹⁹ and on clients with hepatitis C in primary health care.²²⁰

²¹² Inkinen, M., Partanen, A. & Sutinen, T. (Eds.) 2000. *Päihdehoitotyö*. [Addiction nursing]. Kustannusosakeyhtiö Tammi. Helsinki, 2000.

²¹³ Huopanen, Kaarina et al. 1998. See also <URL:<http://www.antidrugnet.org/>>

²¹⁴ Tammi, Tuukka & Peltoniemi, Teuvo 1999.

²¹⁵ Gröger, Christoph et al. (Finnish version 1998).

²¹⁶ Halmesmäki, Erja 1999.

²¹⁷ Partanen, Airi & Warmemaa, Marja (Eds.) 1999. *Päihteet puheeksi varhemmin*. [Intoxicants should be discussed at an earlier stage]. A-Clinic Foundation, Raporttisarja 28. Gummerus Kirjapaino Oy. Saarijärvi 1999.

²¹⁸ Lusa, Sirpa (Ed.) 2000.

²¹⁹ Ahokas, Kajesalo & Holopainen. *Pilvinnoja vai kunnan rakenteita? Huumeasiakas hoitojärjestelmässä*. [Castles in the air or solid structures? The drug client in the treatment system]. A-Clinic Foundation, Raportteja 26:1998.

²²⁰ *C-hepatiitti - opas perusterveydenhuollon ammattilaisille*. [Hepatitis C – a guide for professionals in primary health care]. Finnish Red Cross 1999.

11 CONCLUSIONS: FUTURE TRENDS

11.1 Principal intervention strategies and their evolution

Throughout the late 1990s, ever-increasing attention was paid to drug questions in Finland. In 1996, an inter-administrative expert group was launched to create a national drug strategy. As a result, the proposal for a drug strategy saw the light of day in spring 1997, eventually resulting in the Government Decision-in-Principle on Drug Policy at the end of 1998. Both these documents fully endorsed a well-balanced approach to drug policy, as recommended by the UN, assigning equivalent weight to both demand and supply reduction measures. Based on the strategy proposal, regional training commenced, leading to the planning of local drug strategies in many municipalities.

At a national level, the implementation of the Decision-in-Principle started in 1999, resulting in a proposal for a drug research programme for the Academy of Finland. The Academy however decided to integrate drug research segments into its existing programmes. In addition, the sectorial drug research programme of the State agencies and the action plan for implementing the Government Decision were prepared. Working groups were also launched to chart new drug cultures among young people and to plan the related preventive measures as well as to make proposals for developing drug treatment systems. The relevant Ministries also included drug topics in their medium-term financial and action plans.

In November 1999, a joint consensus meeting between the Academy of Finland and the Finnish Medical Society Duodecim convened in order to develop drug treatment further. The resolution of the conference presented developmental needs to promote drug treatment and research on a broad scale and in line with the Government Decision-in-Principle. One key outcome of the conference was wider acknowledgement that harm reduction activities (e.g. low-threshold activities) should be included in drug treatment.

The police and the prison authorities have also produced their respective intoxicants and drug strategies, with demand reduction as an important part along with control.

The wide-scale round of planning, described above, indicates that it has been a long journey from the turn of the 1980s - when at the level of a nationwide strategy it was thought that open discussion may be counterproductive by increasing young people's interest in drugs - to a situation

where growing drug use and the resulting harms have been recognised as phenomena warranting a broad and multiadministrative national action plan to arrest these developments. The core results of the planning are linked to the Government Decision-in Principle, and, consequently, special activities have been implemented on a broader scale in the year 2000.

The Finnish EU Presidency in 1999 offered possibilities to expand perspectives on drug issues to an increasingly international level, as Finland co-ordinated the preparation of the EU's strategy against drugs. The drug strategy for 2000 – 2004 of the European Union was approved in the Helsinki Summit in December 1999.

Concurrently with long-term strategic planning, decisive action has been taken to solve the immediate drug problems. In 1999, the focus was on improving young people's life-management skills, especially by means of activation, supporting parenthood and early intervention in young people's drug experiments. In prevention, the emphasis was on young people's own participation in project planning.

At a national level, the accent has been on enhancing information flow between actors and the accessibility of the existing data. One especially notable approach has been the use of the new media in combating drugs. As a result, information services have been launched to disseminate information among drug workers about research results, working methods, municipal drug strategies and antidrug projects run by municipalities or organisations. Drug information services, discussion forums and anonymous self-testing of personal intoxicant use – e.g. through text messages on mobile phones – have also been developed. In addition, Finland belongs to the initiators of international development of telematics services in drug work (Prenet Network).

In the treatment system, the development of low-threshold services and the related training have been highlighted, the aim being to involve clients in the treatment system as early as possible. At the same time, there has been much debate about harm reduction actions, whose position as a part of treatment has been more widely acknowledged, both as regards the consensus meeting on treatment and concerted action taken by the Ministry of Social Affairs and Health and the Provincial Governments to organise training sessions on infection risk counselling and to expand the substitution treatment systems.

The control authorities have stressed collaboration in preventive work with other authorities in the field. Another preventive measure that has been proposed is the introduction of drug tests.

However, possible mass screening for drugs has aroused much debate in public. Some amendments to legislation concerning drug tests in working life are now in progress. The Finnish police have introduced a new approach to demand reduction by contributing to European co-operation to enhance prevention practices among law enforcement authorities and to develop drug control methods in road traffic. The three-year experiment in prisons has resulted in well-designed intoxicant treatment products for drug treatment in prison and for the after-care of released prisoners, in association with organisations in the field.

11.2 Main future trends and strategies

Appointed by the Government, the drug policy co-ordination group is a central actor in future drug work. Its mission is to co-ordinate national drug policy activities, to intensify official co-operation as well as to implement and monitor the national drug policy strategy, specified in the Government Decision-in-Principle.

To assist the group, a memorandum of the committee planning drug prevention among young people will be published in autumn 2000, followed by the memorandum of the drug treatment working group in early spring 2001. The organisation of drug research is still in progress, as regards Government agencies and the Academy of Finland. The introduction of evaluation protocols now in planning will in future probably impact on finance for drug projects as well.

The Government Decision-in-Principle has provided national and local drug work with a framework for all activities for the next couple of years. However, it has been unclear as to how activities within this framework are prioritised, a fact that will be reflected in financing. In autumn 2000, a proposal was made to adjust the annual budget accordingly. At the same time, the drug policy co-ordination group was assigned to reform the Government resolution on drug policy for next three years by the end of 2000.

In addition to the national guidelines, drug policy implementation will take account of the drug conventions of the United Nations as well as the goals set in the UN special drug session on 8 – 10 June 1998, to be implemented by 2003 and 2008. The new drug strategy for 2000 – 2004 of the European Union and the related action plan to implement it will also have an impact on the national strategy.

12 STRATEGIES IN SUPPLY REDUCTION AT NATIONAL LEVEL

The field of supply reduction consists of control directed at the illegal use and distribution of drugs or at their legal use, e.g. for medical or for research purposes.²²²

Two sectors are highlighted in police operations. Locally, an effort is made to prevent the criminal recruitment of first offenders and juvenile delinquents in particular. Tackling broad-scale aggravated offences perpetrated by professional criminals calls for enhanced surveillance and focusing on individual perpetrators. The Enforcement and Audit Unit of the National Board of Customs engages in preventing and detecting drug crime.

The Ministry of Social Affairs and Health is responsible for controlling the legal sale and use of drugs. The control tools of the National Agency for Medicines include supervision of licences, record-keeping obligations and inspections. The Agency also keeps a register of medicines categorised as narcotics. Through its computerised supervision of narcotics prescriptions, the National Board of Medicolegal Affairs supervises and imposes restrictions on the prescriptions and prescription rights associated with narcotic substances.

12.1 Basic approach

The fundamental objective of drug supply reduction is to safeguard order and security in society. One important strategic goal is to keep Finland an insignificant and risky marketplace for the international drug business. The maintenance of a high risk in drug trafficking requires that the authorities be properly empowered. Society must also be aware that the control measures taken comply with the rule of law and human rights.

²²¹ This chapter is based on the National Drug Strategy 1997 and the background material to the memorandum of the Finnish Drug Policy Committee (memorandum 1997:11), especially the articles *Huumausainerikollisuus ja huumausaineisiin liittyvä oheisrikollisuus* [Drug offences and concomitant crime] by Aarne Kinnunen and *Huumeongelma tilastojen valossa sekä tilanne vankiloissa* [Drug problem in the light of statistics and the situation in prisons] by Timo Aho as well as reports submitted by the Ministry of Social Affairs and Health, the Ministry of the Interior and the National Board of Customs, regarding actions taken in their respective fields.

²²² See Appendix 5: Actors in drug supply reduction.

The supply reduction strategy of the police includes actions to prevent the manufacture and import of drugs, to detect drugs and persons distributing them on the market, to expose organisations engaging in manufacture, import and distribution and to maintain a high risk of apprehension. In combating aggravated drug crime, it is important to prevent money laundering and to ensure that criminal proceeds will be seized. The tasks of the customs authorities mainly involve supply reduction at the international borders. The police, customs and the Frontier Guard have close collaboration in antidrug actions through a permanent body, the narcotics working group. The National Agency for Medicines focuses on controlling the legal use, import and export of drugs, psychotropic substances and precursors.

12.2 Major strategies and activities

In terms of supply reduction, the Government Decision-in-Principle on Drug Policy²²³ suggested that:

- The confiscation of the proceeds obtained through drug offences will be intensified.
- It will be studied whether it is possible to introduce reversed burden of proof in cases of aggravated narcotics offences, so that a person sentenced for such an offence must, in order to avoid confiscation, give preponderant evidence that the property was obtained legally.
- Questions of fictitious purchasing and infiltration will be addressed in connection with the amendment of the Police Act.
- It will be studied what kind of legislative and other measures should be taken to protect witnesses and persons who are co-operating with the judicial authorities in combating international organised drug crime.
- The drug crime prevention of the police will be intensified by developing the methods used and new forms of international co-operation by the police.
- Resources will be allocated in particular to control at the street level, for preventing the emergence of publicly known places, where drugs are sold and used.
- The personnel resources of the Customs Administration will be developed, and directed in particular at drug control along the national frontiers and in areas for loading and unloading of goods, as well as at intelligence activities, as required by national and international commitments.
- The Customs activities will be intensified also by obtaining more technical control and surveillance equipment.

²²³ Government Decision-in-Principle on Drug Policy 1998

In terms of supply reduction, the drug strategy for 2000 – 2003 of the police²²⁴ emphasises:

- Combating professional or otherwise aggravated drug crime. In this respect, the accent is on:
 - (i) The role of the National Bureau of Investigation as a co-ordinator of international and national anti-crime activities.
 - (ii) The introduction of new surveillance and anti-crime methods.
 - (iii) Co-operation with the prison authorities in order to prevent drug trade that takes place or is led in prison.
- Intensified street-level control, which will be implemented by:
 - (i) Developing the activities of the local police.
 - (ii) Introducing new test methods in traffic control.
 - (iii) Training police officers.
- Better readiness to conduct preliminary investigation into drug offences, implemented by:
 - (i) Enhancing telesurveillance and technical surveillance.
 - (ii) Accelerating chemical sample analyses.
- Intensified confiscation activities of criminal proceeds by improving co-operation:
 - (i) With investigating authorities, debt recovery and tax authorities, prosecutors and prison administration.
 - (ii) Between the Money Laundering Clearing House and other police units.
- Preparation of legislative initiatives concerning reversed burden of proof, witness protection, tax-free compensation for tip-offs as well as legislation on money laundering and amendments to the laws on preliminary investigation and coercive measures.
- International co-operation to implement the Schengen Agreement and bilateral anti-crime and customs agreements.
- Development of police education by applying the training model used in investigating financial crime.
- Development of a system to monitor antidrug activities.
- Scientific research on drug crime.
- Intensified international networking, which will be implemented so that
 - (i) Co-operation with other authorities will be developed further in order to intensify drug related training in the neighbouring countries.
 - (ii) The EU's Phare and Tacis programmes on preventing and combating drug use will be promoted.

In terms of supply reduction, the Intoxicants strategy of the prison authorities against substance abuse for 1999-2001²²⁵ stresses that:

- Community work may prevent and deter prisoners from substance abuse and drug-related crime.
- Spatial and activity arrangements enable supervision of drugs from entering prison.
- Systematic control and supervision prevents the occurrence of intoxicants in prison.
- Control and supervision activities are subject to constant monitoring and evaluation.
- The prisoners have a right to serve their sentences in an intoxicant-free environment.
- If necessary, drug offenders will be isolated from the other inmates in order to prevent disturbances.

13. INTERVENTION AREAS

13.1 Operations of the judicial system

When the 1994 Narcotics Act was prepared, the guiding principle was to tackle professional and organised drug crime. The aim was to make drug use punishable in order to emphasise that drugs are not tolerated and to achieve an effective deterrent, the ultimate goal being to prevent the emergence of an illicit public drug market.

In January 2000, the Office of the Prosecutor-General issued guidelines for waiving prosecution in certain types of drug crime, with the aim of harmonising the practice of waiving prosecution in the country.²²⁶ According to the Penal Code, prosecution and sentencing may be waived in case of drug use or other related crime, if the deed does not undermine common obedience to the law or if the perpetrator shows commitment to treatment approved by the Ministry of Social Affairs and Health.²²⁷ These special provisions concern personal use or import as well as possession or manufacture of drugs for personal use.

²²⁴ Police drug strategy 2000-2003. Approved on 24 January 2000.

²²⁵ Intoxicants strategy for the prison administration – operational guidelines for 1999-2001. Ministry of Justice, Prison Administration Department, guidelines, 27 January 1999.

²²⁶ Guidelines of the Office of the Prosecutor-General for prosecutors, 2000:5. Waiving prosecution in drug offences. The Ministry of Justice is also preparing an option to impose a fine for drug use, possession for personal use or attempted purchase. In the future, cases involving drug use could be settled out of court, as the prosecutor could impose day-fines. In the present situation, the prosecutors may have waived prosecution for drug use because the trial procedure has been considered too cumbersome for imposing the fine. Hopefully, the reform will harmonise the practice of waiving prosecution. The reform would not make the punishments more lenient, as even now a fine may be imposed for drug use or possession for personal use.

²²⁷ Cf. Chapter 1.2.1.

According to the guidelines of the Office of the Prosecutor-General, when decision not to prosecute an adult is considered, one must take account of the amount and quality of narcotics in question, the duration of use and other circumstances. The point of reference in making the decision is an abstract concept of undermining common obedience to the law. For example, the larger the amount of drugs found on an offender's person, the weaker the grounds to believe that the substance was meant for personal use only, or, the more potent the substance, the more likely it is that the use has continued for a long time and the more damaging it is to common obedience to the law. In terms of problem users, punitive actions become less important, balanced out by curative viewpoints. The Section is applicable to juveniles and adults alike, but the offender's young age may be relevant as well, if the deed (experimental use) may be deemed resulting from thoughtlessness or imprudence. In order to prevent the spread of drugs, all drug offences – except the ones involving personal use – should usually be prosecuted. Drug use in prison cannot be regarded as personal use, as specified by law.

Court hearings relating to drug offences differ somewhat from other trials, e.g. as regards the burden of proof. In drug offences, it is more complicated to establish proof, as the evidence is based on the offender's own story or that of an accomplice. It has been said that the burden of proof is more easily satisfied in drug offences.

Legislation on control and surveillance by technical means, carried out by the police and customs officials, may be utilised in preventing and detecting drug trafficking. The law on international assistance in criminal matters acknowledges the controlled delivery of drugs as one avenue of investigation. The Second Naples Convention on customs activities regulates infiltration across the border, and the Schengen Agreement stipulates infiltration within the EU. Such action can only be taken in aggravated crimes. The possibilities of infiltration and undercover purchase are under consideration in Finland.²²⁸

In addition to the risk of apprehension and of punishment, the confiscation of criminal proceeds is an effective deterrent against calculated criminal activities aiming at profit. The present legislation requires that the prosecutor must show the profit gained by the offender in each offence. However, in conjunction with the implementation of the programme on combating financial crime and the grey market, an effort will be made to reform the regulations on the enforcement of sentences relating to the search and confiscation of criminal proceeds.²²⁹

²²⁸ See Chapter 1.2.2.

²²⁹ See Chapter 1.2.1.

Aggravated narcotics offences have become more professional, and persons giving evidence have been threatened. Two resolutions have recently been passed in the European Union, exhorting the Member States to enhance resources to counteract international crime. One programme concerns the protection of persons giving evidence in a criminal case and another one deals with the protection of persons assisting in a criminal case. The Government Decision-in-Principle requires that this question be addressed in Finland as well.

13.2. Control and technical equipment

The customs authorities focus on the first links in the drug chain, while the police often deal with crimes after drugs have already been sold and used.

Surveillance of telecommunications used by the suspects is a method employed in recent years in investigating aggravated drug offences. The amendments to the law on Coercive Criminal Investigation Means have enabled the monitoring of telecommunications and other technical surveillance. However, these methods are seldom used.²³⁰

In compliance with the customs strategy, the focal point of customs activities has shifted towards the EU's outer borders. The National Board of Customs has supplied all the major frontier transit points with adequate equipment and inspection facilities. The importance of special equipment, mobile surveillance and drug dogs is likely to grow in preventing professional drug crime.

In prisons, inmates or premises may be searched, for example, if a prisoner is suspected of possession of unauthorised articles or substances.²³¹ A prisoner may also be isolated in prison for a repeated use of intoxicants, in order to intervene in a drug offence or until the illegal substances have disappeared from the prisoner's body. In 1999, the Government appointed a committee to prepare for the reform of prison sentences and their enforcement. One issue emerging in this connection will be the position of rehabilitative and other actions reducing the risk of recidivism.

The National Agency for Medicines is authorised to inspect premises, where narcotics or precursors are legally produced, stored, kept or otherwise handled, and to take samples during these inspections. Businesses must notify the Agency of unusual orders or transactions involving

²³⁰ See Chapters 1.2.2. and 4.2.

²³¹ See Chapter 1.2.2.

precursors. It has authority to prevent the delivery of substances that are considered illicit, both domestically and across the border.

Banks and other financial institutions must report unusual transactions and intervene in them whenever necessary. They must also submit the relevant documents for auditing. Money laundering issues belong to the Money Laundering Clearance House of the National Bureau of Investigation²³²

13.3 Surveillance and information systems

The prevention of aggravated crime requires complex intelligence operations targeted at the offenders. This approach is perhaps the only effective means of investigating and preventing crimes perpetrated by professional offenders. Data collection and information management systems have been established for this purpose. Because the customs can no longer perform random checks at internal borders, also the customs authorities are now engaging in extensive international collaboration, including joint information networks.

In 1999, the personal registers of the police were reformed to comply with the Personal Data File Act and the Schengen Agreement.²³³ As a part of the Schengen Agreement, a database (SIS) will be developed for the EU police authorities, concerning e.g. persons suspected of drug offences or of money laundering. Also the centralised database (CIS) of Europol and the national customs authorities will be developed further.

13.4 Collaboration with the private sector and citizens

Drug offences are increasingly often uncovered in connection with general police work, such as ordinary investigation or the work done by uniformed police officers. Antidrug activities are heavily dependent on information from the public and other actors, whose contribution is channelled into tip-off lines of the police and customs, with an opportunity to inform on drug offences that are being planned or ongoing. Today, it is possible to report offences via the Internet as well.

²³² In 1994 – 1999, 178 notices on money laundering were filed, leading to preliminary investigation; of them, 70 led to pressing charges. About one out of eight convictions was associated with drug crime.

²³³ Finnish Decrees 509/1995, 3-4/1998, 658/1998, 1144/1998 and 1466/1994, 1104/1998 etc. See <http://finlex.edita.fi/>

Moreover, the National Board of Customs has signed agreements with major transport operators in order to prevent illegal transport of drugs.

13.5 Co-operation between the control authorities

The control authorities cannot alone succeed in deterring drug offences. To achieve the best results, these activities should be harmonised with other societal anti-drug measures. Prevention, prohibition and law enforcement must form a balanced and congruent entity.

In supply reduction, control policy should be seen as concerted action on the part of all the authorities involved: this will enable the efficient use of the scarce resources. The police, customs and frontier guard will intensify exchange and analysis of information about smuggling. The need for such collaboration will be further underlined when the Schengen Agreement enters into force, and control of individuals will cease at internal borders.

The crime prevention strategy of the police, focusing on the offenders, presupposes that the police can prevent perpetrators from engaging in new offences while in prison. This calls for close co-operation between the police and prison administration.

14 QUALITY ASSURANCE

14.1 Training for professionals

Detectives and also other police officers come increasingly often in contact with drug-related crime, a fact that has caused a great demand for further training. An effort to meet this demand has been made each year. Training is primarily provided by experienced members of the drug squad. Established in 1998, the new Police College of Finland has a major role to play in this respect.

Also the customs authorities have directed resources at training customs officials, both through in-house courses and training by the police. As a part of co-operation between the customs authorities, a guidebook in Finnish and Russian was published in 1997 to prevent the smuggling of drugs and psychotropic substances.²³⁴

The National Agency for Medicines has arranged seminars on precursors for various control officials in association with the National Board of Customs and the National Bureau of Investigation

Implemented by the police in association with UNDCP, the two-year training programme on anti-crime techniques for the law enforcement authorities in Estonia was completed in 1999. The Finnish police still engages in training, which is associated with measures to combat crime and money laundering in Estonia. The National Agency for Medicines and the European Commission have implemented a project with the aim of investigating the present situation in the use and supervision of legal narcotics in the 13 Phare countries.

14.2 Research

The offence report and court statistics provide information about the trends in drug offences and actions to reduce the supply of drugs. However, access to these data is heavily protected under the data protection regulations, with strict rules on the research use of this material. In 1997 and 1999,

²³⁴ Alaniemi, Antero & Streltshenko, Eduard 1997. *Opas tullimiehille huumausaineiden ja psykotrooppisten aineiden salakuljetuksen torjumiseksi*. [A guide for customs officers on preventing the smuggling of narcotics and psychotropic substances]. Finnish Customs Administration & the customs administration of the Russian Federation, 1997.

offence report statistics were used to assess the number of hard-drug users.²³⁵ In 1999 was published also a study on court practices in drug crimes.²³⁶ The court statistics have provided material for a study on recidivism, shedding light on repeated drug offences and their social and cultural backgrounds; the study is to be completed during 2000.

²³⁵ A joint study by STAKES, the Ministry of the Interior, the National Public Health Institute and the University of Jyväskylä. An equivalent study was conducted in 1997 (Partanen, Päivi 1997; Partanen, Päivi et al. 1999).

²³⁶ See Chapter 4.2.

15 CONCLUSIONS: FUTURE TRENDS

15.1. Principal intervention strategies and their evolution

The debated themes in the reporting year included the increasing number of drug offences, the criminal position of user offences and the new ways of combating crime. According to a study published in 1999, prosecutorial and court practices in user offences differed greatly. From the viewpoint of the rights of the individual, the situation is untenable, because the consequences of an offence involving drug use vary depending on the locality. Therefore, the Office of the Prosecutor-General provided the prosecutors with directions concerning the circumstances under which the prosecutor may refrain from pressing charges. The impacts of these directions will be seen in the near future: are they liable to increase the number of cases dropped, will the situation remain unchanged or will more lenient punishments (day-fines) be introduced, increasing the amount of punishments but decreasing the amount of cases dropped?

In the field of supply reduction, important documents published during the year included the strategies of the police and prison authorities, aiming at reducing substance abuse and supply in their respective fields. Legislative reforms to enhance the powers and ways of exercising control constitute an integral part of the work done by the control authorities. In terms of the police, this means proposals to legalise fictitious purchase and covert operations. For prison administration, the amendments to the laws on the enforcement of punishments entail increasing authority for the personnel to confiscate drugs in prison.

Improved co-operation has been characteristic of the activities during the year. In close collaboration with the local authorities, an effort was made to prevent the emergence of public places where drugs are openly sold. On a national level, co-operation between the control authorities has been reinforced. The methods now available (telesurveillance and technical surveillance) have been more widely applied to investigations into organised drug crime. Co-operation with other organisations has been promoted as well e.g. concerning money laundering (banks and other financial institutions) and precursors (chemical companies, etc).

Ever-expanding international collaboration, e.g. to control drug crime and money laundering, has provided new contacts and information, which are necessary in tackling internationally organised drug crime.

15.2. Main future trends and strategies

The drug strategy of the Finnish police and the intoxicants strategy of the Prison Administration can be seen as concrete examples of implementing the Government Decision-in-Principle concerning drug policy. The actions taken in the near future to reduce drug supply will be congruent with the national crime prevention programme, as specified in the Government Platform. On the other hand, the eventual outcome of the legislative reforms now in progress will provide the future framework for methods to prevent crime.

International co-operation and its development is however the most important factor defining the future guidelines for supply reduction. In these activities, the same international directives as already mentioned for demand reduction will be followed.²³⁷ Another important fact directing supply reduction activities in the future is the Schengen Agreement, which takes effect in Finland in March 2001. In compliance with it, the new personal register data system of the police was introduced in 1999.

²³⁷ See Chapter 11.

PART V KEY ISSUES IN 2000

16. DRUG STRATEGIES IN FINLAND

16.1 National policies and strategies

The guidelines for national drug policies have been put forward in the Government Decision-in-Principle on drug policy. There is a general description of the aims of the Decision in Chapter 1.1 of this report, in terms of demand reduction in Chapter 8.1 and supply reduction in Chapter 12.2. These Chapters also discuss the implementation of the Decision from the viewpoint of action plans within the state administration.

16.2 Application of national strategies

Issued in December 1998, the Government Decision-in-Principle on drug policy concerns prevention and early intervention, care and support for users and their relatives as well as control measures. In March 1999, the Ministry of Social Affairs and Health appointed a co-ordination group, with representation from ministries and state agencies, to harmonise nationwide drug policy and to advance the drug strategy. Based on the action strategy incorporated in the Decision, the working group has drawn up a timetable for actions, including parties responsible for them. The aim is to achieve a procedure whereby the authorities and other organisations can report on their actions to reduce drug use.

16.3 Evaluation of national strategies

The purpose of the above-mentioned co-ordination group is to monitor the implementation of the Government's drug policy Decision. Its external evaluation has not been decided.

17. COCAINE AND CRACK

There is no accurate information about cocaine and crack use, user groups or the markets in Finland. Therefore, no documented assessment of service need among the users has been made. Services for cocaine and crack users are provided in connection with other substance abuse services. However, crime statistics suggest that cocaine is becoming more prevalent in Finland, but registers and studies have thus far failed to address it.

17.1 Different patterns and user groups

17.2 Problems and needs for services

17.3 The market

17.4 Intervention projects

18. INFECTIOUS DISEASES

18.1 Incidence and prevalence of infectious diseases

For more information on drug-related infectious diseases, please refer to Chapters 2.3 and 3.3.

18.2 Determinants and consequences

For more information about the factors and consequences concerning infectious diseases, see Chapters 2.3 and 3.3.

18.3 New developments and intervention-measures

For more information about measures to combat infectious diseases, see Chapter 9.2.3.

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APPENDICES

- 1 Organisation chart of drug administration in Finland
- 2 Administration of international drug issues in Finland
- 3 National drug information system
- 4 Actors in demand reduction
- 5 Actors in supply reduction
- 6 Drug-related diseases by ICD-9 system
- 7 Drug-related diseases by ICD-10 system
- 8 Tables
- 9 Figures

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<URL:<http://www.a-klinikka.fi/plimenu1.htm>>

<URL:<http://www.a-klinikka.fi/prevnet/index.html> or <http://www.reitox.emcdda.org/eddra/explorer>>

<URL:<http://www.alli.fi/allison/tyoelama/tyopajat.html#paja>>

<URL:<Http://www.antidrugnet.org>>

<URL:<http://www.asemanlapset.fi/Hoito/hoito.html>>

<URL:<http://www.asemanlapset.fi/palvelut/Palvelu.html>>

<URL:<http://www.asemanlapset.fi/Walkers/Walkers.html>>

<URL:<http://www.duodecim.fi/koulutus/konsensuskokoukset/>>

<URL:http://www.edita.fi/valtviiik/vn52_98.html>

<URL:<http://www.edu.fi/julkaisut/paihde.pdf>>

<URL:<http://www.finlex.edita.fi>>

<URL:<http://www.gamma.nic.fi/~netna/alku.htm>>

<URL:<http://www.health.fi/paihde/hanketyokalut/index.html>>

<URL:<http://www.hel.fi/sosv/jotu/huumest.htm>>

<URL:<Http://www.interdrug.net>>

<URL:http://www.minedu.fi/nuora/julkaisut/barometri2_99.doc>

<URL:<Http://www.paihdelinkki.fi>>

<URL:<http://www.prevnet.net>>

<URL:<http://www.reitox.emcdda.org/eddra/explorer/>>

<URL:<http://www.stakes.fi/mentalhealth/work6.htm>>

<URL:<http://www.stakes.fi/mept>>

<URL:<http://www.stakes.fi/neuvoa-antavat>>

<URL:<http://www.undcp.org/undcp/gass/poldec.htm>>

<URL:<http://wwwmol.tietotyo.fi/esrprojekti/loppurap/lr970353.html>>

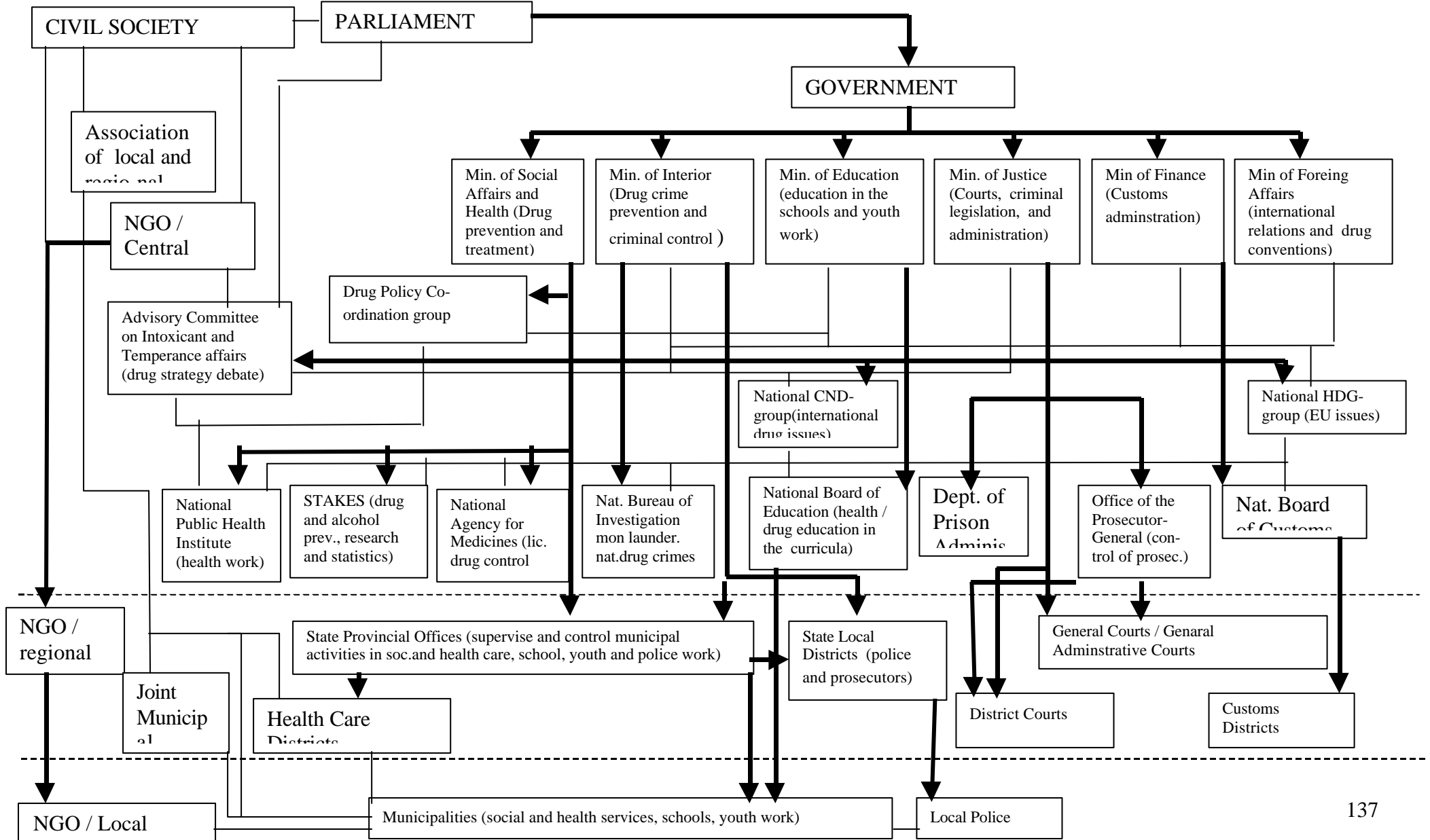
<URL:<http://wwwmol.tietotyo.fi/esrprojekti/loppurap/lr970719.html>>

APPENDIX 1

Co-ordination →

Participation —

ORGANISATION CHART ON DRUG ADMINISTRATION IN FINLAND



APPENDIX 2

ADMINISTRATION OF INTERNATIONAL DRUG ISSUES IN FINLAND

	Ministry of Social Affairs and Health	Ministry of the Interior	Ministry of Justice	Ministry of Foreign Affairs	Ministry of Finance	Other Actors	Activities
United Nations							
CND	Ministry, National Agency for Medicines	Ministry, Nat. Bureau of Investigation	Ministry	Ministry			UN's Commission on Narcotic Drugs (makes decisions on a global level on international drug questions: selection of substances, control actions, money laundering etc.)
INCB	National Agency for Medicines	Nat. Bureau of Investigation			Nat. Board of Customs		UN's International Narcotics Control Board (supervises compliance with the UN Narcotics Conventions)
Dublin Group				Ministry			A UN body for preparing drug issues, based on an OECD composition
Major donor countries				Ministry			Major contributors to the United Nations International Drug Control Programme (UNDCP) (recommendation: USD 500,000 per year)
WHO	Ministry, Nat. Agency for Medicines, Nat. Public Health I.						Proposes new narcotic substances to the lists incorporated in drug conventions
HONLEA		Nat. Bureau of Investigation			Nat. Board of Customs		Unofficial collaborative body of law enforcement agencies
Other international organisations							

Interpol		Ministry, Nat. Bureau of Investigation					Collaborative body in police work. Co-operation takes place with national authorities as well (the Drug Enforcement Agency, DEA, of the USA)
WCO					Nat. Board of Customs		World Customs Organisation
FATF	National Agency for Medicines	Nat. Bureau of Investigation			Customs		Precursor control
European Union							
Horizontal Group on Drugs	Ministry	Ministry	(Ministry)	Ministry			EU's intersectorial body preparing and co-ordinating drug questions
EUROPOL		Ministry, Nat. Bureau of Investigation			Nat. Board of Customs		European Police Office
EMCDDA	Ministry, STAKES						Drug Monitoring Centre of the European Union. In charge of drug data compilation and harmonisation. Operates through the REITOX network of national centres
CODRO drug group				Ministry			Body co-ordinating drug issues in external relations of the EU (merged with Horizontal Group in July 2000)
Precursor committee	National Agency for Medicines	Nat. Bureau of Investigation			Customs		Precursor committee of the European Commission
Drug research networks	STAKES, National Public Health Institute		National Research Institute of Legal Policy			A-Clinic Foundation , Centre for Health	Networks in the EU's Fifth research and development programme and e.g. projects operating under the public health programme

						Promotion, Helsinki University Central Hospital, NAD etc.	
Council of Europe							
Pompidou Group	Ministry, STAKES	Ministry, National Bureau of Investigation					Administrative body formed by President Georges Pompidou of France to handle drug issues in Europe. The meeting of Permanent Correspondents a key means of operation
Co-operation with neighbouring areas							
Bilateral relations		Ministry, Nat. Bureau of Investigation			Nat. Board of Customs		Anti-crime activities and customs agreements with Russia and the Baltic countries as main activities
Nordic co- operation							
Nordic Council of Ministers	Ministry	Ministry	Ministry		Nat. Board of Customs	Ministry of Education	Meetings on drug issues between Ministers
Drug committee	Ministry	Ministry	Ministry				Multiadministrative forum for exchange of drug information
NAD	Ministry, STAKES						Nordic Council for Alcohol and Drug Research
PTN co-operation		Ministry, Nat. Bureau of Investigation			Nat. Board of Customs		Drug co-operation network of Nordic control authorities, with 18 liaison officers in Europe

APPENDIX 3. National drug information system²³⁸

Epidemiology

Use

Schoolchildren		
<i>Survey (implementer)</i>	<i>Criteria</i>	<i>Statistical period</i>
School health study (STAKES et al.)	Municipality-specific (voluntary) 8th & 9th year comprehensive school 2nd year upper secondary school and 2nd year vocational institutes	Annual surveys (drug questions since 1996)
ESPAD (STAKES)	Sample survey 8th & 9th year comprehensive school	Every 4th year (1995, 1999,..)
Young people		
Young people's health habit study (Tampere School of Public Health, STAKES)	Sample survey (postal) 12-18 –year-olds	Every 2nd year (question about drug use in immediate circle since 1992)
Conscript survey (Defence Staff)	Sample survey (interview) Conscripts	First in 1968, at a few years' interval, now annually (1998, 1999, 2000)
Population surveys		
Drug survey (STAKES)	Sample study (postal)	1998 (every 4th year, next in 2002)
Drugs in Finland (Ministry of Social Affairs and Health, Helsinki University Department of Public Health Science)	Sample study (postal)	1992, 1996
Drinking habit study (STAKES)	Sample study (postal and interview)	Every 8th year (drug survey first in 1992, 2000, ...)

Treatment

<i>Statistics (Agency responsible)</i>	<i>Criteria</i>	<i>Statistical period</i>
Hospital Patient Discharge	Personal register	Annual statistics

²³⁸ The bulk of drug information in Finland is collected in a centralised manner from information systems as a part of broad data compilation. National and centralised data collection is typical of Finnish up-to-date information compilation. The information in this Table is based on regular and continuous data collection and periodical studies. The information systems are divided into three categories: epidemiological information (on use and harmful effects), project information concerning demand reduction as well as information about libraries and information services.

register (STAKES)	ICD-10 diagnoses (since 1996)	
Register of Residential Social Welfare Facilities (STAKES)	Personal register, Residential treatment units for substance abusers. ICD-10 (voluntary)	Annual statistics (since 1996)
Register of infectious diseases (National Public Health Institute)	Personal register HIV (iv-use specified) hepatitis C	Monthly statistics (hepatitis C register since 1998)
Drug treatment information system (STAKES)	No personal identification Voluntary data collection Pompidou model (substance-specific)	Pilot stage (1996, 1998, 1999, 2000, 2001). Covers the entire year since 2000
Census of intoxicant-related cases (STAKES)	No personal identification One-day count in all social and health service units. Problem substances (no primary drug)	Every 4th year (1995, 1999, ...)
Substance abuse service statistics (A-Clinic Foundation)	Treatment periods of clients in services for substance abusers No personal identification Not substance-specification	Annual statistics (since 1986)

Legal control

Legally used and produced drugs		
<i>Statistical basis (Agency responsible)</i>	<i>Criteria</i>	<i>Statistical period</i>
Supervision of trade, export and import of drugs (National Agency for Medicines)	Licences, audits	Annual statistics
Drug prescription control (Nat. Board of Medicolegal Affairs & Nat. Agency for Medicines)	Prescription monitoring at pharmacies (personal register)	Annual statistics
Use, sale, storage and other handling of precursors as well as import and export (Customs, National Agency for Medicines)	Authorisation, duty to report	Annual statistics
Illegally used and produced drugs		
Persons suspected of (narcotic) offences (National Bureau of Investigation)	Offence reports (personal register)	Annual and quarterly statistics (annual statistics based on quarterlies, so overlap may occur in the former)

Drug seizures (National Bureau of Investigation & Customs)	Offence reports	Annual and quarterly statistics
Drug offences (Statistics Finland)	Offence reports	Annual and quarterly statistics
Drug convictions (Statistics Finland)	Persons accused and convicted in courts of first instance (personal register)	Annual statistics
Recidivism register (Statistics Finland)	Persons accused and convicted in courts of first instance	Annual statistics
Driving under the influence of drugs (National Public Health Institute & Ministry of the Interior)	Personal register Chemical drug findings Investigation request by the police	Annual statistics

Deaths

Drug deaths		
<i>Statistics (Agency responsible)</i>	<i>Criteria</i>	<i>Statistical period</i>
Cause of death statistics (Statistics Finland)	Primary cause of death according to ICD-10 classification (personal register)	Annual statistics
Drug-related Deaths		
Forensic examination of cause of death (Department of Forensic Medicine, Helsinki University)	Chemical findings in autopsies (personal register)	Annual statistics

Demand reduction

Project information

<i>Compiler</i>	<i>Criteria</i>	<i>Outcome</i>	<i>Source/address</i>
Finnish Slot Machine Association	Project allocations granted (theme: temperance work and promotion of substance abuse services)	Small-scale Internet database	www.ray.fi/index_s.htm
A-Clinic Foundation	Foundation's project	Internal Access	Foundation's central

	register	database	office, questions: www.a-klinikka.fi)
STAKES	Project database on drug prevention	Internet database	www.stakes.fi/neuvoa-antavat
STAKES	International demand reduction database	European Internet drug database at EMCDDA	www.reitox.emcdda.org/eddra (http://www.stakes.fi/neuvoa-antavat/index.html)
Ministry of Labour	Projects of the EU's Social Fund	Internet database	(http://www.mol.tietotyo.fi/esrprojektit/).
Finnish Centre for Health Promotion	Projects on preventive drug work	Internet database	http://www.health.fi/paihde/hankerekisteri/).
Ministry of the Interior ESF	EU's Regional and Structural Fund projects	Internet database	http://www.intermin.fi/alue/eu/index.html
Other organisational databases	Drug database index	Reference database	See e.g. http://www.htk.fi/kirjasto/sospoli5.htm
Etc.			

Libraries and information services

Information service and libraries	Material	Contact information
STAKES Information Service	Literature, periodicals, databases and information services in the field	Http://www.stakes.fi/stakestieto/tipa.htm
STAKES - Reitox – National Drug Monitoring Centre of Finland	Organisation of drug issues, drug policy, narcotics situation, international drug questions	Http://www.stakes.fi/reitox/in
University libraries, esp. National Library of Health Sciences, libraries at Kuopio, Jyväskylä, Turku and Tampere Universities	Literature and periodicals in the field	Http://wwls.lib.helsinki.fi (HELKA) Http://wwls.uku.fi (Kuopus) Http://www.hyper.lib.jyu.fi (Jykdok) Http://www.utu.fi/kirjasto/volter (Volter) Telnet: hilla.uta.fi (Tamcat)

Reference databases		
LINDA ARTO	Joint and multisectorial database of universities and special libraries with references to literature and periodicals Joint and multisectorial database of universities and special libraries with references to articles	Http://linneaw.helsinki.fi Available free of charge at university libraries; Elsewhere, subject to charge (ID and password required)
MEDIC	Finnish medical database produced by the National Library of Health Sciences	Http://vertex.helsinki.fi Available free of charge at Helsinki University libraries; Elsewhere, subject to charge (ID and password required)
ALEKSI	Finnish multisectorial article reference database of BTJ/library services. Also newspaper articles included	Http://www.btj.fi Subject to charge (ID and password required)

Electronic services on the Internet		
Alcohol, narcotics and other intoxicants, virtual library	Virtual library produced by the STAKES Information Service, with links to webpages of national organisations and research institutions in the field as well as international links	Http://www.jyu.fi/library/virtuaalikirjasto/roads/paihteet.htm
STAKES: preventive drug work webpages	A website maintained by the Drug Prevention Group at STAKES, disseminating topical information and articles in the field	Http://www.stakes.fi/neuvoa-antavat
Drug link	Webpages maintained by the A-Clinic Foundation on intoxicants, drug use and services. Includes interactive discussion forums	Http://www.paihdelin.kki.fi

National Drug Monitoring Centre of Finland²³⁹

<i>Tasks</i>	<i>Method of operation</i>	<i>Outcome</i>
UN/Annual Report Questionnaire	Co-ordination responsibility, other actors: National Bureau of Investigation, National Agency for Medicines, Ministries, Helsinki Univ.	Annual Report Questionnaire (June)
UN/Biannual UNGASS follow-up	Co-ordination responsibility, other actors: National Bureau of Investigation, National Agency for Medicines, Ministries, STAKES	Biannual UNGASS follow-up questionnaire (every other year, June)
EMCDDA/National Report	Produces the Report based on information supplied by actors in the field	National Report on the Drugs Situation in Finland (Finnish-language version in October), Statistical Tables (September)
EMCDDA/EWS	Data compilation system on new synthetic drugs in collaboration with Europol (National Bureau of Investigation)	Substance-specific reports on new substances when necessary
EMCDDA/EDDRA	Database on European demand reduction projects	10 national projects per year to the international database
EMCDDA/Info Maps	Reports on legal control and national information services	Annual updates of information sources and of the data yielded by them (September)
EMCDDA/Indicator harmonisation	Attempt to provide compatible drug use indicators in co-operation with other Member States	
- Drug treatment	Pilot information compilation in drug units throughout the year, implemented by the Centre	National Report, feedback report and Statistical Tables for EMCDDA (November)
- Drug deaths	Primary cause-of-death information (Statistics Finland) and special register (Dept. of Forensic Medicine, HU). Co-ordinated by the Centre	Statistical Tables for EMCDDA (November)
- Prevalence of problem drug use	Annual (for the time being) statistical estimate (Ministry of the Interior/Nat. Bureau of	Statistical Tables for EMCDDA (November)

²³⁹ At a national level, information collection concerning the narcotics situation and drug policy is co-ordinated by the the Ministry of Social Affairs and Health. The National Drug Monitoring Centre co-ordinates the preparation of important national drug reports. For international drug issues and reporting, the Ministry has appointed a working group. All agencies and information providers (such as the Customs, the National Bureau of Investigation, the National Agency for Medicines, the National Public Health Institute, STAKES, etc.) also provide statistical information directly for international bodies, such as the United Nations, the European Union, the Council of Europe, the Nordic Council of Ministers, etc. The same applies to national organisations (the Finnish Centre for Health Promotion, the A-Clinic Foundation, the Free From Drugs Association, etc.)

	Investigation , Nat. Public Health Institute, STAKES). Co-ordinated by the Centre	
- Prevalence of drug use	Population surveys of drug use, carried out every 2 – 4 years (STAKES)	Statistical Tables for EMCDDA (November)
- Drug-related infections	Monitoring of drug-related communicable diseases (National Public Health Institute, A-Clinic Foundation, STAKES). Co-ordinated by the National Public Health Institute	Statistical Tables for EMCDDA (November)
Alcohol and drug reports	Key information channels on drug statistics within STAKES in co-operation with all national information providers	Alcohol and drugs by region (January) Alcohol and drugs as theme articles (June) Intoxicants Statistical Yearbook (November)

APPENDIX 4. Actors in drug demand reduction

<i>Actor</i>	<i>Task</i>	<i>Internet address</i>
National Research and Development Centre for Welfare and Health (STAKES)	<ul style="list-style-type: none"> - Preventive drug work, project co-ordination - Support for municipal activities - Drug research - Drug information compilation - Development and communication 	www.stakes.fi/neuvoa-antavat www.stakes.fi/reitox.fi
National Public Health Institute	<ul style="list-style-type: none"> - Public health work, e.g. combating infectious diseases 	www.ktl.fi
Finnish Institute of Occupational Health	<ul style="list-style-type: none"> - Prevention and treatment of drug-related harms in working life 	Http://www.occuphealth.fi
Unit of youth affairs, Dept. of Cultural Policy, Ministry of Education	<ul style="list-style-type: none"> - Harmonisation of youth policy measures 	Http://www.minedu.fi/opm/nuoriso/index.html
National Board of Education	<ul style="list-style-type: none"> - Plans the national syllabus (including health education and temperance work) 	Http://www.oph.fi
Prison Administration	<ul style="list-style-type: none"> - Provides and develops drug treatment services for prisoners 	Http://www.vankeinhoido.fi
State Provincial Offices	<ul style="list-style-type: none"> - Supervise drug prevention and social and health services (incl. substance abuse services) in municipalities 	Http://www.intermin.fi/suom/laanit/index.html
Health care districts	<ul style="list-style-type: none"> - Regional collaborative bodies in specialised health care, providing health care services for municipalities 	http://www.kuntaliitto.fi/soster/tpa.html
Centre for Occupational Safety, expert group on temperance issues	<ul style="list-style-type: none"> - Implements actions to prevent alcohol and drug harms, in accordance with the treatment referral recommendations of labour market organisations. Develops temperance work to maintain employees' working capacity and a programme on intoxicant-free workplaces 	Http://www.tyoturva.fi/toimes/index.html
Finnish Centre for Health Promotion	<ul style="list-style-type: none"> - Co-ordinates organisational projects through the forum 	Http://www.health.fi/paihde/index.html

	<ul style="list-style-type: none"> - of preventive drug work - Acts as co-ordinator of project funding for drug prevention of the Ministry of Social Affairs and Health 	
A-Clinic Foundation	<ul style="list-style-type: none"> - Provides treatment, information, training and R&D services - Acting as director on the Board of national working group on services for substance abusers 	www.a-klinikka.fi
Other organisations in the field	<ul style="list-style-type: none"> - Actors in preventive and curative drug work 	See e.g. http://www.htk.fi/kirjasto/sospoli5.htm

APPENDIX 5 Actors in drug supply reduction

<i>Actor</i>	<i>Task</i>	<i>Internet address</i>
National Agency for Medicines	<ul style="list-style-type: none"> - Authorises production, import and export of substances classified as narcotics - Prescription practices for medicines classified as narcotics - Supervision of use and sale of legal drugs - Controls legality of the import and export of precursors used in producing drugs 	Http://www.nam.fi/index.html
National Board of Medicolegal Affairs	<ul style="list-style-type: none"> - Supervises drug prescriptions - Controls medical practice and prescription of medicines classified as narcotics 	No Internet address
National Bureau of Investigation	<ul style="list-style-type: none"> - Co-ordinates national cases of drug offences - Operates the Money Laundering Clearing House - Maintains the Crime Laboratory 	For more information, Http://www.poliisi.fi
National Board of Customs	<ul style="list-style-type: none"> - Intelligence unit co-ordinates international contacts - Five customs districts are in charge of regional customs administration - Maintains the Customs Laboratory 	Http://www.tulli.fi
Office of the Prosecutor-General	<ul style="list-style-type: none"> - Supervises the prosecutorial authority under the Ministry of Justice 	Http://www.om.fi/vksv
District courts	<ul style="list-style-type: none"> - Responsible for local jurisdiction 	Http://www.om.fi Http://www.om.fi/115.htm
State Local Districts	<ul style="list-style-type: none"> - In charge of local police work - Prosecutors working independently of the police 	Http://www.intermin.fi Http://www.intermin.fi/intsecurity.html
State Provincial Offices	<ul style="list-style-type: none"> - Police division supervises local police administration 	Http://www.intermin.fi Http://www.intermin.fi/eng/publadm.html

Police College of Finland	<ul style="list-style-type: none"> - In charge of police education - Monitors projects - Conducts research 	For more information, http://www.poliisi.fi
National Research Institute of Legal Policy	<ul style="list-style-type: none"> - Conducts criminological research under the Ministry of Justice 	http://www.om.fi/optula
Prison Administration	<ul style="list-style-type: none"> - Administers prisons under the Ministry of Justice 	http://www.vankeinhoito.fi

APPENDIX 6 ICD-9 Substance	Acute intoxic./ harmful use	Depen- dence syndro- me	Substance induced brain syndrome	Substance abuse total	Poisonings by drugs and medicaments	Diseases of the liver	Diseases of the pancreas	Cardio- myo- pathy	Gastri- tis	Other drug and medicament related syndromes	Substan- ce use and treatment	Harms Total	Others
Alcohol	3050A	303	291		980	5710A- 5713X	5770D-F, 5771C-D	4255A	5353A	2650A, 3575A,5307A	---		7607A, 6484A
Opiates	3055A	3040A	292& E935A-F, E935W		9650A-X, 9658X	---	---	---	---	---	---		(7607X, 6283A)& E935A-F, E935W
Substitute treatment	---	---	292& E940B		9701A	---	---	---	---	---	---		(same)& E940B
Cannabis	3052A	3043A	---		---	---	---	---	---	---	---		---
Cocaine	3056A	3042A	292& E938F		9685A	---	---	---	---	---	---		(same)& E938F
Stimulants	3057A	3044A	292& E939H,L		9697A,B,X	---	---	---	---	---	---		(same)& E939H,L
Hallucinogens	3053A	3045A	292& E939G		9696A	---	---	---	---	---	---		(same)& E939G
Drugs total										E935A-F, E935W E938F, E939G,H,L, E940B - (292, 3040A-5A, 3052A-7A, 965, 967, 9690A-7X, 9701A)			
Sedatives and tranquillizers	3054A,	3041A,	292& E937, E939E-F		967, 9694A-5X	---	---	---	---	E937, E939E-F - (see prev. cell)	---		(same)& E937, E939E-F
Polydrug use	3059X	3049X	292 - (292/ (E-codes above)										
Non-dependence producing substances	---	---	---		9651A-7A,9X 9690A, 9691A-3X, 9698X-9X	---	---	---	---	E935G-U, E935X, E939A-D - (see previous cell)	---		(same)& E935G-U E935X, E939A-D
Medicaments total													
Medicaments and drugs total													7607X, 6483A

In the Finnish ICD-9 system there does not exist codes 304.7-.8, 305.8 and letters can be used to differentiate codes (e.g. 9650A = codeine, 9650B = Methadone etc.). Also the codes may have different interpretation e.g. 965.8 and E935W (incl. also dekstroprokxifen and pubrenorfin), E935A-F = E935.0 (Who), E939E = E939.4 (Who [and F=5, G=6, H-L=7]), E940B = E940.1 (Who).

APPENDIX 7 ICD-10 Substance	Acute intoxic./ harmful use	Dependence syndrome	Substance induced brain syndrome	Subs- tance abuse total	Poisonings by drugs and medica- ments	Diseases of the liver	Diseases of the pancreas	Cardio- myopathy	Gastritis	Other drug and medicament induced syndromes	Substance use and treatment	Harms total	Others
Alcohol	F10.0-.1	F10.2	F10.3-.9		T51	K70	K86.0	I42.6	K29.2	E24.4, E52, G31.2, G62.1, G72.1	R78.0, Z50.2 Z71.4, Z72.1		O35.4, Q86.0, P04.3
Opiates	F11.0-.1	F11.2 (excl. F11.22-.23)	F11.3-.9		T40.0-4,.6	---	---	---	---	---	R78.1		---
Substance treatment	---	F11.22-.23	---		T50.7	---	---	---	---	---	---		---
Cannabis	F12.0-.1	F12.2	F12.3-.9		T40.7	---	---	---	---	---	---		---
Cocaine	F14.0-.1	F14.2	F14.3-.9		T40.5	---	---	---	---	---	R78.2		---
Stimulants	F15.0-.1	F15.2	F15.3-.9		T43.6	---	---	---	---	---	---		---
Hallucinogens	F16.0-.1	F16.2	F16.3-.9		T40.8-.9	---	---	---	---	---	R78.3		---
Drugs total										X42 - (F11-16, 19 F50.7, 55, T39-40, T42.3-.4,.6, T43.0-.5)			
Sedatives and tranquillizers	F13.0-.1	F13.2	F13.3-.9		T42.3-.4, T42.6-.7		---	---	---	X41 - (see prev.cell)	R78.4		---
Polydrug use	F19.0-.1	F19.2	F19.3-.9										
Non-dependence producing substances	---	---	---	F55	T39, T43.0-.2 T43.3-.5 T43.8 -.9		---	---	---	X40 - (see prev.cell)	R78.5		---
Medicaments total													
Drugs and medicaments total											R78.1-.5 Z50.3 Z71.5 Z72.2		O35.5, P04.4, P96.1

APPENDIX 8 Tables

1. Costs of alcohol and Drug related harms in Finland 1995 and 1997
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3. *Lifetime prevalence of (experimental) cannabis use among young people, 1996 – 1998*
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22. Drug patients in hospitals (according to main diagnosis) and suspects of narcotics offence by province in 1998 (per 1,000 inhabitants)
23. Drug patients in hospitals (according to main diagnosis) and crime suspects Of narcotics offence by type of municipality in 1998 (per 1,000 inhabitants)