Introduction

This annual report of the drugs situation in Denmark was drawn up by the National Board of Health, the Danish “Focal Point”. The report was compiled in the autumn of 2001 and is the sixth report submitted to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The report has been issued in both a Danish and an English version and has been prepared in accordance with EMCDDA guidelines.

The report provides an overview of the drugs situation in Denmark. It is based on the most recent statistical and epidemiological data as well as current information on intervention, projects, activities and strategies within drug prevention and treatment. In addition, the report contains descriptions of current legislation and policies adopted within the drugs area. Also, this year’s report provides features on three key issues: Poly-drug use: drug set and settings”, “Effectiveness of interventions” and “Drug users in prisons”.

Kari Grasaasen, Head of Section, was responsible for the part on epidemiology and the key issues on poly-drug use, whereas Hans Henrik Philipsen, Head of Section, was responsible for the part on prevention, treatment and quality assurance. Other sections of the report were drawn up via contributions from the Danish Ministry of Justice, the Ministry of Social Affairs and the Ministry of Health. Mads Uffe Pedersen, Head of Centre and research associate professor at the Centre for Alcohol and Drug Research has contributed to the key issue on successful treatment. The Danish member of the Scientific Committee of the EMCDDA, Anne-Marie Sindballe and the Advisory Drugs Committee of the National Board of Health have contributed their comments and constructive criticism. Birgitte Neuman, the National of Health, was responsible for graphical layout as well as proof-reading.

Copenhagen, December 2001.

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Summary

During recent years there has been an increase in the use of illicit drugs in Denmark. This increase includes in particular the use of cannabis, the stimulants such as amphetamine, cocaine and ecstasy as well as the hallucinogens, eg mushrooms and LSD. An additional number of young people have now started to experiment with these drugs. Cannabis is by far the most prevalent drug, followed by amphetamine. Final results from the population survey conducted in 2000 shows that 11% of the young aged between 16 and 24 years have tried amphetamine ever, whereas less than 2% have tried the drug the past month. As far as cocaine is concerned, almost 5% in the same age group have tried the drug ever, and a little less than 1% has tried cocaine the past month. Amphetamine and cocaine are the common most prevalent drugs used among young men; 17% and 9% of the young men aged between 20 and 24 years, respectively, have tried amphetamine and cocaine ever.

However, cannabis remains to be the common most prevalent drug in Denmark, and from the middle of the 1990s and up until today the use of cannabis has increased within the very young (15-16-year-olds) as well as within the rest of the population. Among the 16-24-year-olds, 41% have tried to smoke cannabis in 2000. 8% of the young people in the same age group have used cannabis within the past month.

The number of "heavy" drug addicts appears to have stabilised. It is estimated that there are approximately 14,000 heavy drug addicts in Denmark. During recent years, there appears to have been no significant changes in the type of drug use among the drug addicts seeking treatment. Heroin continues to be the dominant drug in this group and 2/3 of the treatment population report being involved in poly-drug use. During recent years, there has been an increase among those seeking treatment for the first time with cannabis as their main problem. 26% of the "newcomers" to treatment in 2000 reported cannabis to be their primary substance. The stimulants appear only to a minor extent as a primary substance for individuals under treatment, however a mild increase has been detected during the past year.

In 2000, the number of drug-related deaths reached 247. Since 1994, the number of drug-related deaths has been stable. 5 of the deaths occurring in 2000 were caused by the intake of ecstasy pills. A total of 6 persons died from poisoning caused by pills bought as ecstasy. The first cases of poisoning from ecstasy occurred as early as in 1998. As regards the newly reported HIV cases among drug addicts the number has varied without any clear tendencies being detected. There is a mildly declining trend.
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of reported cases with AIDS during recent years, which *might* be attributable to the introduction of combination treatment offered to HIV-infected patients.

In 2001, the regional and local prevention intervention has included several projects focusing on the increasing consumption of "party drugs" and the actors of the party environment.

The network of county alcohol and drug consultants have expanded their activities by establishing an intranet which facilitates cooperation and communication between the counties and other cooperation partners and at the same time paves the way for new opportunities for preventive measures, including distance education services offered to primary and upper secondary schools. As a follow-up on last year's seminar on project planning and evaluation, the National Board of Health held a seminar on project management and midway coaching for the county consultants.

The development project on ecstasy prevention in two "model counties" which was launched in 2000 has during 2001 led to a number of subprojects focusing on prevention intervention in the party environment, the municipal level and on youth education. Courses for employees in the restaurant business, an outreach peer-group project held in the "summer resorts" during the summer, and development of a key person network in cooperation with the counties as well as the preparation of local action plans and drugs policies make up some of the noteworthy activities. From an overall perspective, the first reports from these pilot projects indicate that it is relevant to deal with euphoric substances as one problem. Intervention in the counties is supported by investigation, reports and informative material.

Within the legislative area, a new act was adopted in 2001 with the aim of intervening into the increasing problems with the so-called cannabis clubs (cannabis clubs in Denmark are defined as rented premises in residential areas, which under the cover of running a legal business are being used as premises for groups who smoke cannabis on the site). The cannabis clubs also operate as sales outlets and cause inconvenience and insecurity to the neighbours residing in the area. The cannabis clubs are predominantly a city phenomenon, which has emerged during recent years in the major cities of Copenhagen, Aarhus, Aalborg and Odense.

Effective 1 July 2001, the 2-CB drug was added to the B list of the ministerial order on euphoric substances. The drug was added to the list after having been adopted in the UN Narcotics Commission in March 2001. Also added to the B list as of the same date were mushrooms and spores of the species *Psilocybe semilanceata.*
Psilocybe cubenses or other mushrooms/spores containing psilocin or psilocybin, including any mushrooms/spores that have been cultivated, dried or processed in any other manner.

Poly-drug use is a common trait of the group of heavy drug addicts. Statistics obtained from the register of drug addicts admitted to treatment reveal that only 1/4 of the ones admitted to treatment in 2000 have alone used one drug during the month prior to admission. It is also assumed that a significant proportion of this group has more or less been involved in poly-drug use at an earlier stage. Almost 40% of the total number of people admitted to treatment in 2000 report having used 2 or 3 drugs during the month prior to admission. Especially the drug addicts using heroin as their most problematic substance are especially prone to poly-drug use. The use of heroin is often combined with methadone, cocaine, amphetamine and, to a large extent, cannabis.

A number of social and health-related problems are the consequences of poly-drug use. In most of the approximately 250 drug-related deaths occurring each year, more than one drug has been a contributory factor. The majority of the individuals admitted with a drug diagnoses to psychiatric treatment are poly-drug users. Finally, the drug addicts are often encumbered by a number of problems in relation to their families, friends and housing in their daily lives.

Since the first half of the 1990s, interventions launched to assist the most deprived drug addicts in Denmark have intensified drastically. This has resulted in an increase in the number of residential in-patient institutions during the same period from only a few to more than 40, and an increase in the number of drop-in centres for drug addicts from only a few to more than 70.

The result of this increased intervention appears to be consistent with the results observed in the countries with which we normally compare ourselves. The results from a survey on drug-free in-patient treatment thus revealed that 20% of the drug addicts which completed detoxification were still drug-free two years after the end of treatment, and preliminary results from a not yet finalised methadone survey indicates that methadone reduces heroin addiction, drug injecting use and illegal activities to a significant extent.

The effect of the psycho-social services offered today to the most deprived drug addicts, however, appears to be moderate. This is one of the reasons why from 2001, a pilot project was launched, during which the effect from extended psycho-social support is being reviewed in relation to the standard psycho-social support offered to Danish drug addicts today. Finally, since the last half of
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the 1990s, two kinds of recording and monitoring systems have been established with regard to treatments offered to drug addicts (the Treatment Records of the National Board of Health and the DANRIS). However, the establishment of an effective national standardised treatment monitoring of the outpatient services still remains to be launched.

Based on the statistics presented annually by the Prison and Probation Service it is estimated that drug addicts account for approximately one-third of the clients of the Service. Half of this group is expected to be hard drug addicts. The proportion of drug addicts during recent years has been on the increase - from 31% in 1993 to 38% in 2000. There is a rather significant difference between the gender, with the proportion of male drug addicts in prison accounting for 37%, and the proportion of female drug addicts in prison accounting for 52%.

The Prison and Probation Service has contract prison departments and drug-free departments in several closed and open state prisons and a special contract pension (re-integration into a development and treatment environment, where former and current drug addicts undertake to remain drug and crime free). No evaluations have yet been made of the drug-free departments or contract prison departments, but such a survey is currently being prepared and is expected to be completed during 2002. Furthermore, there are two departments in a closed state prison for men offering actual treatment against addiction via external drug therapists. This so-called "import model" was extended after a 3-year test period with positive results and made permanent in 2000. From November 2000, all treatment interventions are being recorded, both the ones either initiated by the Prison and Probation Services or in which the Service participates actively. The first statistical results are expected to be available at the beginning of 2002.
PART 1 National Strategies: Institutional & Legal Frameworks

Chapter 1  Trends and Developments in Drug Policy

The Danish drugs policy is founded on a combination of the ban against non-medical use of drugs, persistent and targeted prevention intervention, multi-pronged co-ordinated treatment and effective control.

Some of the key elements applied within the drug area involve:
- striking a balance between prevention and treatment
- strengthening local prevention, including action targeted at vulnerable young people
- upgrading treatment, including care, based on the principle of differentiated requirements and goals

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

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

The preventive efforts focus on national, governmental information as well as local direct support to individuals and minor groups included in more specific targeted initiatives.

The public sector is responsible for and shall undertake to carry out the social and medical treatment of drug addicts.

Public action is supplemented by voluntary organisations and independent, private organisations. This ensures that there are many potential kinds of initiatives, which enable clients to be offered several flexible, untraditional types of treatment and care.
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The point of departure is an individual approach and demand-oriented treatment of and differentiated goals for each individual drug addict. This means that in cases where it appears difficult to guide the addict to a drug-free life, a more realistic goal would perhaps be to reduce the harm inflicted on the drug addict.

An even more crucial element in the treatment of drug addicts in Denmark has been the medical substitution treatment, particularly with methadone. At present there are 4,642 drug addicts undergoing long-term methadone treatment (5 months or more). In addition to the drug addicts which are expected to obtain a normalised, drug-free life as a result of this type of treatment, there is a group which is less likely to become drug-free on a short-term basis. Within this group a large number may live a normal life with regular methadone prescription, whereas resocialisation of the rest of the group will be in the form of physical restitution.

The control activities launched to combat drugs are administered by the police and customs authorities. Their operations are targeted at individuals and organisations nationally and internationally supporting illicit drugs trade as well as at trade on a street level. Another factor is the legislation on precursors based on EU regulations governing control with the manufacturing of and trafficking in certain goods used in illegal manufacturing of narcotic and psychotropic drugs.

Political Drug Monitoring Group

At the end of 2000, the Minster of Social Affairs appointed a new political drug monitoring group (Drug Monitoring Group) including representatives from the socially funding parties of the Danish Parliament (the Folketing), the parties of local government, the Ministry of Health and the Ministry of Social Affairs. The Drug Monitoring Group is supposed to prepare and develop form and framework throughout a three-year period as a basis for the Minister of Social Affair's annual report to the Folketing on the social treatments services provided to drug addicts. The Drug Monitoring Group submitted its interim report in May to the Minister of Social Affairs.

Projects with intensive psycho-social and methadone-supported treatment

As an alternative to a heroin project, funds were set aside in the Budget for the period 2000-2002 with the aim of initiating special pilot projects for drug addicts in methadone treatment and a pilot project involving an emergency ward/ambulatory services for the socially expelled, primarily drug addicts. The aim was to improve the health-related and social conditions for the heavy drug addicts, and to reduce the deaths caused by ODs as well as reduce the number of "hidden" and homeless drug addicts.
The objective of this three-year pilot project in three regions with addicts in methadone treatment, involving massive psycho-social activities as well as a qualitative and quantitative evaluation is to study to which extent results can be achieved corresponding to, for instance, the heroin project in Switzerland, in the form of better social, health-related and mental functioning, eg better housing, job and educational conditions, improvement of the provider basis, of the medical/mental status, reduction of use of euphoriant substances, contamination risk and crime as well as an extension of network relations.

Central government set aside funds to boost the social efforts related to drug addicts and to add a quality lift to the area. For this special project, an application pool was established in the amount of Euro 1.4 million in 1999 and Euro 5.4 million for the following three years, of which, in addition to the projects mentioned, which also included a follow-up of substitution treatment, funds will be awarded to new initiatives on treatment provided to special target groups. Focus is placed on projects involving after-treatment.

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

The responsibilities of the Government are to:
- develop policies
- prepare rules and regulations
- control the supply of drugs by operating and financing the police, prisons, the courts of law and the customs authorities
- monitor addiction trends by pooling, evaluating and disseminating data
- promote research
- guide and counsel local and regional governments
- co-operate internationally

Coordination of government services is managed by the Danish Ministry of Health which is also responsible for treatment services provided by the health care sector and for the prevention intervention. The Ministry of Social Affairs is responsible for the social treatment intervention, the Ministry of Justice is - on a local as well as a central level - responsible for control and law enforcement as well as for prison and probation services in relation to detained drug addicts. The Ministry of Tax is responsible for the control exerted on drugs used in illicit manufacturing of drugs (precursors).
Being generally responsible for health prevention and health promotion, the Ministry of Health has the unique responsibility, but other ministries also have tasks to fulfil within prevention, which are either determined or provided in the specific legislation administered by them. Thus, the Ministry of Social Affairs has certain tasks and obligations laid down in the Social Services Act on prevention in the social area. The Ministry of Justice is responsible for law enforcement measures and for information as part of the crime-prevention activities of the police. The Ministry of Taxation is responsible for border control including measures against smuggling. The Ministry of Taxation is also the responsible national authority exerting control with precursors and actual chemicals pursuant to the EU Regulation and the EU Directive on this subject. The Ministry of Education is responsible for information in primary and secondary schools, and for general education and information concerning youth and adult education. Finally, it should be mentioned that the Danish Ministry of Health has set up an independent, expert National Council for Public Health, pursuant to Act no. 141 of 5 March 2001 on the change of Act on the Danish Health Care's Central Government, etc and the Danish Hospitals Act, etc. The National Council for Public Health replaces the former Preventive Political Council, the Danish Council on Smoking and Health and the Contact Committee of Alcohol Policy, which have all been abolished.

On a central level, the Danish Ministry of Social Affairs is responsible for the social services provided to drug addicts and the treatment of them pursuant to the Social Services Act. The responsibility related to issues on medical treatment, including substitution treatment and the correlation between HIV/hepatitis and drug addiction as well as any issues relating to care lies with the Danish Ministry of Health. The Danish Ministry of Justice is responsible for the treatment of criminal drug addicts.

Research is conducted at a number of universities, specialised research institutions and organisations operated by the counties. The Ministry of Social Affairs is responsible for the research conducted at the National Institute of Social Research. Since it was established on 1 January 1994, the Danish Center for Alcohol and Drug Research at the Aarhus University has conducted a large number of studies, evaluations and analyses on drug addiction for the Ministry of Social Affairs and other institutions/public authorities. As part of the implementation of the social funds for 2001, the Center has been established on a permanent basis. The coordinating task of the Danish Ministry of Health is to collect statistics on drug addiction.

The individual police districts are responsible for operative action concerning drugs. According to general national provisions, the action takes place at two levels. The uniformed branch is primarily in charge of the action against addiction and small-scale traffic at street level. The key activities of the C.I.D. are targeted at the manufacture, smuggling and large-scale trafficking in drugs.
Each of the 54 police districts either has a special drugs unit or they may have specially appointed contact persons who, in addition to their local tasks, act as liaison officers to other police districts and, in particular, to the central authority and the coordinating institutions in this area. With a view to reinforcing these activities and making them more efficient, a special information unit was set up by the National Commissioner's Office, the so-called National Centre of Investigative Support. The objective of this unit is to collect, register, co-ordinate, analyse and disseminate all data relevant to drug crime, both at national level and at international level. According to service regulations, all police officers are required to investigate and report all types of incidents and cases in this area, both before and after the act has been committed. The National Centre of Investigative Support operates also as a liaison point to other bodies and authorities that are involved in prevention, treatment and control in this area.

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

**Customs authorities**

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

**Counties and municipalities**

Responsibility for the treatment of drug addicts, including methadone prescription, lies with the 14 counties. Cooperation between the counties and the organisation safeguarding the interests of the counties vis-à-vis the law and the state and
municipalities is carried out by the Association of County Councils. The Association of County Councils enters into agreements on county budgets, including funds for prevention of drug addiction and prevention intervention, with the government and the Folketing (the Danish Parliament) on behalf of the 14 counties, with these counties being obliged to provide treatment to drug addicted citizens.

Being in direct contact with the citizens, the primary municipalities are responsible for preventive intervention as well as for early and regular services provided to addicts. Also, the municipality is responsible for the relevant services offered during treatment and after primary treatment, which may contribute to improving the personal function and development potential. The National Association of Local Authorities is an organisation safeguarding the interests of the primary municipalities, especially in relation to the law and to the state and counties.

The law provides that activities related to the treatment of drug addicts is carried out in close cooperation with the counties and that the distribution of tasks must be laid down in action plans. The law sets out that the county council may delegate referral competence to a municipality provided that the treatment activity is best administered by the municipality.

The National Narcotic Council operates as an advisory and expert council. The Council was appointed under the Minister of Social Affairs and is a consultative body to the Folketing and the Government. The Council is supposed to monitor trends within drug addiction and efforts launched to prevent, treat and control drug addiction. Included in this work, the council will identify goals, priorities and strategies for the overall efforts as well as for coordination and research needs.

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

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

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

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

Money laundering of gains from criminal activity are deemed an offence in Section 290 of the Danish Criminal Code on handling of stolen goods. This regulation was adopted by law no. 467 of 7 June 2001, when the former Section 284 on handling of stolen goods and Section 191a on handling of drugs were abolished.

Section 290 of the Danish Criminal Code provides that he who unlawfully receives or procures for himself or others a profit gained via a punishable offence, and he who unlawfully handles stolen goods by hiding, storage and transportation, or in a similar manner subsequently acts to secure for another person a profit from a punishable offence shall be punished by a fine or imprisonment for any term not exceeding 1 year and 6 months. Where the handling of stolen goods is of a particularly aggravated nature, or the handling of stolen goods has been perpetrated for business purposes, the punishment may increase to a fine or imprisonment for any term not exceeding 6 years.

As part of the efforts to intensify the fight against importation and distribution of drugs, the Danish government adopted two amendments to the law on the drugs area in December 1996.

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

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

By means of a number of amendments to the law adopted on 28 May 1997, rules were introduced in Denmark for the reversed burden of proof in cases of seizure of drugs, and access was established for the so-called “secret search”. The objective of the amendments was to enhance the possibility of the police force to investigate serious crime, especially within organised crime.

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


The objective of the Act is to ensure more effective intervention in relation to the cannabis clubs and other types of organised crime being perpetrated in certain premises and causing inconvenience and insecurity with the neighbours.
The enactment of the law means the introduction of a scheme according to which the police, after advance warning, may issue a 3-month injunction against the person owning the premises to the effect that visitors are not allowed to arrive at or stay in such premises. The injunction, however, does apply to the people living their or their relatives.

The police notifies of the injunction via posters and in the local press together with separate notification to the person owning the premises. He who owns the premises may demand that a specific ruling pursuant to applicable law be submitted to the court by the authority having made the decision. Violation of any injunction shall be punishable by a fine. Where a repetitive offence is committed, punishment may increase to imprisonment for any term not exceeding 4 months.

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

Law enforcement

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

Prosecution practice in general

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

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

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

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

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

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

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

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

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

Most recently, the efforts to combat cannabis have been intensified in connection with the implementation of the above act no. 471 of 7 June 2001 on the prohibition against visitors in certain premises, the aim of the act being to ensure more effective intervention vis-à-vis the so-called cannabis clubs.
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As regards drugs for own use, reference is made to the section above concerning drug addicts in possession of drugs for own use.

Although a drugs dealer may be addicted to drugs himself/herself, this would normally have no bearing on the sentence. Sentenced persons, in turn, who display motivation will be offered to participate in detoxification treatment for drug addiction during their prison term, including integration into society through open institutions treating drug addicts. In the comments on the proposed law amendment of the Euphoriant Substances Act from 1996 mentioned above, it is stated that the Ministry of Justice will render relevant treatment possible during prison service to those drug addicts who are sentenced to imprisonment of longer duration due to drug sales meant to finance the addict’s own drug addiction.

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

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

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

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

In pursuance of this authority, consolidated act no. 1092 of 8 December 2000 was issued on the duty to notify local authorities.
During the 1st reading of bill B123 (a bill tabled on medically prescribed heroin to particularly heavy drug addicts) the Minister of Health declared that he would appoint an expert group to identify the focus areas for the heaviest drug addicts. The expert group, which was appointed in September, 2001 will submit an updated overall medical description of the volume and the nature of the problems encountered by the heaviest drug addicts, including the knowledge and results available and missing, and the barriers to reliable health and socially oriented measures and a professional assessment of advantages and disadvantages related to various alternative solutions. This expert statement is expected to be presented at the beginning of 2002. The expert group counts 6 members, each representing the health care and social sector as well as the sector of justice.

Effective 1 July 2001, the substance 2-CB was added to the B list of the consolidation act on euphoriant substances, according to which list this substance must solely be applied for medical or scientific purposes. The substance was added to the list after having been adopted by the UN Commission on Narcotic Drugs in March 2001.

Also added to the B list of the consolidated order effective from the same date were psilocybe semilanceata, Psilocybe cubensis and other fungi/spors containing psilocin or psilocybin, including grown, dried or fungi/spors processed in any other manner. The fungi were added to the list upon medical recommendation by the National Board of Health.

During the parliament year of 2000-2001, members of the Danish Socialist People's Party tabled a bill for the third time on medically prescribed heroin to the heaviest drug addicts. The bill had not yet gone through all hearing steps when the Folketing went on summer holiday.

After last year's intensive media focus on the increasing use of ecstasy and the ensuing five deaths, this year's public debate has mainly revolved around the so-called cannabis clubs. A "cannabis club" is a rented room in a residential neighbourhood and is used as a resort for groups smoking cannabis. The cannabis clubs also operate as sales outlets and cause inconvenience and insecurity to the residents in the neighbourhood. Cannabis clubs are primarily a city phenomenon emerging during recent years in the larger cities of Copenhagen, Aarhus, Aalborg and Odense.

Apart from the never ending discussion of decriminalisation/legalisation of cannabis in the Danish media, the debate resulted in an act on "Cancellation of rental agreements due to violation of injunction issued pursuant to the Act on
prohibition against visitors in certain premises”, authorising the police to issue an injunction on rented premises used as cannabis clubs (see chapter 1.2).

No new surveys have been made this year on the Danes’ attitudes and views on drugs.

On the Budget for 2001, the government has reserved DKK 5.8 million for prevention against drug addiction. The grants are being used for campaigning and information activities, development and analysis, education, etc. The use of funds includes activities initiated by the National Board of Health as well as activities launched in cooperation with other authorities, organisations, groups and individual persons and activities backed financially by the Ministry of Health and implemented by local authorities, unions, associations, etc.

Over a three-year period, the government has granted DKK 50 million to a pilot project involving intensified psycho-social support to drug addicts in methadone treatment (DKK 40 million) and a project involving enhanced outreach social and health care activities in relation to the heaviest drug addicts in Copenhagen (DKK 10 million). This project was commenced on 1 October 2001.

As of 1 January 2002, the provisions of the Danish Social Services Act will be amended in terms of financing of certain social services. The change solely pertains to the structure of financing services under the Social Services Act, including expenses for treating drug addicts. Within the drug addiction services area, the amendment implies that the financing of drug addiction treatment which has so far been shared between the municipality and the county is now replaced by a financing scheme, under which the county fully pays the expenses incurred by outpatient treatment, and in the case of 24-hour treatment pays the expenses for the first 120 days, following which the municipality after 120 days - within the past 365 days - pays a base fee of Euro 13,850 (2002 prices), however no more than the actual expenses incurred.

The obligation to provide social services and the right to refer held by the counties is not affected by the change. Also, there are no changes in the citizen’s possibilities of filing complaints against specific decisions.

The governmental and county accounts and budgets show a heavy increase since 1995 in the funds set aside for the treatment of drug addicts. The municipal budgets for 2001 thus allow for
Summary

reserves in the amount of Euro 76.5 million. The same figures in 1995 were Euro 26.4 million.

The highest increase took place from 1995-1997, during which period reserved funds more than doubled. In the subsequent years, the counties and municipalities have continued to set aside an increasing amount for the treatment of drug addicts.

From the state funds granted through the Pool for the improvement of the social services provided to drug addiction, an amount of Euro 2-2.7 million was granted from 1995-1998 to drug addiction treatment each year, but total grants had increased to Euro 7 million by 2001.
Part 2 Epidemiological Situation

Chapter 2 Prevalence, Patterns and Developments in Drug Use

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

When describing the changes in prevalence of illegal drugs among the general population it may prove difficult to compare with the past years. Up until the mid-1990s there were no traditions or fixed guidelines for conduct such surveys. Concurrently with an increasing international cooperation on monitoring of the drug area, standards have now been developed which will facilitate in future both national comparison of developments over time and the European comparative standards. The Danish authorities apply European standards for the completion of surveys on the use of illegal drugs among the 15-16 year-olds (ESPAD) and the population in general (the Health and Morbidity Survey 2000) in the most recent surveys. The National Board of Health intends to use these standards in the years to come in order to gradually improve the basis for comparison.

The description of drug consumption in the adult population is based on the three most recent national surveys from 1990, 1994, and 2000 on self-reported consumption:

"The Danes’ consumption of euphoriant substances", the National Board of Health 1991a.
A national school survey conducted in 1990 among a representative group of the population aged 16 years and above. A total of 2000 people have been randomly sampled from the central personal register. Interviews were conducted with 1534 persons, i.e. a response rate of 77. Data collection was completed as telephone interviews supplemented with personal interviews of the selected respondents who did not have a telephone.

"Health and Morbidity in Denmark 1994", DIKE (now SIF), published in "Narkotikasituationen i Danmark 1996"
A national survey conducted in 1994 among a representative group of the population aged above 16. The survey includes questions on a variety of health issues. A total of 6000 people have been randomly sampled (stratified sampling) from the central personal register. The response rate reached 78%. Questions on the use of euphoriant drugs were put to the group of people aged from 16-40 years, in which group a total of 2521 people were included. Data collection was completed as personal interviews at home.

"Health and Morbidity in Denmark 2000", Statens Institut for Folkesundhed (SIF), unpublished.

A national survey conducted in three data collection rounds in February, May and September 2000 among a representative group of the population aged 16 years and above. The survey includes questions on a variety of health issues. Three random sampling rounds were made with a total of 22,486 persons. Data collection was completed as personal interviews in the home of the respondents. Added to this, the respondents were given a questionnaire which they were requested to fill out and submit. Interviews were made with 16,690 people – which equals a total respondent rate of 74.2%. The self-administered questionnaire was submitted by 63.4% of the selected respondents. The question on euphoriant substances was put to all age groups in the self-administered questionnaire. The final results in relation to the prevalence of illicit drugs will be published together with this annual report.

These surveys are sufficiently consistent to form the basis of describing distinctive trends and to provide the overall picture. Minor differences over time should, however, not be considered of importance since a number of differences in the survey methods render it difficult to carry out exact comparisons. This applies in particular when comparing the prevalence of the hard drugs. In the 2000 questionnaire, the respondents were asked about their use of various illicit drugs, whereas in the preceding years they were asked about their use of “hard” illicit drugs within the same category. According to experience gained, such a “consolidated category” may reveal a lower level given that the respondents are more likely to forget individual drugs when responding. Furthermore, the interviews have been replaced by the self-administered questionnaires from 1994 to 2000, which means higher anonymisation in 2000. Finally, the group of randomly sampled people was larger in 2000 than in 1994 which – all other things being equal – attaches more certainty to the figures. These reservations must be taken into consideration when the developments over time are presented below.
Chapter 2

In 2000, the National Board of Health and the Danish Cancer Society conducted yet another representative survey on the lifestyle and daily lives of the 16-20-year-olds. The survey includes questions on the young people’s use of euphoriant substances, including their experiences with illicit drugs. The results of this survey will be presented in this chapter. A similar survey is being conducted in 2001 and the plan so far is to repeat the survey each year. This will lead to a significant qualification of the monitoring work performed on the prevalence of illicit drugs in the age group with the most rapidly changing developments.

In 1999, a follow-up survey was conducted on the 1995 school survey. Both surveys which describe how prevalence of illicit drugs develops among the 15-16-year-olds will also be included.

As it appears from table 2.1.1, there has been an increase in the use of cannabis from 1994 to 2000. In 1994, 7% of the 16-44-year-olds reported that they had tried cannabis within the past year. In 2000, the rate had gone up to 10%. As regards the use of cannabis within the past month, an increase from 2% to 4% is seen in the years from 1994 to 2000.

<table>
<thead>
<tr>
<th>Past month</th>
<th>1994 (n=2.521)</th>
<th>2000 (n=6.878)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past year (last month included)</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>

The increase appears in all age groups, and among men as well as women. (table 2.1.1.2). The share of people reporting that they have smoked cannabis within the past year falls gradually within the older age groups. This applies to men as well as to women, but in general there are significantly more men than women who smoke cannabis. In 2000, there were more than double as many men as women who reported having smoked cannabis within the past year (apart from the age group of 16-19-year-olds).

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Table 2.1.1.2. The share (in percentage) of women and men in the various age groups who report having smoked cannabis within the past year in 1994 and 2000.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1994 n=2,521</th>
<th>2000 n=6,887</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-19-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Women</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>20-24-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>14</td>
<td>24</td>
</tr>
<tr>
<td>Women</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>25-29-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Women</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>39-34-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35-39-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40-44-year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

As regards the actual use of cannabis, the age differences are of a much larger significance than the difference between the various industrial groups. Among the group of 16-30 year-olds, 15-20% in the various industrial groups have used cannabis within the past year in 2000. Consumption is only lower among the unemployed and the long-term ill (8% and 9% respectively). In comparison, only between 2 and 6% in the various industrial groups within the slightly older adult population (31-50 years of age) report having smoked cannabis within the past year. However, the unemployed within this age group distinguish themselves from the remaining industrial groups, given that 10% of the unemployed aged 31-50 years report having smoked cannabis within the past year.

The cannabis prevalence rates in 1994 and those established in the population survey in 1990 were the same. The increase in the population’s use of cannabis has thus increased from 1994 and up until today.

**Hard drugs**

As mentioned above, it is not quite correct from a methodology perspective to compare the development in consumption of the “hard” illicit drugs in the population from 1994 to 2000. However, the National Board of Health is certain that the increase in the prevalence of hard drugs seen from 1994 to 2000 reflects the actual trends.
There appears to be an increase in the use of the "hard" illicit drugs from 1994 and up until today. In 1994, 1% of the 16-44-year-olds reported having taken hard drugs within the past year, whereas even fewer had tried the hard drugs within the past month (table. 2.1.1.3).

Table 2.1.1.3. The share (in percentage) of the 16-44-year-olds who have used one or several illicit "hard" drugs within the past month or the past year in 1994 and 2000.

<table>
<thead>
<tr>
<th>Used one or several hard illicit drugs</th>
<th>1994 (n=2,521)</th>
<th>2000 (n=6,878)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past month</td>
<td>0.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Past year (past month included)</td>
<td>0.5</td>
<td>3.4</td>
</tr>
</tbody>
</table>

* "hard drugs" are used as a common term to describe illicit drugs other than cannabis. No data exist in comparison of the individual substances.

In 2000, more than 3% of the 16-44-year-olds report having tried one or several of the hard drugs available within the past year (1.2% within the past month and 2.2% within the remainder of the year). This indicates that according to the results of the survey it appears that a significantly higher share have tried "hard" drugs" in 2000 compared to 1994 – within the past month as well as within the past year.

More than 11% of the population aged between 16 and 44 years report in 2000 having tried one or several of the hard illicit drugs ever. In comparison, the rate in 1994 was 4%. This means that almost three times as many people have tried one or several hard drugs among the adult population in 2000 compared to 1994. (NB. The category "used ever" is a more imprecise measure than "used the past month/past year" particularly when used in a group with a wide age span as is the case here).

The young age groups are the ones, in which consumption is most prevalent, also within hard drugs, and the proportion drops gradually in the older age groups. In 1994 as well as in 2000, a higher number of the male population than the females report having tried one or several of the hard illicit drugs ever.

In 2000, the survey deals with various illicit drugs. The 2000 survey therefore provides a more varied picture than previous surveys.
Results from the survey conducted in 2000 show that 40% of the young people aged between 16 and 24 years have tried to smoke cannabis (table 2.1.2.1). There is a difference in the use among men and women, with 47% of the men and 36% of the women having tried to smoke cannabis ever. More than 25% of the male population and 15% of the females have smoked cannabis within the past year. Three times as many men (11.6%) as women (4.3%) have actually used drugs within the past month.

As far as the "hard" illicit drugs are concerned, as many as 14% of the young aged between 16 to 24 years in 2000 (19% of the men and 10% of the women) reported having tried one of the "hard" drugs ever. A total of 8% report drug use within the past year (3% within the past month and 5% during the remainder of the year).

As regards consumption of hard drugs, there is a difference between the gender. Three times as many men (12%) as women (4%) report having used one of the hard drugs within the past year, and four times as many men (4%) than women (1%) report having tried one of the hard drugs within the past month.

Table 2.1.2.1 illustrates the use of various illicit drugs among the 16-24-year-olds. Number 2 on the list after cannabis follows amphetamine which is the most frequently used illicit drug. This is reflected in the actual consumption and in the consumption which
lie further back than the past month (i.e., the past year and ever). Almost 11% have tried amphetamine ever, including 15% men and 7% women. Three times as many men (9%) as women (3%) have tried amphetamine within the past year and four times as many men (4%) as women (1%) have tried amphetamine within the past month. In spite of the large media campaign, the prevalence of ecstasy appears to be significantly lower than the prevalence of amphetamine. The current use of amphetamine lies at the same level as cocaine and psilocybin mushrooms. Almost 6% of the men and a little over 2% of the women aged between 16 and 24 years have tried ecstasy ever. See more details on the current use of illicit drugs among the 16-29-year-olds broken down by age groups in table 2.1.2.2 in the Annex of this report.

There are large differences in the use of illicit drugs among women and men. The difference between gender, however, is the least significant among the 16-19-year-olds, which might mean that the use of the so-called party drugs such as amphetamine, cocaine and ecstasy is about to even out.

As many as 17% among the 20-24-year-olds have tried amphetamine ever. 8% of the respondents report being actual users (3% within the past month and 5% within the remainder of the year). As far as cocaine is concerned, 5% of the male population aged between 20 and 24 years report being actual users (2% within the past month and 3% within the remainder of the year).

In 2000, the National Board of Health and the Danish Cancer Society conducted a representative national survey on the lifestyle and daily lives of the 16-20-year-olds\(^2\). The survey includes, among other things, questions about the young people’s use of euphoriant substances, including their use of illicit drugs. The two organizations plan to conduct the survey each year.

Table 2.1.2.2 presents results from SIF’s population survey (the age group of 16-19-year-olds only) and the MULD survey among the 16-20 year-olds. Both surveys have applied comparative question formulations, apart from one supplementary “filtering” question in the MULD survey where the respondents can answer yes or no to whether or not they have ever tried illicit drugs. The data collected under both surveys has been made via self-administered questionnaires. The age groups and the randomly sampled populations, however, vary and comparisons should therefore be subjected to certain reservations.

\(^2\) The National Board of Health, et al. (2000) “Monitorering af unges livsstil og dagligdag (MULD)."
Depending on the survey, 32-35% of the young people in the relevant age group report having tried to smoke cannabis ever. The second most used drug after cannabis is amphetamine with as much as 8-10% of the young population having tried the drug ever.
Table 2.1.2.2. Experience with illicit drugs among the 16-19-year-olds and the 16-20-year-olds – men and women - in 2000 in the SIF and MULD surveys.

<table>
<thead>
<tr>
<th></th>
<th>SIF 2000</th>
<th></th>
<th>MULD 2000</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-19</td>
<td>16-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>year-olds</td>
<td>year-olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(n=1115)</td>
<td>(n=2046)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tried cannabis ever (%)</td>
<td>38</td>
<td>33</td>
<td>37</td>
<td>27</td>
</tr>
<tr>
<td>Cannabis past month (%)</td>
<td>15</td>
<td>6</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Tried amphetamine ever(%)</td>
<td>12</td>
<td>9</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Tried ecstasy ever (%)</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Tried psilocybin mushrooms ever (%)</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Tried cocaine ever (%)</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Tried LSD ever (%)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Tried heroin ever (%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>&quot;Other&quot; drugs (%)</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

*The category "Other "drugs includes GHB, various medicinal products, etc.

As regards ecstasy, approximately 4% have tried the drug ever. The use of ecstasy is thus less than half as prevalent as amphetamine and almost the same level as the use of psilocybin mushrooms and cocaine among the 16-19/20-year-olds.

Boys still continue to outnumber the girls in their experiments with drugs ever. If you, however, compare the 16-19-year-olds in the SIF survey with other age groups, the difference in gender is less significant among the older age groups3.

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

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2.1.3. Surveys among the very young (15-16-year-olds)

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

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

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

ESPAD, Sven Sabroe, Kirsten Fonager, 1999.
A national survey conducted in the autumn of 1999 among a representative sample of 15-16 year-old pupils. School classes from primary and lower secondary schools, private schools and continuation schools were selected. 90% of the pupils of the selected school classes were present on the survey day, which gave a 90.1% response rate. A total of 1,557 pupils took part in the survey and the questionnaires were completed by the pupils during a lesson and returned to the teacher.

In 1995, more than 17% of the 15-16 year-olds report having tried cannabis ever. There was a significant increase in 1999 when more than 24% report having tried cannabis ever. 8% had used it within the past month; in 1995 this was 6%. There are great differences in experimental use between boys and girls in 1999 when 30% of boys and 19% of girls report having used cannabis ever. Twice as many boys as girls had used cannabis during the past month (table 2.1.2.1). (table 2.1.3.1)
Table 2.1.3.1. Experience with illegal euphoriant drugs among 9th grades in 1990, the 15-16-year-olds in 1995 and 1999.

<table>
<thead>
<tr>
<th>Drug</th>
<th>9th grade * (n=1183)</th>
<th>ESPAD** (n=2439)</th>
<th>ESPAD**** (n=1557)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis, tried</td>
<td>16</td>
<td>17.4</td>
<td>24.4</td>
</tr>
<tr>
<td>Cannabis, tried past month</td>
<td>7</td>
<td>6.1</td>
<td>8.1</td>
</tr>
<tr>
<td>Amphetamine, tried</td>
<td>1</td>
<td>1.6</td>
<td>4.0</td>
</tr>
<tr>
<td>Cocaine, tried</td>
<td>0.3</td>
<td>0.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Heroin (injection), tried</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Smoking heroin, tried</td>
<td>-</td>
<td>1.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Ecstasy, tried</td>
<td>-</td>
<td>0.5</td>
<td>3.1</td>
</tr>
<tr>
<td>LSD, tried</td>
<td>-</td>
<td>0.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Psilocybin mushrooms, tried</td>
<td>-</td>
<td>0.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Sniffing, tried</td>
<td>5</td>
<td>6.3</td>
<td>7.5</td>
</tr>
</tbody>
</table>

*1990: A national survey conducted among a representative group of 9th grade pupils in primary and lower secondary schools, private schools and continuation schools.
*** 1999: A national survey conducted among a representative group of the 15-16 year-olds.

When analysing the development of use of cannabis over the last 10 years, an increase can be seen from 1995 to today. While the experimental use of cannabis by 15-16 year-olds in both 1990 and 1995 was on a relatively stable level, the share that have experimented with cannabis has risen by 6% over the last 5 years, which may be said to be a considerable rise. The share of 15-16 year-olds reporting having used cannabis within the past month is, however, somewhat more stable for the last 10 years.

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

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

**Heroin**

While there was an increase in the experimental use of heroin between 1990 and 1995, the level has stabilised at around 1.5% from 1995-1999. Smoking heroin was the dominant form of heroin in both 1995 and 1999. In 1999, there is no difference between the shares of boys and girls stating that they have ever experimented with smoking heroin or injecting heroin.

**Sniffing**

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

In 1999, the National Board of Health had a qualitative survey conducted on the attitudes linked to experimental use of illegal drugs in order to acquire more insight into the use patterns of particularly the young people and the culture and attitudes linked to experimental use of drugs. In addition, an experiment was launched with the establishment of regional hearings in 5 counties. The latter initiative was extended last year to include regional hearings on a national basis. This implies that the Medical Officer of Health institutions under the National Board of Health will conduct hearings on the addiction situation on a regional as well as a local level.

As regards monitoring of possible new euphoriant drugs emerging on the market, and the possibility of pointing out a connection between seized ecstasy pills, in order to trace dealers and the producers of the pills, the National Board of Health, the National Commissioner of Police and the three institutes of forensic chemistry have together set up an “ecstasy” database. The database contains analysis results from the police seizures of pills on the market. In addition to being able to monitor systematically the market of “new” drugs, the database describes the pills in terms of substance concentration, composition and appearances. A summary of the analysis results from the ecstasy pills seized so far in 2001 is provided in chapter 4.4. A quarterly update on the analysis results is also available on the website of the National Board of Health [www.sst.dk](http://www.sst.dk).

The qualitative study, the regional hearings and the ecstasy database have been launched as part of the establishment of an "Early Warning System" in Denmark and in Europe.

2.2.1. Regional hearings

The objective of the regional hearings is to collect current "soft" information on changes emerging in the drugs scene with respect
Chapter 2

to changing addiction patterns, new groups of experimenting young people as well as any new manners of taking so-called "well-known" drugs. The hearings are also meant to supplement information about any new drugs in the market. The hearings were held in May and August this year. Available summaries of the outcome of the regional hearings this year reflect the general impression of the drug addiction situation in Denmark. Where the hearings contain special regional characteristics, these have been mentioned separately.

The young people experiment with drugs in social environments – at private parties and functions, and at town festivals and discotheques. Experimenting is supposed to create a “let’s-live-it-up” atmosphere, to test limits and to remove insecurity and anxiety. Cannabis and alcohol combined are still the most visible and available substances with cannabis appearing to become more prevalent and the age of debut dropping. Reports are, however, also submitted from various locations in the country that other euphoriant substances are gaining ground.

It is reported that, in addition to cannabis, the use of amphetamine and cocaine in particular is increasing. Cocaine prices seem to continue its downward spiral and the access to the drug appears to become even easier. Several counties report that the use of ecstasy is stable and moving downwards. The large media campaign and the deaths caused by taking ecstasy pills in 2000 appear to have led to some restraint towards the drug. A few emergency wards have also reported that the number of young people having taken ecstasy appears to have dropped.

Sniffing with lighter gas appears among the very young. Cases have been observed down to the 4th grade. The reports are primarily on boys who often come from a deprived social background without much family. As regards “poppers” (amyl nitrate), it is reported that certain small municipalities encounter episodes involving drug use on a mall scale.

The prevalence of GHB, which was prohibited in Denmark in 1999 appears to be limited. However, in Aarhus county there has been several cases of poisoning during a limited period with young people being admitted to hospital after having taken the liquid illicit substance.

It is reported that anabolic steroids appear to an increasing extent, primarily among the young (men) of other ethnic origin.

Overall, an increasing number of counties report on increasing use of euphoriant substances among young people from ethnic
minorities, and that these young people to an increasing extent are involved in the buying and selling of illicit drugs.

As regards the well-known addicts, reports from a few counties in Jutland mention an increase in heroin sniffing. A special sniffing device (metal pipe) has been observed as the instrument for sniffing heroin. Furthermore, it appears that cannabis to this group is becoming a predominant secondary substance to the primary addiction. Apparently, cannabis dealing is carried out to a large extent among the older cannabis addicts. Cocaine appears to be more than just an experimental drug on the increase among the young people. Addiction centres report on an increase in cocaine use among the known addicts, and cocaine is easy to get and relatively cheap.

During the autumn of 1999, the National Board of Health had a qualitative survey conducted on the young people’s attitudes and experiences with illicit drugs. The survey focused on, among other things, new trends on the drugs scene and on potential new groups, new substances, and new social and cultural patterns in the young people’s drug habits. The survey was based on 56 qualitative interviews of young people in party and educational environments – users as well as non-users were interviewed. The results from the survey are described in last year’s report. In this report, we will merely point out the main conclusions of the survey, which are:

The use of illicit drug has become mainstream and the prevalence of them is not merely limited to subcultural groups such as the hip/hop or techno environments.

There is a tendency towards “well-known” drugs being marketed in new versions with a special emphasis on the various usages of the drugs to achieve specific euphoriant experiences.

There seems to be a more liberal attitude towards illicit drugs among ordinary young people.

According to the survey, today’s youth culture is undergoing social and cultural changes. Gradually the drug culture develops when the language, rules, habits and preferences of the young people are influenced by increasing tolerance towards illicit drugs.

Whether or not the use of drugs is inherently related to social problems depends on the type of drugs used, the manner in which they are taken, who takes them and on the social environment in

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2.2.2. Qualitative survey on the experimental use

2.3. Social problems related to drug addiction

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4 The National Board of Health (1999) Qualitative survey conducted for the National Board of Health by the communication company Advice.
which they are used. The ESPAD survey in 1995 illustrated that the 15-16-year-olds that had been smoking cannabis more than twice were significantly more absent from school, changed schools more frequently and were less satisfied with their school than the other pupils. However, there was no significant difference in their socio-economic background judged from their parents’ schooling. Young people who have taken one of the hard drugs, be it stimulants, hallucinogens or morphine preparations, are significantly more absent from school, change schools more frequently and are less satisfied with their school than their fellow schoolmates. No further analyses of the social problems related to the use of illicit drugs were available in the ESPAD survey in 1999.

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

The findings of population surveys throughout the years show that the prevalence of drugs is concentrated around the capital and large cities compared with small towns and rural municipalities. It will be possible to carry out certain geographical analyses on the basis of the population survey in 2000. This has not yet been done. However, police statistics of seizures and the police register on drug-related deaths reflect increasing geographical spread of the illegal drug use throughout the 1990s.

Making an estimate of the number of drug addicts is subject to much uncertainty. First, the estimate depends on the definition of a drug addict; second, the estimate depends on the methods and data material applied. The number of heavy drug addicts in Denmark is estimated to total approximately 14,000\(^5\). The present estimate of the National Board of Health is based on the capture/recapture method, which is a well-known method. The method is used together with extracts from the national register of drug addicts in treatment, provided by the National Board of Health and the National Registry of Patients. Both extracts are based on data from 1996. A more elaborate description of the capture/recapture survey is provided in the Annual Report for 2000.

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

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

The National Board of Health register of clients admitted to treatment (see next chapter) contains information provided by clients on the sharing of syringes/needles. 19% of the clients (747 persons) admitted to treatment in 2000 report having had this type of risk behaviour. The information must, however, be considered with some reservation as only 72% of the clients responded to these questions.

The proportion of injecting drug users is lower among the new clients of the health care system than among those treated before. This tendency has been the same during all the years, the register having prepared statistics on drug users in treatment. The explanation is most likely that smoking heroin has advanced on the illicit market and that injecting drug use in turn has started to fall. All other things being equal, a drop in the number of injecting drug users is a step in the right direction compared to the spreading of HIV, hepatitis, ODs, etc.

It appears that the service of free syringes and needles is widely used. Since 1986, the Municipality of Copenhagen has distributed free syringes and needles through pharmacies, dispensing machines, shelters and other hand-out locations. During recent years, the number of syringe and needle sets handed out has dropped, but the handout of loose needles has continued to rise. The reason for the shift in handed out material is currently being investigated. In 2000, the Municipality of Copenhagen handed out 356,036 syringe and needle sets and 23,551 large syringes.

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In 2000, the National Narcotic Council forwarded an inquiry to all counties as whether or not, the county had established syringe exchange schemes and dispensing schemes. The inquiry was made to identify the scope and "quality" of practice applied in the individual counties with a view to submit recommendations, if necessary, for improvements. The result of the inquiry shows that there are major differences among the counties as regards syringe dispense and exchange schemes – both in scope and type. A vast majority of the counties have in fact established such schemes, but some have none at all. Some counties dispensing syringes also have user payment and restrictions on dispensing, whereas other counties hand out syringes free of charge and without any restrictions on the number of dispenses made.

Most of the counties offering syringes and needles to drug addicts do so from the county pharmacies. For this purpose the counties have installed dispensing machines with clean syringes in public locations and in connection with drop-in centers and treatment institutions. Not all counties offering free syringes have established collection machines for used syringes.

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Chapter 3  Health Consequences

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

The data on drug addicts in treatment originate from the register of the National Board of Health on drug addicts assigned to treatment, which was established in 1996.

The register comprises all persons that the county/municipal centres have referred to treatment for drug addiction, irrespective of whether the form of treatment is out-patient, day or residential in-patient, methadone-supported or drug free. A count of all clients admitted to treatment in 2000 appears from table 3.1.1.

<table>
<thead>
<tr>
<th>Table 3.1.1. Clients receiving treatment for drug addiction in 1999 with the date of admittance being in 2000 in Denmark as a whole.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients admitted to treatment in 2000</td>
</tr>
<tr>
<td>Not previously treated (%)</td>
</tr>
<tr>
<td>Share of men/women (%)</td>
</tr>
<tr>
<td>Average age men/women (%)</td>
</tr>
<tr>
<td>Main substances: opiates (%)</td>
</tr>
<tr>
<td>Injecting heroin addicts, previously treated (%)</td>
</tr>
<tr>
<td>Injecting heroin addicts, not previously treated (%)</td>
</tr>
<tr>
<td>Earned income (%)</td>
</tr>
<tr>
<td>Benefits (%)</td>
</tr>
<tr>
<td>Cash benefit (%)</td>
</tr>
<tr>
<td>Early retirement pension (%)</td>
</tr>
<tr>
<td>Other income and non-disclosed (%)</td>
</tr>
<tr>
<td>Number with own home (%)</td>
</tr>
<tr>
<td>Single men/women (%)</td>
</tr>
<tr>
<td>Children under the age of 18 at home</td>
</tr>
<tr>
<td>Children under the age of 18 in care</td>
</tr>
<tr>
<td>Foreign nationality (%)</td>
</tr>
<tr>
<td>Of these: 1st generation immigrants (%)</td>
</tr>
<tr>
<td>Of these: 2nd generation immigrants (%)</td>
</tr>
</tbody>
</table>

*Percentage of those reporting on use of a primary substance

In 2000, 3,920 persons were admitted to treatment on a national scale. This is an increase compared to the 3429 people who were
admitted in 1999. Also, the total number of drug addicts who have been referred to treatment during the year has gone up by 10% from 7482 in 1999 to 8215 persons in 2000. The total figure includes individuals who have continued their treatment from 1999 and into 2000).

27% of those admitted in 2000 had not previously received treatment for drug addiction. A special count and description of this group of "newcomers" will also be dealt with separately later in this chapter.

Nature of addiction

Heroin is the most frequently used drug, but cannabis, methadone and benzodiazepines are also used by many. The distribution of the drugs used corresponds, by and large, to the distribution among the drug addicts who were admitted for treatment the previous year. The vast majority of drug addicts seeking treatment use several drugs. In 2000, 63% reported having used more than one drug prior to being admitted, which corresponds to about 2/3 of those admitted suffering from poly-substance drug use before embarking on treatment.

The stimulants which are in focus in the young people’s experimental use of drugs appear only to a limited extent as the primary drug for addicts in treatment. 2.6% report amphetamine as their primary drug and 1.6 cocaine. These drugs are primarily used as a supplement.

Cannabis was the primary drug used by 13% of the clients treated for their addiction in 2000, but is also a very prevalent secondary drug. Almost half (46%) of the admitted users smoke cannabis as the secondary drug. The trend equals that of the past 2 years.

The client registration holds much information on age of first-time use of different substances: 1,245 out of 1887 corresponding to as much as 66% of those who presently suffer from cannabis addiction used it for the first time before the age of 18. More than half (60%) of these people (745 people) had already made their cannabis debut before reaching the age of 15. Information on the age of debut for heroin is available for 1737 out of 1817 heroin addicts. The age of debut is typically somewhat later for heroin than the age of debut for other drugs. Out of those who are current heroin addicts, 366 persons (21%) had their first-time use before the age of 18, and 668 persons (38%) between the age of 18 and 25.

Age and distribution of gender

In 2000, men accounted for 76% and women for 24% of the drug addicts in treatment, which corresponds, by and large, to the gender distribution in previous years. Persons admitted for
Chapter 3

treatment in 2000 had an average age of 31 for both genders. The average age for persons admitted for treatment in the City of Copenhagen was higher than the national average, ie in 1998 it was 33.5 years and in 1999 as well as 2000 it was 34 years.

Social background variables

Data on variables of social background show a picture of an impoverished and marginalized group of people. The drug addicts are up against all odds when it comes to being established and leading an adult life. A vast majority of the clients live on transfer incomes, whereas merely 18% have connections to the labour market and half of these cash in unemployment benefits. A total of 27% have an educational level beyond that of primary and lower secondary school. 20% has left school before the final examination in the 9th form. The low educational level should be viewed on the background that most of them make their debut as drug addicts at a rather young age, cf the above.

Furthermore, drug addicts take up a poor position in the housing market. A mere 47% have a dwelling of their own - as many as 7% are, in reality, homeless.

Foreign nationalities

A small proportion of drug addicts in treatment are foreign nationals, a total of close to 7%. The proportion of drug addicts admitted to treatment in the City of Copenhagen who are foreign nationals was 15.5% in 2000, which more or less equals the share in 1999. The percentage of clients of foreign nationality both Copenhagen and the rest of the country corresponds more or less to the percentage of foreign nationalities among the general population.

Family and children

From a family perspective, a great number of both male and female drug addicts live as singles, which is unusual given that the majority of the group are young adults. In 2000, a total of 525 children lived together with a drug addict in treatment. Among the total number of drug addicts who were admitted in 2000 and have children, 511 of these are placed outside the home.

Newcomers in treatment

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

As it appears in table 3.1.2, 30% (1087) of the clients in 1998 had not previously been treated. In 1999, 30% (1026 persons) and in
2000, 27% (1157) of the clients were treated as newcomers. Not surprisingly, the average age throughout all the years was significantly lower among the newcomers than within the treatment population in general - 28 years in 2000 for men as well as women. In 2000, the distribution of gender among new and old addicts in treatment was the same, ie 3/4 are men, 1/4 are women.
### Table 3.1.2. Clients admitted to treatment in 1998, 1999 and 2000 and who have not previously been treated for drug addiction.

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients that have not previously been treated</td>
<td>1087 out of 3,588 (30%)</td>
<td>1026 out of 3,429 (30%)</td>
<td>1157 out of 3,920 (27%)</td>
</tr>
<tr>
<td>Men/women</td>
<td>76/24</td>
<td>74/26</td>
<td>77/23</td>
</tr>
<tr>
<td>Average age</td>
<td>29/29</td>
<td>28/28</td>
<td>28/28</td>
</tr>
<tr>
<td>Opioides as primary substance (%)*</td>
<td>59</td>
<td>52</td>
<td>54</td>
</tr>
<tr>
<td>Cannabis as primary substance (%)*</td>
<td>26</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Injecting heroin addicts (%)</td>
<td>40</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Pay (%)</td>
<td>15</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Daily cash benefits (%)</td>
<td>11</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Cash benefits (%)</td>
<td>57</td>
<td>53</td>
<td>57</td>
</tr>
<tr>
<td>Voluntary early retirement (%)</td>
<td>11</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Other income, and non-disclosed (%)</td>
<td>6</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Share with own home (%)</td>
<td>47</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>Singles men/women (%)</td>
<td>81/65</td>
<td>82/69</td>
<td>80/70</td>
</tr>
<tr>
<td>Foreign nations (%)</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>


*percentage of those stating primary substance

There is a significantly larger share among the newcomers who report cannabis as their primary substance compared with those who have previously been subjected to treatment. The proportion of newcomers reporting cannabis to be their primary substance was 31% in 2000. These figures are similar to the ones reported for the previous years, whereas the rate was lower (26%) in 1996 as well as in 1997. Among the 878 newcomers with reported primary substance, 462 (53%) mention opiates as their primary substance, out of which 344 (75%) use heroin as their primary substance.

When considering those having received treatment earlier, and who have disclosed the primary substance, 7% (156) report cannabis as their primary substance in 2000. By contrast, a total of 1801 people (87%) report opiates as their main substance. 1013 people, corresponding to 49% of the opiate addicts who
have previously been treated and who have disclosed their primary substance use heroin as their primary substance.

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

When considering the mode of heroin intake among the two "client groups" there are also variances, given that in 2000, 35% of those who have not previously been treated report having smoked heroin, whereas 55% of those who have previously been treated have injected the drug. The difference in the manner of intake between the two client groups is most likely due to a "shorter addiction career" and that smoking heroin during the past few years has started to gain ground. See also the section of risk behaviour in 2.5.2.

At present, it is not possible to describe the emerging addiction trends on the basis of the relatively few statistics on the newcomers admitted to treatment. Over the next few years, this may, however, become possible to a larger extent. There appears to be a mild increase in the use of amphetamine and ecstasy since registration started in 1996. 22 addicts were admitted to treatment in 2000 with ecstasy as their primary drug. Although the proportion of new addicts admitted to treatment who report cannabis as their primary drug has been relatively stable with a percentage of 30% during the past three years, there is an increase over a five-year period - from 1996 until today.

Since 1985, the National Board of Health has recorded the number of clients in long-term treatment, i.e. for 5 months or longer. Figure 3.1.2 shows the development in the number of drug addicts in substitution treatment with methadone from 1985 to 1999.

There has been a considerable increase in the number of persons in long-term substitution treatment after the counties assumed responsibility for prescriptions, supply and control of methadone on 1 January 1996. During the years from 1993 to 1995, the number of persons in substitution treatment was a stable figure of 3,000 per year. At the end of 1996, the figures had gone up to 3296, at the end of 1997 to 4047, at the end of 1998 to 4298, and at the end of 1999 to 4498. In 2000, the number of individuals subjected to long-term methadone substitution treatment rose to 4642.
Until 1996, methadone registration was based on prescriptions only. After the law reform in 1996, the statistics include persons who had methadone “dispensed” without prior prescription from the county treatment centres. This is a contributory factor to the considerable increase from 1996 to 1997.

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

Concurrently with the counties taking over responsibility for prescription, handout and control with methadone as of 1.1.1996, this change in the law implied that responsibility for the social treatment as well as the medical methadone treatment of drug addicts were to be the responsibility of the counties and the municipalities of Copenhagen and Frederiksberg. Based on this change, the Medical Health Officer of Copenhagen decided to assess the positive as well as negative effects of the new law. These effects have been described in a report published by the Medical Officer of Health in Copenhagen\(^{10}\). The specific aim of this survey was to describe the following: the ability of the health care system to refer drug addicts to new treatment (from the GPs), changes in the drug addicts’ health condition in terms of hospitalisations and death as well as their behaviour in terms of criminal activity.

The conclusions of the survey were, among others, that the health care system in Copenhagen after the new law had been adopted, was capable to a large extent of carrying out referrals in 1996 and 1997, and “sort” drug addicts to continued methadone treatment in general practice, private clinics and local treatment institutions. Only very few - especially the psychiatric patients were not

\(^{10}\)Medical Health Officers for Copenhagen City and Frederiksberg (2001) “Stofmisbrugere i Metadonbehandling i København efter den 1. Januar 1996”.

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**Figure 3.2. Persons in long-term methadone treatment (5 months or more) 1985-2000**
referred to methadone treatment. Furthermore, the report concludes:

- that it is doubtful whether the net result for the treatment of drug addicts in general practice is what the legislators had anticipated, given that approximately 1/3 of the group were referred to methadone treatment in private clinics and in general practice and not in the county or municipal treatment institutions.

- that there is nothing to indicate that the law has had restrictive consequences in Copenhagen, neither as regards the administration of methadone treatment nor "methadone dosage".

- that supplementary prescription of morphine preparations, apart from methadone, primarily are a phenomenon associated with general practice and not to the other treatment institutions.

- that crime in this survey was merely influenced by the early criminal career and age to a large extent. The survey provides no facts on how crime would have been if methadone treatment had not been the option.

- that somatic morbidity is widespread among drug addicts in methadone treatment. The somatic and psychiatric admission rates are 4-10 times higher than those of the background population.

- that morbidity among drug addicts in methadone treatment is high in Copenhagen. In spite of the large-scale investments in treatment, it has not been possible to reduce mortality rates.

Finally, the report points out that there is a lack of knowledge and understanding of the processes preceding deaths among drug addicts.

The National Commissioner of Police has registered drug-related

3.3. Drug-related deaths and mortality rates among drug addicts

Figure 3.3. Drug-related deaths distributed by age, 1980-2000

![Graph showing drug-related deaths distributed by age, 1980-2000](image)
Chapter 3

deaths since 1970. The register has not been transferred to a database and is based on annual statistics on number of deceased, distributed by gender, age and finding place (geographical)\textsuperscript{11}

The register contains deaths that have been reported to the police in order to have medico-legal autopsy performed, and when death either directly or indirectly has been caused by:

- use of illegal drugs
- use of other drugs with the deceased being known as a drug addict
- use of drugs that are not illegal, but they have been taken to achieve intoxication (eg sniffing of solvents).

In 2000, a total of 247 deaths were registered, which is a small increase compared to 1999, when 239 deaths were registered (table 3.3.1).

As it appears in figure 3.3, the National Commissioner of Police's deaths statistics shows a stable level during the early 1980s, a mildly declining tendency during the late 1980s and a significantly higher level in the 1990s. Before 1980, the number of drug deaths was at a low level\textsuperscript{12}.

Until the late 1980s, the majority of deaths occurred in Copenhagen, following which a new scenario emerges. The proportion of drug-related deaths drops in Copenhagen, increases slightly in Jutland, and in Zealand and Funen there is a mild increase to begin with followed by a decline. In 2000, the 247 registered deaths are distributed evenly between Copenhagen, Zealand and Funen, and Jutland.

\textsuperscript{12} See table 3.3.1 in the Annex of this report.
The average age of death increases slowly during the period from 1980 to 2000. In 1991, the average age related to these deaths was 31.5 years. In 2000, it was 37.8 years. The group appearing in the police register on drug-related deaths primarily consists of men. The proportion of men has increased during the period from 72% in 1976 and up to almost 80% in 2000.

In 2000, by far the majority of deaths (49%) are caused by opioids (heroin, morphine, codeine and methadone). 20% of the deaths are caused by opioids and other drugs (poly-substance use). More than 4% of the deaths are caused by stimulants such as amphetamine, cocaine and ecstasy. The other deaths are either caused by diseases (6%), drowning or hanging (2%) and other causes - for instance anti-depressants and other specified medicines. 13

The most recent survey conducted on mortality and causes of death among drug addicts in Denmark was in 199914. The purpose of this survey was to compare the records of the National Commissioner of Police on drug-related deaths with the other records on other deaths among drug addicts. The survey of the National Board of Health is based on the same method as national cohort surveys conducted in other European countries.

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

The survey makes use of a special treatment cohort, consisting of the drug addicts who were admitted for treatment in 1996. These drug addicts have been followed closely and compared with data about the drug addicts whose deaths the National Commissioner's Office registered as drug-related deaths in 1996, and who

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13 Drug Statistics, the National Commissioner of Police 2000
appeared also in the Registry of Causes of Death kept by the National Board of Health and in the Central National Register.

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

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

Previous surveys on mortality rates and causes of mortality among drug addicts have shown that the risk of dying from natural causes increases with age (typically diseases and conditions which are indirect consequences of injecting drug use, including AIDS). Among old drug addicts, cirrhosis of the liver is a predominant cause of death. Finally, it is concluded in the survey conducted by the National Board of Health that there is still no practically feasible and unambiguous definition of what is contained in substance-related (drug-related) deaths.

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

The principles governing the HIV-infected were established by the Folketing in 1987 and were reconfirmed in February 1997 during a parliamentary debate. The Danish action against HIV is based on the voluntary principle, anonymity, openness, direct and honest information and security for individuals in their contact with the health authorities. The freedom of the individual is key. HIV testing

is voluntary, and persons who are HIV-infected are reported anonymously. The HIV reporting system comprises age, gender, information about any earlier HIV test and the presumed source of infection. cases of AIDS are reported by name and personal information.

Table 3.4.1 shows the number of first-time HIV-positive intravenous-injecting drug users from 1991 to 1999. The number of first-time HIV-positive has generally varied from one year to another, and the same applies to the number where the source of infection has been reported as being an injecting drug user.

<table>
<thead>
<tr>
<th>Year</th>
<th>Newly reported HIV-positive</th>
<th>First-time HIV-positive with injecting drug use</th>
<th>AIDS-cases</th>
<th>New AIDS-cases with intravenous drug use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>199 (2)</td>
<td>52 (14)</td>
<td>209 (18)</td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>380 (3)</td>
<td>24 (7)</td>
<td>239 (21)</td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>331 (4)</td>
<td>28 (9)</td>
<td>236 (24)</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>298 (5)</td>
<td>34 (11)</td>
<td>214 (28)</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>304 (6)</td>
<td>25 (9)</td>
<td>158 (18)</td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>268 (7)</td>
<td>30 (11)</td>
<td>109 (11)</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>273 (8)</td>
<td>13 (6)</td>
<td>73 (4)</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>211 (9)</td>
<td>24 (9)</td>
<td>72 (6)</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>282 (10)</td>
<td>11 (6)</td>
<td>51 (8)</td>
<td></td>
</tr>
</tbody>
</table>

In 1995, the number of newly identified HIV positive with the source of infection being reported as injecting drug use was 11% (34 persons). This rate dropped to 6% (13 people) in 1998 and went up again to 8% (20 persons) in 2000. On the basis of data retrieved from the HIV reporting system, the Statens Serum Institute estimates that spreading of the disease among drug addicts has dropped since the mid-1980s.

In 1998, the number of newly reported AIDS cases with the source of infection being injecting drug use was 5% of all registered newly reported AIDS cases (4 out of a total of 73 persons), and in 1998, the figure was 8% (6 out of 72 persons). In 2000, the figure was 12% (6 out of a total of 54 persons). Rates have continued to increase from 1986 and until 1995, but have then been either declining or stable. (table 3.4.1). Approximately 2/3 of all individuals who have been diagnosed with AIDS over the years have lived in the municipality of Copenhagen\textsuperscript{16}. The proportion of hepatitis A cases with the source of infection being drug addiction varies between 0 and 11% during the past 10 years. As in the previous 3 years, there were no cases related to injecting drug use in 2000 (table 3.4.2)

Table 3.4.2. Cases of acute hepatitis A, B and C and number and (%) of injecting drug users in 1992-1999.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hepatitis A</th>
<th>Proportion of Hepatitis A with intravenous-injecting drug use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>172</td>
<td>(0.6)</td>
</tr>
<tr>
<td>1993</td>
<td>227</td>
<td>(11)</td>
</tr>
<tr>
<td>1994</td>
<td>144</td>
<td>(4)</td>
</tr>
<tr>
<td>1995</td>
<td>103</td>
<td>(1)</td>
</tr>
<tr>
<td>1996</td>
<td>105</td>
<td>(2)</td>
</tr>
<tr>
<td>1997</td>
<td>115</td>
<td>0</td>
</tr>
<tr>
<td>1998</td>
<td>86</td>
<td>0</td>
</tr>
<tr>
<td>1999</td>
<td>88</td>
<td>0</td>
</tr>
<tr>
<td>2000</td>
<td>67</td>
<td>0</td>
</tr>
</tbody>
</table>

Hepatitis B*

<table>
<thead>
<tr>
<th>Year</th>
<th>Hepatitis B</th>
<th>Proportion of Hepatitis B with intravenous-injecting drug use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>52</td>
<td>(17)</td>
</tr>
<tr>
<td>1993</td>
<td>105</td>
<td>(34)</td>
</tr>
<tr>
<td>1994</td>
<td>115</td>
<td>(43)</td>
</tr>
<tr>
<td>1995</td>
<td>128</td>
<td>(30)</td>
</tr>
<tr>
<td>1996</td>
<td>103</td>
<td>(35)</td>
</tr>
<tr>
<td>1997</td>
<td>103</td>
<td>(31)</td>
</tr>
<tr>
<td>1998</td>
<td>97</td>
<td>(27)</td>
</tr>
<tr>
<td>1999</td>
<td>61</td>
<td>(23)</td>
</tr>
<tr>
<td>2000</td>
<td>64</td>
<td>(30)</td>
</tr>
</tbody>
</table>

Hepatitis C*

<table>
<thead>
<tr>
<th>Year</th>
<th>Hepatitis C</th>
<th>Proportion of Hepatitis C with intravenous-injecting drug use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>31</td>
<td>(74)</td>
</tr>
<tr>
<td>1993</td>
<td>65</td>
<td>(75)</td>
</tr>
<tr>
<td>1994</td>
<td>56</td>
<td>(68)</td>
</tr>
<tr>
<td>1995</td>
<td>67</td>
<td>(58)</td>
</tr>
<tr>
<td>1996</td>
<td>31</td>
<td>(65)</td>
</tr>
<tr>
<td>1997</td>
<td>28</td>
<td>(75)</td>
</tr>
<tr>
<td>1998</td>
<td>25</td>
<td>(60)</td>
</tr>
<tr>
<td>1999</td>
<td>14</td>
<td>(86)</td>
</tr>
<tr>
<td>2000</td>
<td>17</td>
<td>(53)</td>
</tr>
</tbody>
</table>

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

The proportion of all hepatitis B cases related to injecting drug use varies between 17% in 1992 and 43% in 1994, and in 2000, the proportion was 30%. The increases in 1993 and 1994 were attributable to an epidemic that broke out among the drug addicts in Funen. There has been no information of an epidemic in 2000.

New cases of hepatitis C have been relatively constant during the 1990s and the proportion which is assumed to be related to injecting drug use accounts for approximately 90%.

3.5. Other health-related consequences

3.5.1. Drug addicts in psychiatric treatment

The lines below describe other health-related consequences associated with taking illicit drugs. Information is disclosed on drug addicts in psychiatric treatment, on contacts to emergency wards and on intoxicated people in the traffic.

Table 3.5.1 of the Annex shows the number of persons registered as receivers of psychiatric treatment (total of full-day, half-day and outpatient treatment) against use of opioids, cannabis, sedatives and hypnotics, cocaine, stimulant, hallucinogens and volatile solvents as well as multiple drug use. ICD-10 coding has been applied and the diagnoses F11.x to F19.x have been applied as

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Chapter 3

sampling criteria. Data are shown during the period from 1994 to 2000.

In 2000, a total of 4375 persons were admitted to hospital with a drug-related diagnosis. From table 3.5.1 it appears that the number of psychiatric patients with drug-related diagnoses increased from 1994 to 1995 and again from 1997 to 2000. During the entire period, diagnoses associated with multiple drug use account for the largest group and multiple drug user rates have regularly increased from 27% in 1994 to 40% in 2000. The second most frequent diagnoses are associated with cannabis which accounts for 25% of the psychiatric patients with a drug-related diagnosis. Rates have been stable over the years, however there has been a small drop in the proportion of opioid-related diagnoses, which in 2000 accounted for 13% of the psychiatric patients with drug-related diagnoses. Finally, 7% accounted for diagnoses associated with drugs acting on the central nervous system, hallucinogens and solvents, and 14% accounted for diagnoses associated with sedatives/hypnotics, which corresponds to the rates of the previous years.

Among the psychiatric patients with drug-related diagnoses, the male population account for the majority, with the exception of sedatives/hypnotics users, where only 39% are men. Otherwise, the men account for 84% of the cannabis users, 72% of the users of drugs stimulating the central nervous system, 72% of the poly-substance users and 64% of the opiate users in the psychiatric hospitals in 2000.

During recent years, assumptions have been voiced that an increasing number of individuals contact the emergency wards after having taken illicit drugs. In order to see whether it is possible to obtain additional information from the emergency wards in Denmark for monitoring purposes, the National Board of Health has requested a special statistical report from the University Hospital of Odense. The report includes the total number of persons aged 15 years and above, who have been treated for poisoning symptoms at the emergency ward of the University Hospital of Odense after having taken illicit drugs during the period 1.1.1990 to 30.6.2001¹⁸. The results of this study are thus not based on national figures.

The report applies the disease classification of the National Board of Health and the product classification of the Accident Analyses.

Group. The result of the report is to be considered as a minimum number of persons contacting emergency wards with poisoning symptoms after having taken (illicit) drugs. One thing is that not all individuals influenced/poisoned by a substance will disclose the actual reason for their being at the emergency ward, the other is that in many instances the persons are influenced by poly-substance use, where it is not possible to single out the substance causing the damage.

During the 11 1/2 year period, a total of 1671 persons were treated as a result of poisoning symptoms after having taken (illicit) drugs. The majority (1403) were treated due to use of opioids (heroin (1019, methadone (203), ketogan (144) and morphine (37)). The remaining 268 patients were hospitalised due to use of amphetamine and cocaine (164), cannabis (80), ecstasy (13) and psilocybin mushrooms (11).

From 1990 to 1996, there is an increase from 82 to 220 cases of poisonings resulting from use of opioids. After this period, there is a smooth decline over the years to 97 poisonings in 2000. As regards the other substances, there are major fluctuations from one year to the other. For cocaine and amphetamine, the number of poisonings was between 19 and 38 per year from 1994 to 2000. The few cannabis poisonings include 4 to 8 contacts per year. By contrast, there is a significant change in poisonings after the use of ecstasy. Out of the 13 contacts, only 12 are made in 2000. The one poisoning case was back in 1997. During recent years, the emergency ward has also received patients with poisonings resulting from euphoriant mushrooms. During the years from 1996 to 2000, 10 out of a total of 11 are received in emergency wards.

2/3 or more of the total number of poisonings - depending on type of substance - are inflicted upon men. Especially the younger male generation account for poisonings from substances such as amphetamine, cocaine, psilocybin mushrooms and ecstasy. As an example 92% of all poisonings from ecstasy occur among the 15-24-year-olds, 40% of the poisonings from amphetamine and cocaine occur among the 15-24-year-olds, and yet another 38% among the 25-34-year-olds. The distribution of age is extended in the case of poisonings from opioids. Most opioid poisonings occur among the 25-34-year-olds (41%), whereas 26% of the total number of poisonings from opioids occur among the 35-44-year-olds, and 10% among persons aged 45 and above.

The National Board of Health wishes to qualify the data provided by the emergency wards in Denmark, and plans to launch several initiatives in 2002 with a view to improved mapping of poisoning from use of illicit drugs.
Each year, analyses are made on a number of blood samples collected from arrested, intoxicated road users in order to determine the presence of substances other than alcohol. These tests are made at the Department of Forensic Medicine in Copenhagen. Out of 235 analyses in 2000, 46% of the tests showed the presence of benzodiazepines, 41% cannabis, 16% morphine, 15% cocaine and 10% amphetamine. In 1999, the presence of ecstasy (MDMA) was established for the first time and was found in 2% of the tests; in 2000, the presence of ecstasy was established in 4% of the tests. As much as 60% of the tests in 2000 showed that the person had been under the influence of a number of substances. Compared with previous years, there has been an increase in 2000, especially in the presence of cocaine and cannabis.

In 2000, the Danish Institute of Transport Research (Danmarks TransportForskning) has in collaboration with Holstebro police district and the Department of Forensic Chemistry/Institute of Medical Forensics in Copenhagen conducted a survey on medicine and drugs among road users. The survey describes the prevalence of medicine and illicit drugs among approximately 1000 car drivers stopped at random in the Holstebro police district, where the police had no suspicion of the drivers being under the influence of drugs. The drivers participated anonymously by providing a saliva test and filling in a questionnaire.

The survey demonstrated that 1.3% of the analysed samples contained one of the illicit substances such as amphetamine, cannabis, cocaine or morphine/heroin, and 0.7% of the samples contained sedatives or sleeping medicine. The number of illicit substances detected in the drivers matches that of positive tests in other countries, in which similar comparative studies have been conducted. The prevalence of sedatives and sleeping medicine, however, appears to be lower in Denmark.

Some of the questioned drivers confirm that in spite of their own suspicion of being influenced by either illicit drugs or medicines presenting a danger for drivers, sometimes in combination with alcohol, they will occasionally take the car. Driving under the influence of alcohol, illicit substances or a combination of the two appears to be particularly prevalent among the young aged between 22 and 44 years of age. Driving under the influence of

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medicines hazardous to driving and of alcohol is prevalent among the middle-aged and elderly drivers - men as well as women.

The study does not necessarily provide a representative picture of intoxicated drivers in Denmark as a whole. The results would most likely be different if the study were conducted in an area involving major cities, where the drug use and addiction are likely to be more prevalent.
Chapter 4  Social and Legal Correlates and Consequences - and Drug Markets

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

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

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

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

A significant increase has been seen in charges and number of individuals charged up through the eighties and until 1993. From this year, the numbers drop until 1999. The picture changes again from 1999 to 2000 with a small increase in the number of charges as well as in the number of individuals charged (table 4.1.1). In 2000, a total of 13,178 charges were recorded. Out of the 9,899 people charged in 2000, the 5,140 are charged for the first time. The number of charges and individuals charged includes persons either violating section 191 of the Danish Criminal Code or the Act on Euphoriant Substances.

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

The proportion of drug users serving time has been showing a regularly increasing tendency for some years, ie from 23% in 1985 to 36% in 1997. From 1997 to 1999, the proportion of drug addicts has remained the same, however with a minor increase to 38% in 2000 (table 4.2.1).\(^{21}\) During that same period, the average age of drug addicts in prison increased by about 7 months. As shown in table 4.2.1, the proportion of heavy drug addicts in relation to all drug addicts in prison increased from 37% in 1985 to 52% in 2000. The proportion of drug injecting users has varied, but was 21% in 2000. More than half of the drug addicts in prison (52%) in 1999 were imprisoned for “general offences”, ie criminal activity other than violating drug legislation.

Police and customs authorities keep statistics on the quantity of illegal drugs seized as well as the number of seizures carried out at borders, airports and ports in connection with major investigations and at street level. The data on the seizures are reported currently to the National Centre of Investigative Support of the National Commissioner’s Office, which drafts and publishes an annual statistics report.

Statistics on the quantity of drugs seized and the number of seizures provide a very rough indicator of the quantity of drugs on the illegal market, and is an indicator of police efforts. The publicized statistics do not distinguish between seizures of large quantities for reselling and quantities sold at a street level. Consequently, a parallel random sampling based registration of drugs traded on a street level has been carried out since 1995, cf below.

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

In 1994, there was a minor drop in the volume of heroin seized, following which a substantial increase appeared in 1996, and then again another decline from 1997 to 1999. From 1999 to 2000, the

quantity of seizures drops from 96 kg to 32, respectively. The quantity of amphetamine seized increased from 32 kg in 1999 to 57 kg in 2000. Although a rather large volume of the amphetamine seized was allegedly destined for the other Nordic countries, the major police districts in Denmark report that the use and the prevalence of amphetamine seems to be on the increase. Furthermore, several sources report an increase in amphetamine produced as tablets and sold as ecstasy\(^\text{22}\).

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

Other illegal drugs available on the market are ecstasy and hallucinogens, which are seized to an increasing extent. There has been a steady increase from 84 seizures in 1996, 110 seizures in 1997, 143 seizures in 1998 to 197 seizures in 1999. In 2000, the number of ecstasy pills seized had gone up to 444. In spite of a significantly higher number of seizures in 2000 compared to 1999, the number of pills seized dropped from 26,117 to 21,608 during the same period.

Khat which was prohibited in 1993 is seized to a lesser and lesser extent in Denmark. In 1996, a total of 4,535 kg was seized distributed on 135 seizures, and in 2000 the seizures had dropped to a mere 1,364 kg distributed on 70 seizures.

4.4. Monitoring of drugs

Since 1995, there has been a regular monitoring of drugs in illegal negotiations on a user level. The aim is to follow the development in terms of prices and drug concentration as an indicator of the correlation between supply and demand on the illicit market, as well as to identify the prevalence of "dangerous substances" and consider the frequency and location of drugs with high concentration\(^\text{23}\). This monitoring has been expanded in 2001 and the National Board of Health together with the National Commissioner of Police and the three institutes of forensic medicine have established an "ecstasy" database including chemical analyses on all seized ecstasy pills in Denmark. Results of the preliminary analyses in 2000 are included in section 4.5.

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\(^{23}\) The National Board of Health (2000) "Narkotika i illegal forhandling på brugerniveau 1999", The street plan project.
Data material provided in the Street Plan project is based on minor seizures made at random by 5 police districts in Denmark: Copenhagen, Aarhus, Odense, Aalborg and Esbjerg, delivered for analysis at the institute of forensic chemistry. In previous years, samples have also been submitted from the Elsinore police district, but this was changed as the number of samples became too small. During the analysis performed at the department of forensic chemistry, the identity of the illegal substance is recorded together with the additives, if any. Furthermore, the purity of the sample (concentration w/w) and weight are determined.

The most significant results from the analyses made of collected data from 1995 to 2000 appears in the tables 4.4.1 and 4.4.2.

Out of the 188 (compared to an estimated 208) analysed samples in 2000, 41% of the drugs stimulating the central nervous system contained amphetamine and cocaine. This percentage had been increasing up until 1999, following which it dropped. In 1999, 50% of the samples contained either amphetamine or cocaine. "Ecstasy drugs", ie new designer drugs were found in 14 of the 188 samples. All these samples were submitted from police districts in Jutland (5 from Aarhus, 6 from Aalborg and 3 from Esbjerg). 44% of all samples in 2000 contained heroin. Heroin continues to be the most prevalent substance in all towns, with the exception of Aalborg, where 23% of all samples were heroin. However, on a national scale, there was a significant drop in the proportion of samples containing heroin from 1995 until today, given that in 1995 as much as 74% of all samples were heroin.

From 1995, the Board has registered a constant increase in smoking heroin base.

The purity of the white/beige heroin chloride has been an average of 66% and 71% from 1995 to 2000 (table 4.4.2). In comparison, the average purity at the end of the 1980s was 45%. For heroin base, the average purity on a national scale was 38% (median 40%) in 2000. The purity variation rates were high, from 27%-100% for heroin chloride and from 4%-57% for heroin base.

There was no significant difference in the purity of the individual illegal drugs in the various regions of the county, but everywhere a large variation interval appeared. All police districts had a constant volume of drugs of both low and high purity on the market. None of the drugs had periods during the year when purity was particularly high or low. For amphetamine, purity rates - with a few exceptions - were relatively stable and low (24%). In 2000, the average purity of cocaine dropped significantly as opposed to
previous years. In 1999, the average purity rate was 61%, where in 2000 it was 44%

The samples of heroin, amphetamine or cocaine displayed no difference in purity. The samples were analyzed on a routine basis by the institute of forensic chemistry at the request of the police in connection with their investigations. There is therefore nothing to indicate that the drugs are diluted prior to being sold in the streets and that they should be of “poorer” quality than the drugs traded in larger weight quantities - for reselling.

As it has been concluded in previous years, the price information related to each seizure collected for analysis is too inadequate to make a qualified assessment of changes, if any, in the illicit drugs market.

The analysis results submitted by the institutes of forensic chemistry on the ecstasy pills during recent years have demonstrated a variety of pills sold as ecstasy on the illicit drugs market. The substances contained in the pills may vary, the concentrations of the various substances are different as well, and new and dangerous substances emerge in the pills. The ecstasy database which was established in May 2000 systematically collects samples for analysis from all ecstasy seizures in Denmark - the large ones, as well as the small ones. From the moment when a seized sample arrives at one of the institutes of forensic chemistry, a period of 14 days elapses until the analysis result is in the database. The database is a closed database, which only provides access to representatives of the National Commissioner of Police, the National Board of Health and the three institutes of forensic chemistry. However, every three months an updated bulletin of analysis results is provided in summary form by the National Board of Health on the Board’s website www.sst.dk.

As part of the EU cooperation photos of ecstasy pills are sent to Europol with the purpose of establishing whether ecstasy pills seized in different countries come from the same illegal place of production. In the Nordic countries chemical analyses are sent to Finland in order to establish a Nordic view of the prevalence, distribution, and the smuggling of ecstasy with the purpose of carrying out an investigation against criminals who are active in more than one Nordic country.

Results of the analyses

The most recent quarterly bulletin (3rd quarter 2001)) was based on a total of 53 ecstasy pills. It shows a varied and confusing quantity of ingredients:

- 87% of the pills only contained MDMA (ecstasy)
10% of the pills contained MDMA and another stimulant
2% of the pills turned out to be amphetamine
10% of the pills contained more than one active substance
4% of the pills turned out not to contain ecstasy, but other active substances

The substance concentration and quantity of one or several active substances in the pills vary a great deal. For instance, the pills with ecstasy (MDMA), which were analysed in 2000 (191 pills) contained concentrations from 1-41%. Differences in quantity of the active substance is thus very high: from 1-103 mg in the various pills with MDMA (ecstasy).

Finally, the appearance of the ecstasy pills is different, and there is no inherent correlation between the appearance, ingredients and drug concentration of the pills. Pills that look the same might have different ingredients. So far, 70 different pills have been found in Denmark. The pills are different in colour, logo, size and/or ingredients.
Chapter 5  Drug Markets

Please refer to chapter 4.
Chapter 6  Trends per Drug

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

There is a wide variety of different illegal drugs in the market and the pattern of consumption is dependent on the geographical area and the settings and subcultures that are examined. Among the population in general, the consumer pattern/drug profiles depends on gender, age and urbanisation.

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

6.1. Cannabis

Cannabis has always been the most prevalent illegal drug in Denmark. Typical consumption is of an experimental/recreational nature among the young people. While the prevalence of cannabis for a number of years has appeared to be on a relatively stable level, it now appears in results from the most recent surveys on self-reported use among the 15-16-year-olds and in the population in general that there are significant increases in prevalence during recent years. The increase in prevalence of cannabis is confirmed by comparing with results from previous surveys conducted in the middle of the 1990s. The increase in prevalence is seen in all age groups, but is more significant in the younger age groups, ie those aged 15-16 years and among the 16-29-year-olds. The increase is seen among men as well as women.

Data provided by health care institutions, however, show that cannabis addiction is the greatest problem for a significant group of young drug users. In 2000, 13% of the total treatment population report cannabis has their primary substance. Furthermore, the tendency over recent years points toward an increase in the number of newcomers in treatment who reported cannabis to be the primary substance. While in both 1997 and 1998, 26% of the newcomers in treatment reported cannabis as their primary substance, the percentage rises to 31% in 1999 as well as in 2000. Among the group of elderly drug addicts, cannabis is, however, rarely the main substance, but constitutes a very important secondary substance.
As in the rest of Europe, there seems to be an increasing tendency during recent years among the young people in Denmark to experiment with synthetic drugs. Reports submitted by the police and addiction consultants over most of the country and police seizures made in recent years serve to confirm this development. This increase should probably be viewed as part of the changes in youth cultures and in the apparently rising positive symbolic value among young people of experimenting with “party drugs” or “weekend drugs”. The findings of the qualitative survey carried out recently by the National Board of Health on young people’s attitudes and habits in relation to illegal substances as well as the findings from the most recent national survey on the experimental use of illegal drugs among the 15-16-year-olds both point to a change of cultural patterns in young people’s use of drugs, and to an increasingly experimental use of illegal substances. Finally, preliminary results gained from the population survey conducted in 2000 show a tendency to a general increase in the prevalence of the “hard” illegal drugs. To a large extent, this increase comprises stimulants and hallucinogens such as amphetamine, cocaine, ecstasy and psilocybin mushrooms.

Amphetamine

Surveys conducted among young people and the general population show that amphetamine is the second most prevalent illegal substance in Denmark after cannabis, and would seem to have been increasing up through the 90s. The proportion of pupils in the 9th grade or the 15-16-year-olds reporting having tried amphetamine ever, rose from 1% in 1991 to 1.6% in 1995 and 4% in 1999. In 2000, as much as 11% of the young people between 16-24 years of age report having tried amphetamine ever.

Amphetamine, however, does not play a large part as the primary substance among drug addicts in treatment. In 2000, only 3% of all drug addicts in treatment reported having used amphetamine as their primary substance. Amphetamine, however, is used frequently as a secondary drug.

Police statistics on seized amphetamine reveal major fluctuations from one year to the other. Over the past three years, however, there appears to be increases in the quantity seized in spite of a drop in the number of amphetamine seizures. The statistics also show a major geographical spread in amphetamine seized up through the 1990s. Amphetamine is now found in all police districts in Denmark.

Records from the Institute of Forensic Chemistry in Aarhus on drug samples seized show an increase in amphetamine as pills during recent years. In 2000, however, there was a significant
decline in the proportion of the so-called "ecstasy" pills with amphetamine, given that 7% of all analysed "ecstasy" pills contained amphetamine. In comparison, the percentage was 22% in 1999, 28% in 1998, 15% in 1997 and 9% in 1996.24 There are no explanations why the percentage of "ecstasy" pills with amphetamine dropped so drastically in 2000. However, analysis results from all "ecstasy" pills in 2000 show that new drugs (PMA, PMMA and 2CT2) are contained in the pills. The analyses of seized "ecstasy" pills thus still confirms the observation of a large variety of synthetic drugs in pills on the illegal drug market.

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

In 1995, 0.5% of the 15-16-year-olds reported having tried ecstasy. There has been a significant increase in 1999 when 3.1% of the 15-16-year-olds had tried the drug ever. The prevalence of ecstasy among the 15-16-year-olds remains almost at the same level as the prevalence of amphetamine within the same age group. The final results from the population survey in 2000 shows that the prevalence of ecstasy has not exceeded that of cannabis, amphetamine, cocaine or psiloybin mushrooms. More than 4% of the 16-24-year-olds have tried ecstasy ever, and more than 2% report having tried ecstasy within the past year. Nevertheless it looks as if ecstasy is on its way up since the current use of ecstasy (used past month) reaches the same level as the use of amphetamine and cocaine.

Ecstasy continues to be a minor problem among the drug addicts subjected to treatment. However, the number of persons reporting ecstasy as their primary substance is increasing year by year. While 16 persons in treatment for drug addiction in 1999 reported ecstasy as their primary substance, the figure had gone up to 41 in 2000. Out of the 41 people, 30 were in treatment for the first time, whereas 5 had previously been subjected to treatment (6 persons are non-disclosed). Ecstasy as a primary substance is thus more typical among the "younger" clientele treated for drug addiction.

There is small, but apparently rising prevalence of LSD in Denmark. The police seizure statistics indicate a small increase in recent years both in number and quantities seized. In 1995, a mere 0.2% of the 15-16-year-olds reported having tried LSD ever. In 1999, the proportion having tried LSD ever had gone up to 1% within the group of 15-16-year-olds. Previous surveys conducted on the prevalence of LSD in the population have established that the prevalence is of such a limited nature that it has been almost impossible to measure. The population survey from 2000, however, reports that almost 2% of the 16-24-year-olds have tried LSD ever. A little over 0.6% has tried the drug within the past year (including 0.3% within the past month).

In summary, the prevalence of LSD in Denmark seems to be limited, however slowly on the increase.

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

The experimental use of (smoking) heroin seems to have stabilised among the young people. In 1995 and in 1999, less than 2% of the 15-16-year-olds reported having tried heroin, most of them smoking heroin (1.3% in 1999). The prevalence of heroin among the younger adults appears to be moderate, given that less than 0.5 % of the 16-24-year-olds in 2000 report having tried heroin ever.

The quantities of heroin seized have increased steadily from a little less than 27 kg in 1990 to 96 kg in 1999. In 2000, the volume of heroin seized, however, dropped to 32 kg and was relatively as constant as in 1991. Furthermore, there has been a geographic spread of heroin during recent years. Heroin was seized in 43 out of 54 police districts in 1999. The analyses performed by the departments of forensic medicine in 1995 show that approximately 3/4 of all small quantities of heroin seized at street level are heroin base – ie brown heroin for smoking purposes. 1/4 of the heroin samples are heroin chloride, ie white heroin for injection. The only geographical exception is Odense, where the situation is reverse. As much as 95% of heroin samples in Odense in 1999 were
based on heroin chloride. The same deviation was also found in 1995, 1996, 1997 and 1998 and 1999.

6.4. Cocaine

When considering police statistics made on number and quantity of seizures, the prevalence of cocaine appears to be steadily increasing. Reports submitted by, among others, police and addiction consultants, also establish that cocaine prices are declining. This might imply that the supply on the illegal market is on the increase. Assumptions to this effect are furthermore supported in surveys made on the experimental use among the 15-16-year-olds over the past 5 years. The results from the population survey in 2000 confirm the assumptions that prevalence of cocaine is increasing. Almost 5% of the 16-24-year-olds have tried the drug ever, and 3% have tried the drug within the past year. The prevalence of cocaine in this age group has only been surpassed by cannabis and amphetamine, whereas the prevalence of ecstasy and psilocybin mushrooms is limited. When viewing prevalence among the group of 16-19-year-olds only, approximately 3% have tried cocaine ever. Cocaine is less prevalent in this age group than amphetamine, ecstasy and mushrooms, and cannabis.

It is especially the group of men between 20 and 30 years who have used cocaine, both in terms of current use and previous consumption. 9% of the 20-24-year-old men have tried cocaine ever, and 5% have tried cocaine within the past year (1.5% within the past month, and 3.2% the remainder of the year). In comparison, more than 2% of the girls in the same age group had tried cocaine ever, and the current consumption (past month and past year) is almost non-measurable.

6.5. Illegal medicine

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

6.6. Poly-substance use

The most meaningful information concerning poly-substance use of illegal drugs is to be found in the statistics provided by the treatment register containing information about the use of the primary drug and other drugs before admission to treatment. There seems to be no significant differences in poly-substance use by clients over the latest three years although the poly-substance use may be characterised as extensive. Approximately 3/4 of the clients admitted to treatment report that they are poly-substance users, and that cannabis, amphetamine, cocaine, alcohol, etc form part of secondary use alongside the primary drug

(see also feature chapter on poly-substance use later in the report).

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

5.7. Solvents

From the time at which the first school surveys were conducted at the beginning of the 1990s, it turned out that a considerable number of young people experiment with sniffing solvents. The prevalence of sniffing among the very young in Denmark is high in relation to other illegal substances, even though on average it is lower than in most other European countries. The proportion of young people reporting having experimented with sniffing in Denmark has been between 5-7.5% during the past 10 years. From the regional hearings held in 1999 it is reported by the police and addiction consultants throughout the country that “poppers”, in some periods are popular among the very young people aged between 13-14 years.
Chapter 7  Discussion

This chapter provides a summary of the current trends governing the prevalence of illicit drugs and the consequences of addiction as well as a description of the current data basis and prioritisations related to development within drug monitoring in Denmark.

Several well-known characteristics related to the prevalence of illicit drugs also applies to the situation in 2001:

Experimental use of illicit drugs continues to be a phenomenon primarily taking place during the young years. Consumption which in most cases is of an experimental nature is observed in the age groups of the 15-39-year-olds, and reaches its peak among the 16-24-year-olds.

There are also still more young men than women among those experimenting with the drugs. Approximately half as many men as women have used cannabis (now and previously) and double as many men as women have used the “hard” drugs (now and previously). The small difference between gender is observed among the 16-19-year-olds which could be the first sign of a tendency to a balance between genders on the consumption of illicit drugs?

The proportion of current users of the various drugs is much lower than the proportion of persons who have previously tried the drugs. Approximately 1/4 of all those who have tried illicit drugs have been actual users in 2000 (used within the past year, 16-44-year-olds).

Cannabis continues by far to be more prevalent than other illicit drugs. However, it is still less than half of the population who have tried cannabis ever. 42% of the 16-44-year-olds have tried cannabis ever, 10% have used it within the past year. The hard drugs have been used ever by 11% of the 16-44-year-olds, and used currently (within recent years) by 3% - amphetamine is significantly more prevalent than all other hard drugs.

The trends of recent years show a significant increase in the prevalence of the illicit drugs among young people. It started in the mid 1990s and worked its way upward. The increase appears in quantitative surveys, a qualitative survey and in regional hearings. The increased use comprises cannabis as well as stimulants and hallucinogens. The age of debut appears to be on the decline and when viewed against the social and cultural trends
in the youth culture, the attitudes of the young people are changing towards larger acceptance and more liberal approach towards the use of drugs.

Although the increase relates to a large number of drugs: cannabis, amphetamine, cocaine, “ecstasy”, etc. LSD and psilocybin mushrooms, it was clear that ecstasy attracted much media focus and political attention in 2000.

In 2001, several parts of the country report on stability as regards ecstasy. Therefore, it is important to concentrate on amphetamine which is more prevalent and increasing and on cocaine which appears to be gaining a significant foothold. It is reported that cocaine is becoming cheaper and easier to buy.

A special phenomenon is that the prevalence of psilocybin mushrooms has started to approach the level of ecstasy and cocaine. Against this background as well as several examples of extensive trafficking in mushrooms for euphoriant purposes, the mushrooms in 2001 were comprised by Danish drug legislation.

There has also been an increase in the number of drug addicts in treatment since the start of the current treatment statistics in 1996. The increase is also a reflection of the expansion of treatment services provided. In 2000, more than 8,000 people were treated in institutions for drug addicts. Heroin continues to be the most frequently used drug among the drug addicts seeking treatment, but almost 2/3 are poly-substance users. Cannabis is the most prevalent secondary drug, followed by benzodiazepines, alcohol, amphetamine and cocaine. During recent years, there has been a smooth increase in the number of drug addicts with cocaine as their primary drug and/or secondary drug.

Among the “heavy” drug addicts, heroin continues to be the prevalent drug. There seems to be an increase in smoking heroin which should be viewed in connection with an increase in the brown heroin sold in the streets. Consultants and professionals within the treatment system throughout Denmark also report that sniffing of heroin is gaining ground to a larger extent. This does not mean that injecting drug users are in decline, but the proportion of them is falling in relation to the total number of drug addicts admitted to treatment. In 2000, 4652 drug addicts, corresponding to more than half of the addicts admitted to treatment institutions, received long-term substitution treatment with methadone.

An increasing number of addicts seek treatment for actual cannabis addiction. While cannabis is the primary drug used by
13% of the total clientele registered in the treatment institutions, 30% of the newcomers in 2000 reported cannabis to be their primary drug.

No estimates have been made on the number of heavy drug addicts since 1999, and the level is still believed to be approximately 14,000 people.

The number of drug deaths (Drug Statistics from the National Commissioner of Police) continues to be at the same, high level as in the late 1990s (247 in 2000) in spite of major improvements in treatment services provided, far more addicts admitted to treatment and extensive use of substitution treatment. A new analysis of drug addicts in methadone treatment in Copenhagen show high mortality rates among this group. The deaths are distributed across the county and thus reflect that the drug problem has spread.

As regards the number of new AIDS cases and new HIV infected addicts, there appears to be a drop from the middle of the 1990s and up until today. It is not possible to establish whether this development is attributable to a decline in spreading of the disease in general or whether the so-called combination treatment service provided to HIV-infected explains the development. Hepatitis C, however, continues to pose a significant problem in relation to infectious diseases among drug addicts. A total of 90% of all 12,000 infected individuals with hepatitis C in Denmark are assumed to originate among drug addicts.

The various authorities are currently adjusting registers and data sources providing information on the drug addiction problems in Denmark. These adjustments are made in accordance with European standards for specially selected “key indicators” to be harmonised in all EU member countries.

In 2000, the National Board of Health has been working with new categorisation of ways of death and causes of death among the drug-related deaths registered in the register of the National Commissioner of Police. In addition, adjustments have been made in the register of the National Board of Health on drug addicts admitted to treatment to the effect that data are now provided on whether the drug addict is admitted to residential in-patient or outpatient treatment, type of treatment offered to the individual (drug-free treatment, methadone treatment, other substitution drugs, etc) and finally, from which institution the drug addict has been referred. Finally, population surveys have been conducted in Denmark under EU standards, which render it possible to make international comparisons.
Continuity is still not sufficiently implemented in the completion of population surveys describing the prevalence of illicit drugs in Denmark. For the first time in 2000, a population survey was conducted on the various illicit drugs prevalent among the Danish adult population. In order to describe a trend or a development of the use of illicit drugs in the population over time it is crucial that such surveys are repeated at regular intervals.

As something new, the National Board of Health conducted in cooperation with the Danish Cancer Society a survey on the 16-20-year-olds lifestyle and daily lives. The issue on the use of illicit drugs is included as part of the survey which also includes questions on alcohol and tobacco. The results from this survey are described in chapter 2 of this report. It is planned to repeat this survey again this year. A few counties will contribute particularly to the survey in 2001. This means that both national results as well as special county results will be available. The National Board of Health aims at involving the counties in the years to come provided that this feasible from an economic and organisational perspective.

In connection with the monitoring activities on, among others, new synthetic drugs in Denmark, the National Board of Health, the National Commissioner of Police and the three institutes of forensic chemistry have cooperated on the establishment of a national ecstasy database. The database was implemented on 1 May 2001, and is regularly updated with results from the chemical analyses of samples from all ecstasy seizures in Denmark. In addition to data on potential new drugs emerging on the market, the database makes it possible to monitor developments related to ingredients in ecstasy pills, their concentration as well as appearance and logo. The National Board of Health publishes a quarterly bulletin from the database on its website.

In order to monitor the damage caused by taking illicit drugs, the National Board of Health wishes to work with qualification of information on contacts to emergency wards due to poisoning after taking illegal drugs. As an integral part, the National Board of Health as requested that special statistics are made on poisonings recorded at the emergency ward of Odense University Hospital over a 10-year-period. The results from these statistics are described in section 4.5. The next few years, several initiatives will be taken to identify the volume and development in the number of poisonings resulting from taking illegal drugs.
Part 3 Demand Reduction Interventions

Chapter 8  Strategies in Demand reduction at National Level

Please refer to chapter 1.
Chapter 9  Intervention Areas

Three elements are traditionally included in drug prevention in Denmark:

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

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

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

Prevention intervention in pre-school age has a general approach. The activities include the prevention of health, social and personal problems experienced by the children, but does not at this age focus on prevention against drug addiction. Prevention at pre-school age encompasses a number of activities based on social and health care legislation. Within the framework of the social legislation, all municipalities offer a broad range of day-care services for pre-school children and special services including advice and support to socially deprived families. The municipalities are particularly obliged to intervene if children live
under socially threatening circumstances. This safeguarding of social welfare is considered to have a preventive effect.\(^{26}\)

The Act on Preventive Health Schemes for Children and Young People covers all children and young people under the age of 18. The Act provides free health care to all children in Denmark under the age of 18, and the scheme is financed by the primary municipality which also decides and lays down resources to be used. The general practitioners are responsible for the preventive examinations of children before they start school.

During the first two years of the child’s life, the parents are offered home visits by a district nurse approximately 4-8 times. Where it is deemed necessary, the family may be granted additional visits. During the visits, the child’s well-being and motoric and emotional development are checked as is the mother-infant contact.

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

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

The areas which have been particularly prioritised include:

- coordination and cooperation between the treatment sector and the local social administration
- qualification of professionals in the cooperation on children in families with drug problems

\(^{26}\) The Danish Social Services Act
• development of methodology in the local inter-disciplinary groups set up for children and young people with special needs
• support programs for children of parents with drug problems
• support programs for relatives of families with drug problems
• support programs to pregnant women with drug problems

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

The county of Funen has conducted a baseline study to uncover how many children in families with addiction problems have registered contact with the county. These figures are compared with the estimated numbers calculated on the basis of a national survey on the number of children and young people with a father or mother hospitalised as a result of alcohol disorders. All municipalities can only report about contact with a small share. In addition, the report reveals the initiatives taken in the social administration to support these children and the cooperation between the alcohol treatment unit and the social administrations.

Through its out-reaching activities in municipal institutions, schools and social administration, the project prioritises the work of preparing action guidelines in cooperation with the institutions, etc in order to ensure that cooperation in relation to the support provided to the children functions more appropriately.

9.1.2. School programs

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

The objects clause of the health-related curriculum emphasizes:

• that the pupils gain an insight into the conditions and values affecting health, sexuality and family life
• that the pupils achieve an understanding of the significance of sexuality and family life for health and for the interaction between health and environment
• that the pupils are supported in their personal development
• that the pupils develop the qualifications to take a critical stance and act in order to promote their own health and that of others.
No firm guidelines have been laid down for the form, contents and scope of a drugs curriculum. Drugs classes are often placed in the 7th - 9th grade. Normally, it is up to each class teacher to organise the teaching of this subject.

In many towns and cities, the local SSP Committee (formalised co-operation between the school, the social services and the police) contributes to drugs information in the primary and lower secondary schools. An SSP committee acts as a formalised link across sectors and consists of representatives from schools, social administration and police.

At state level, the National Board of Health assumes active responsibility for drug prevention. One of the Board’s tasks is to support and stimulate the local prevention activities, including school information projects.

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

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

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

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

Topical information about drugs is an ongoing issue of the magazine, UNG (Young) published by the Committee for Health Information and distributed free of charge 4 times a year to all school pupils in Denmark in the 8th-10th grades (14-17 years of age). Drug-related problems are also discussed in VITAL, a magazine dealing with drug prevention and distributed 4 times a year to interested professionals, administrators and politicians.

As part of the informative material prepared on alcohol and drugs, the National Board of Health has set up a separate website including factual information about the effects and risks of narcotic drugs in the form of drug pamphlets, instructional material and a program where the young people are offered to test their knowledge about drugs.

The primary target group includes young people aged from 15-25 years, which has been the underlying factor of the web design of the page as well as the language applied. The secondary target group is made up of teachers and relatives of young (potential) users. The address of the website is: www.mindblow.dk.

Regional level

According to the Danish Public Health Insurance Act, the counties and their municipalities are obliged to promote local prevention and health promoting activities. The efforts to combat drug addiction are headed especially by the counties' alcohol and drug consultants.

A number of counties have established their own prevention councils engaged in, among other things, drug addiction. Similarly, a number of large municipalities have appointed their own consultants to carry out prevention intervention. The county alcohol and drugs consultants offer a number of classes designed to form the attitudes of the 6th-10th grade pupils in primary and lower secondary school, their teachers and their parents. The services range from help and guidance in how the teacher should organise such classes to major campaigns on a local or a regional basis. Assisted by the National Board of Health, the county alcohol and drug consultants prepare their own material and curriculum with the purpose of instigating a debate and establishing attitudes among pupils. Furthermore it is secured that the local county centres/educational centres still have educational and film material available to support the teachers when teaching about alcohol and drugs in the primary and lower secondary classes. Teachers are invited to information meetings about the most recent material and the most recent findings within the area.
Projekt Bølgebryderne [Wavebreakers] was conceived in a political forum by Frederiksborg County Council and implemented by the county's department for prevention intervention. The rationale behind the initiative was four ecstasy deaths which emerged simultaneously with reports on a general increase in experimental drug use among young people in Denmark.

Projekt Bølgebryderne is a project collecting data to investigate the volume and distribution of ecstasy and other illicit drugs in the nightlife among young people in Frederiksborg County as well as to form a decision basis for future projects within the area. The knowledge achieved must be communicated to the decision-makers in the county council, the social committee, the narcotics monitoring group and the preventive council (primary target group) in charge of the county's drug prevention intervention targeted at the young people (secondary target group).

During three weekend sessions, the project succeeded in achieving information from 50 young people about their attitudes towards euphoriant substances and their perception of the distribution of illicit drugs in the nightlife. The young were also requested to give their input as to what they thought would be relevant prevention. The group was composed of young people from all walks of life and with different drug experiences in order to ensure a certain width in the information provided. The contact was made through "flyers" distributed in educational institutions and through already existing network as well as through reports of the project in newspapers and the local radio programs. The young people selected were given a financial bonus of DKK 5000 (Euro 625) for their participation in the project.

The internal (process) evaluation of the project has not yet been finalised. Preliminary results indicate that not only did the project have a data collecting purpose, it also proved to have a direct preventive function in relation to the group of young "wavebreakers", out of which several have changed their view on drugs or stopped using drugs altogether as a result of their newly gained knowledge. At the same time, this group of young people have passed on messages and experience to their friends. There is no doubt that the financial bonus has motivated the young people, who felt that their knowledge was being appreciated.

The young have pointed towards a number of factors to be taken into consideration when planning a preventive program targeted at the drug use of young people. Credibility is mentioned as one crucial factor when having to carry out preventive work with young people aged from 18-25 years. Credibility is created when using...
situations from real life and seasoning them with experience from previous users. The young people see no problem in the preventive campaigns having an element of factual information and expressing clear attitudes as long as they do not try to intimidate or exaggerate their statement and thus become untrustworthy and risk isolating the drug users from society. The use of irony in the preventive campaigns may also obstruct communication of the actual message.

Based on the results already achieved from the project, the county plans to continue to work with the so-called "antenna groups" consisting of drug using as well as non-drug using young individuals who constantly will monitor the drug situation and act as debate creators through exchange of experience and attitudes via speeches, teaching and similar activities. Finally, the project has given rise to considerations that involve whether or not it would be wise to a larger extent to prioritise long-term projects, where the young people are involved actively in the process instead of individual feature days and lectures.

The project in Ribe county expands on the experience gained from the project "Forældre Back-up - en nøglepersonsgruppe [[Parent Back-up- a key person group"] (see the annual report 1999) which was based on the peer group "young-meet-young" model, only this time, parents are the ones to pass on their experience to other parents about being a parent to a child in the $7^{th}$ grade (13-14 years of age). The group of persons joining the key person group participated in regular workshops instructed by the county's addiction consultants in the use of dialogue, video and games. During 1998 and the first six months of 1999, the group held 64 parent functions, in which more than 1,000 parents of children in the $7^{th}$ grade participated.

The target group of the Project "Forældre Tjek-Up" [Parent check-up] is parents of young people aged between 15 and 16 years who are about to start on some kind of youth education. Experience tells us that in connection with changing from one education (primary and secondary education) to another (youth-oriented education) means new habits and patterns. At the same time, studies conducted in the county point out that the young people need "visible adults who are ready to help if things go wrong".

The aim is to change the young people's use of euphoriant substances and to make parents aware of their role:

- as upbringers, models and sparring partners
- as alternative adults, ie adults to other parents' children
• in relation to the young ones and their consumption pattern and culture
• as expendable
• as "birth helpers" (consulting, consultation and service body)
• as "back-uppers" (inspiration, listener and motivator)

The project includes numerous evening functions headed by parents with experience from the "Forældre Back-Up" project, during which functions attitudes and experience are exchanged. Ribe County also plans to offer "Forældre Tjek-Up" functions to parents with children at the youth education level.

The Lions Clubs in Denmark have taken the initiative to prepare material to be used in teaching about alcohol and drugs in the primary and secondary schools, and this material can be borrowed from the county resource centres. A number of former drug addicts offer to give talks at the schools, based on their own experiences, but there is no nation-wide organisation for this type of work.

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

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

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

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

A number of the activities were established on the initiative of the SSP committees. All these initiatives have a preventive aspect from a drugs perspective, either in general terms and/or in specific.

No full overview of all local prevention activities are available.

Housing policy in Denmark has traditionally focused across sectors and involved citizens, institutions, private as well as public in order to involve citizens and users and to give them influence. However, no projects or trials have been launched specifically for drugs problems.

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

A comprehensive national survey from 1998 reveals that the typical SSP contact person is a 47-year-old male, educated as a teacher with 9 years’ seniority. According to the survey, work carried out in the SSP committee is distributed as 30% full-time work and 70% part-time work. Only one-third of the municipalities have a business plan for their projects. As regards the local setting of the SSP contact persons, they have been engaged by the social administration of the large and medium-sized municipalities. The survey does not embark on a quality analysis,
but establishes that the SSP cooperation projects are relatively more comprehensive in municipalities with full-time employed SSP contact persons than in the municipalities with part-time SSP contact persons.

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

The campaign "Go' weekend – uden narko" is an SSP project launched in the municipality of Varde, focusing on and being prepared for the increasing weekend use of illicit euphoriant substances. The campaign, which ended this year, was made up of a wide variety of projects which will engage a wide spectrum of the city’s business community, associations and other citizens with the aim of limiting the young people’s experimental use of illicit drugs.

The objective of the campaign is to:

• promote determined action among adults who are either direct or indirect players in the young people’s daily network.
• activate and support parents in their active participation in preventive activities on a local scale, across family boundaries, in schools, clubs, associations and other relevant fora.
• support young people in setting limits for each other and being aware of aid and support services.
• Develop and launch new methods and traditions for prevention and early action in the municipality of Varde.

Sub-project "Skytsenglene" [Guardian Angels]
One of the projects carried out in 2001 as part of the campaign "go’ weekend – uden narko" in the municipality of Varde was the Skytsengle [Guardian Angle] project. The purpose of this project was, via the assistance of approximately 100 young teenage girls, to exert a positive pressure on particularly boys, which experiment with drugs in the downtown nightlife.

This project was also inspired by a successful "Guardian Angle” project carried out in the county of Northern Jutland, where
Guardian Angel girls have been instrumental since 1996 in reducing the number of traffic casualties, primarily among young men, by intervening when faced with potential drunken drivers among the county’s young male drivers.

As was the case in the above project in the county of northern Jutland, the "guardian angels" in Varde were given an ID card, which identified them as guardian angels and vouchers to the local taxi company. A follow-up questionnaire revealed that only very few of the guardian angels used their ID cards and thus refrained from interfering. According to the guardian angels, the reason for this was, among others, that they only knew a small number of people experimenting with drugs and that they “did not feel like walking up to people and thus appear as being superior and boring”. According to the project founders themselves, you cannot just transfer a successful project design to another, because intervening and influencing friends’/other young people’s weekend drug use requires a much more concerted effort than mention of the drunken driving that may result from taking euphoriant substances.

The project “Stoffrit område” – a drug preventing package offered to discothèques, cafés, etc is planned to be launched in 21 of Esbjerg’s party environment in-places during the winter of 2001/02. As part of the planning activities, the owners of these in-places will be invited to an informative meeting by the municipality’s license board. The project period at the in-places is planned to last for at least one month.

The project concept has been tested successfully in other locations of the county (municipalities of Varde and Ribe) under the campaign: “Go’weekend – uden narko” (see above).

The objective is to limit the use of illicit drugs among the young people by pursuing the following goals:

- The highest achievable joint approach and reaction patterns among the in-places
- Limited/hampered sales of illicit euphoriant substances at and around the in-places
- Easy and early access to advice, help and, if necessary, treatment.

The project addresses two target groups: The personnel group at the selected in-places and the young people who are customers at the in-places.

The personnel group should be re-qualified via meetings held after the end of the day's work and joint agreements on the limits and reactions in the personnel group.
The young people should receive clear and specific rules on limits as well as be properly informed about the local services provided for counselling and guidance in relation to addiction.

Activities of the project:
• Agreements entered into between the municipalities’ SSP, (school, social administration and police), the police and the owners of the in-places on active participation in the project
• Meetings/courses held for the employees at the in-places, including agreements on personnel vigilance and reaction patterns related to use and trafficking in illicit drugs
• Clear and unambiguous signs posted at the IN-places with the text: “Drug-free area – people trading and use of illicit drugs will be asked to leave the premises and reported to the police”
• Agreements entered into with the police on their reaction during specific reports
• Communication between the in-places concerning possible quarantines (unwanted guests).

The material used for controlling the in-places includes posters, T-shirts, shirts, marking ribbons, beer coasters, etc all carrying the characteristic logo “Drug-free area” in yellow and/black. Furthermore, the in-places will have business cards lying around, which refer to hotlines, counselling and treatment centres.

At the end of the project, a questionnaire will be drafted to 10 of the in-places on the basis of the identified goals.

The “Night Ravens” are a number of local organisations consisting of parents and other adults who voluntarily and with out special authorisation walk the streets of their community, typically in the towns during the late hours of the nights in the weekends. Their goal is to establish a safe environment and show informal concern for the young people who are walking the streets by night. The “Night Ravens” work on the principle that they always walk in groups of 3, wearing a uniform of yellow jackets; they never walk into pubs, discothèques and clubs; nor do they interfere in riots or grant actual consulting assumed by professionals.

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

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

During the three-year period, in which the “Night Ravens” have existed, the number of local organisations has gone up to 62 in Denmark and 3 in Greenland by a total of 2,800 members (September 2001). Another 30 cities/municipalities have shown an interest in the project.

9.1.5. Telephone help

Telephone help is an integral part of the service provided by a number of the county consulting centres. Anonymous phone calls are accepted. The service is free and may be used at regular hours in the daytime during weekdays. The telephone help line is part of the overall counselling service and is both targeted at the drug addicts and their relatives encountering specific problems and at teachers and other professionals participating in information campaigns on drug addiction problems. A number of counties that during the past year established or expanded their telephone counselling services with a specific ecstasy counselling line have had to restructure this service due to very few calls, and have thus included telephone counselling in the addiction centres’ normal opening hours. It is not a telephone service offered on a national basis – nor does it provide round-the-clock services.

9.1.6. Mass media campaigns

Based on a professional perception that it is difficult to reach the very small minority experimenting with drugs through a mass media campaign and that drug information must be conveyed in a dialogue with local networks in order to influence attitudes, official Denmark has not initiated any mass media campaigns within the drugs field. No national campaigns were held in 2001.

9.1.7. Internet

On a national level, the use of the Internet in connection with drug information is undertaken by the National Board of Health (www.sst.dk and www.mindblow.dk). The advisory drugs council under the Danish parliament has its website on www.narkotikaadet.dk, which also includes the council's publications and recommendations.

On a regional level, the counties and two municipalities have joined forces on the website www.netstof.dk, which primarily addresses pupils in the 8th and 9th grades through interactive initiatives such as chats, conferences on selected features as well as a correspondence column which is handled by a team of 6 professionals (police officer, doctor, psychologist, previous addict, addiction consultant and a case handler). In 2001, the website had between 5,000 and 10,000 visitors each month.
During 2001/2002, www.netstof.dk will be updated in a new version which will include remote teaching to primary schools (after a Swedish concept described on the website www.drugsmart.org) and an intranet which is supposed to enhance cooperation and experience exchanged between the counties’ alcohol and drug consultants by placing project descriptions and evaluations on the intranet. The National Board of Health has contributed financially to the establishment of an intranet in 2001 and will participate in strengthening mutual information exchange.

**Harm reduction**

Without compromising the main goal of assisting addicts in becoming drug-free, it has also for some years been a goal to reduce or minimise harm inflicted on the groups of drug addicts whose chances of becoming drug-free are miniscule in the short as well as the long term. Projects aiming at harm reduction could include offers such as methadone therapy, outreach street level work, drop-in rooms for drug addicts (low threshold services), syringe exchange programs and social support at home.

**9.2.1. Outreach work**

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

Both in relation to the individual citizen and in relation to the groups of citizens, the municipality as well as the county are under an obligation in accordance with the health and social legislation to provide prevention and counselling services, cf also Section 68-70 of the Danish Social Services Act.

**9.2.2. Low threshold services**

The fact that not all drug addicts are interested in treatment, that many relapse into addiction and the Danish tradition of caring for all weak citizens irrespective of the causes of their social and health-related problems, means that various harm reduction activities are of key significance, cf Part 33 of the Social Services Act.

These care and low threshold activities may include street level work with contact being made to young addicts at the start of the
career and the heavier addicts. Street level work may also imply various kinds of acute assistance, such as distribution of clean tools, condoms and referral to the health care sector and social low threshold activities as well as a place to sleep at night, food to eat, etc.

There are a number of drop-in centres targeted specifically at female drug-using prostitutes. The oldest centre is “Reden” [the “Nest”] in Copenhagen which was founded by YWCA (the centre is partially subsidised by the state). During recent years, similar drop-in centres have been established in other parts of the country, and today there are more than 70 drop-in centres.

Most of the drop-in centres and the residential centres are subsidised. They are either established by public organisations, or by private organisations (NGOs) and receive public subsidies either fully or partially. In relation to a discussion of the introduction of injection rooms in association with existing low threshold institutions, the Ministry of Health has chosen to shelve this initiative as a result of international conventions dealing with the matter.

9.2.3 Prevention of infectious diseases

The prevention of HIV infection in Denmark is based on voluntariness and information. HIV-testing can be performed anonymously, but the individual is asked in relation to the test, whether a possible infection might be linked with drug addiction. Exchange of syringes is a well-known route of HIV infection. The strategy pursued in relation to injecting drug users has – in addition to information – been hand-out of free syringes at pharmacies and drop-in centres (see also the annual report for 2000).

9.3. Treatment – new activities

See chapter 12 “Successful treatment: the effectiveness of the interventions”.

9.3.1. Treatment in general

Since 1996, responsibility for both social and medicinal drug use treatment has been consolidated in the county drug addiction centres. These centres make referrals to all types of drug addiction treatment irrespective of whether it is a case of slow withdrawal, out-patient treatment, substitution treatment or in-patient treatment, and irrespective of whether the treatment takes place at the county’s own institutions or at a private institution. The course of treatment is financed on a fifty-fifty basis between the individual county and the municipality of residence. As of 1 January 2002 financing will be changed, see chapter 1. Only therapeutic stays in private treatment institutions financed by the drug addict him/herself and treatment while serving a prison.
Detoxification, slow withdrawal and cure

sentence (government financed), are not part of the county referral scheme.

As part of the treatment, detoxification is offered free of charge by private and public institutions and treatment centres:

- on the start-up of drug-free treatment for drug addiction.
- on imprisonment
- on hospitalisation

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

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

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

In connection with the social report, an action plan is drawn up which is based on the situation of each individual drug addict. This means that outpatient treatment constitutes the essential part of treatment, however with the possibility of providing residential in-patient treatment facilities.

This treatment provides planned counselling activities which include individual or group therapy, social measures such as: activation, rehabilitation, housing and health-related measures, care and support. As part of the treatment, training and education may be offered in the form of course training during the daytime, which in principle is somewhat similar to the training offered to the unemployed. Another possibility is a kind of “pre-rehabilitation”, which is a service offered prior to the “ordinary” rehabilitation process.
The services offered by the individual counties and municipalities vary considerably.

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

However, if it is a matter of psychiatric patients who in addition to a psychiatric diagnosis such as, for example, schizophrenia also suffer from a drug diagnosis (“double diagnosis” patients), they will in many cases be treated within the psychiatric system, for example at the psychiatric hospitals or in a socio-psychiatric in-patient treatment service in the social system. Treatment of drug addicts outside the psychiatric system is undertaken by the social system.

Residential in-patient treatment of drug addicts is provided by the county services in accordance with Section 92 (ss 1 and 2) of the Social Services Act and other care-related and supportive housing activities are assumed to be granted in accordance with Section 91, 94 and various dwellings in accordance with the law on social tenant houses.

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

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

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

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

The Italian model, C.e.I.S is a relatively new in Denmark. It is based on a specific Italian model which has been adapted to Danish conditions and has been introduced as a 3-year pilot project. Project Human Being offers drug addicts treatment based on the Italian treatment principles which have not previously been tested in Denmark. In contrast to existing treatment services, Project Human Being focuses on working therapy and the involvement of relatives in the treatment of drug addicts. From 2000, the scheme has been made permanent and the project continues as a non-profit organisation. The Ministry of Social Affairs which has financed the pilot project scheme and the evaluation reports prepared in this connection, has granted extra funds after the expiry of the project with a view to integrating it into the variety of treatment services offered and in order to maintain the objective of developing the Italian treatment principles in relation to Danish conditions.

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

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

The residential in-patient institutions also receive HIV-infected drug addicts. Furthermore, the municipality of Copenhagen has set up a special care department for the aids-infected drug addicts with room for 6 people.

The choice of substitution substance in Denmark would normally be methadone, but the authorities have no unequivocal stance in

9.3.2. Substitution treatment
In this respect. Thus, two projects were launched in 1998 with LAAM and Buprenorphine used as the treatment of new clients.

**LAAM**

The substitution preparation LAAM (Orlaam) was removed from the register after it had been established in a risk/benefit analyses launched by the scientific committee of the European Agency for the Evaluation Products and the Committee for Proprietary Medicinal Products that patients undergoing Orlaam treatment compared to other treatments displayed significantly increased QTc intervals which were believed to increase the risk of cardiac arrhythmia.

**Buprenorphine**

Recommendations provided by the municipality of Copenhagen on studies on using buprenorphine revealed that this type of substitution treatment is suitable for clients who have not previously been subjected to treatment due to its low toxicity and its low addictive potential. Furthermore, the conclusion of the study was that buprenorphine treatment may contribute by a significant percentage to the drug addict becoming drug-free and being able to revert to normal life through work, activation and education rather than any other kind of treatment.

**9.4. After-care and re-integration**

Having successfully been subjected to residential in-patient treatment, the drug addict is offered a number of integration services. In principle, there are four models:

**9.4.1. Education and training**

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

**9.4.2. Employment**

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

**9.4.3. Housing**

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

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

The "Spirillen" project was launched on the basis of a number of surveys showing that the employment rates of methadone users were relatively low in Denmark compared with other European countries. The aim of the project is to promote employment among drug addicts in stabilising substitution treatment and receiving social benefits via business-oriented activation of methadone users aged 18-50 years.

"The Project Spirillen is an independent project headed by Vaekshuset and carried out in cooperation with representatives from counselling centres for drug addicts, a representative from the Copenhagen City Centre for Activation and Employment (the CAB) and a representative from the 7th Department of the Municipality of Copenhagen (Office for Special Groups).

The specific objective of Project Spirillen is to provide a qualified solution to and strengthening of the participants' resources, chances and desires for the future. Participation in this project is meant to spark a variety of processes which will develop the participants' educational and social competence through individually planned activities of work training, traineeships and inspirational activities and thus expand their spectrum of possibilities in relation to the labour and educational market. The project is supposed to establish a contact to the labour market through the build-up of a network of trainee hosts in the public as well as the private sector with a view to providing the project participants with a stable and solid everyday life. For those participants who are worst off, the project is supposed to structure their lives as the starting point for a more stable and active life. The project has set up two success criteria with 70% of the participants receiving a plan for the nearest future and 50% of the project participants qualifying themselves and embarking on more targeted business activation, rehabilitation, ordinary training or employment.

The project has not yet been finally evaluated, but key figures for the two first years of the project are now available. From project start on 1 May 1999 and up to and including 31 May 2001, a total of 130 persons have been enrolled in activation programs. The available figures for the years 1999 and 2000 show that 101 were
registered as project participants during this period. The project occupancy factor varied between 29.7% and 110%, the average occupancy factor being 72.5%, of which most were men between the age of 25 and 45 years. The participation rate was relatively high with an average of 73%.

During the first year of the project, in 1999, a total of 14 out of 35 participants were discharged from the project after having completed the project program. A total of 5 out of the 14 participants were offered ordinary jobs or rehabilitation and 4 received a plan for continuing in the project, which equals a total of 64% of the discharged participants. The project thus succeeded in complying with its quality target that 50% of the project participants should qualify themselves for and embark on more targeted business activation, rehabilitation, ordinary education or employment. In 1999, the project had 12 traineeships going in temp agencies, cosmetologists, joineries and in other own internal workplaces.

In 2000, a total of 66 persons have been enrolled in the project and the participation rate was 50%. 61 persons have completed the project during the year, and 8 persons or 13% of the registered participants have qualified for business activation, rehabilitation, ordinary education or employment during the same year. A total of 22 persons or 36% have received a plan for the nearest future.

The municipality of Copenhagen will draw up the final evaluation, in which the discharged participants will be followed up by means of the CPR register six months after being discharged from the project. Evaluation data are not yet available.

During the past few years, the number of self-help groups has increased drastically in Denmark. These groups are composed in a variety of ways and thus comprise former and current drug addicts, parents, relatives and particularly interested individuals.

Most of the groups are established via municipal grant schemes such as associations with open café services, anonymous counselling shops/telephone lines and support groups for other parents and relatives.

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

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

Based on calculations made once annually by the Danish Directorate of Prison and Probations it is estimated that approximately one-third of the Prison and Probation Services’ clientele are drug addicts. Half of these individuals are estimated to be addicts on hard drugs. In this connection, drug addicts are defined as prisoners who within the past 6 months preceding imprisonment have taken one or several narcotic drugs more than only a few times. Heavy drug addicts are defined as prisoners who have a habitual consumption of drugs other than cannabis and perhaps also of cannabis.

During recent years, the share of drug addicts has been on the increase – from 31% in 1993 to 38% in 2000. There is a significant difference between gender, given that the proportion of male drug addicted prisoners was 37%, whereas the women accounted for as much as 52%. More than half of the drug addicts (52%) can be characterised as heavy addicts, cf the definition above. In 1993, the proportion was 42%.

The average age of imprisoned drug addicts is increasing – from 29.4 years in 1993 to 30.8 years in 2000.

During the autumn of 2001, the Directorate of Prison and Probation Service plans to conduct a scientific study on the nature and scope of drug consumption among the Directorate’s clientele. The result of this study is estimated to be published during the first six months of 2003.

The Prison and Probation Service has contract prison departments and drug-free departments in a number of closed and open state prisons and a special contract pension. In addition, there are two departments: one in a closed state prison for men, who are offered treatment for their drug addiction by external professionals.

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

Discharge from a contract prison department may, for instance,
take place via a special contract pension. The contract pension
works as a development and treatment environment for former
and present drug addicts who, upon moving in, undertake to
remain drug-free and crime-free on a contractual basis. Discharge
may also be effected via transfer to a residential in-patient
institution under the county treatment services, either while
serving one's sentence pursuant to Section 78 of the Danish Act
on Execution of Sentences (until 1 July 2001, Section 49 (s 2) of
the Danish Criminal Code or in connection with release (on
parole).

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

Since September 1997, the Prison and Probation Service has
provided criminal drug addicts treatment for their addiction as part
of their sentence in a major close state prison with deprived
criminals. This treatment is managed by a private treatment
institution in close cooperation with prison staff in accordance with
the 12-step programme of the Minnesota model.

To begin with, the project was intended as a pilot project, but the
results quickly turned out to be so positive that already before the
expiry of the project, it was decided to expand the scheme with
yet another treatment department in the same prison and thus
rendering a total of 30 treatment slots. The formal decision on
making this pilot project a permanent scheme was made in
February 2000.

Drug addicts in prisons and gaols have access to cleaning fluid.
The objective is to give imprisoned injecting drug users who
exchange syringes and needles the opportunity to clean them so
as to reduce the risk of transmitting HIV and hepatitis B infection.
Injecting drug addicts detained in the institutions of the Prison and Probation Service are offered a hepatitis B test and vaccination, if necessary, against the disease.

In addition, the drug addicts detained in the institutions of the Prison and Probation Service are given the opportunity to receive substitution treatment (methadone or similar treatment). This possibility is used to an increasing extent. The number of persons undergoing substitution treatment was thus recorded at 341 individuals on 21 November 2000. In comparison with the figures from 1993, this is an increase of 113%. This type of treatment is provided in accordance with the guidelines set out by the national health authorities.

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

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

As mentioned in last year’s report, a number of project groups have been established and have been set the task of considering the general principles for treatment of drug addicts in the criminal system. Furthermore, it is being planned to launch new treatment activities and to take steps towards a stronger fight against smuggling of drugs into the institutions under the Prison and Probation Service. The first results of this work will be described in detail in the 2002 report.

As of November 2000, all the treatment activities carried out by the Prison and Probation Service itself or in which the Service participates actively will be registered. The first statistical results are expected to be available in the middle of 2002.

As is the case with other prisoners requiring treatment, drug addicts may be granted permission to serve their sentence in part or in whole in a special treatment institution, cf Section 78 of the Act on Execution of Punishment (until 1 July 2001 pursuant to Section 49 (s 2) of the Criminal Code).

Around half of the approximately 330 convicted individuals detained in 2000 pursuant to Section 49 (s 2) of the Danish Criminal Code were drug addicts. An evaluation covering the period 1990-1999 shows that more than 70% of the drug addicts
successfully complete the alternative detention period. The survey also shows that this alternative is often provided late in the addict’s criminal career, and that the criminal recidivism is relatively low in comparison with the clientele’s crime rate. The convicted person in these alternative detention periods as well as the treatment personnel and other professionals state in the survey that they are generally positive towards this alternative. However, they also point towards a number of problems resulting from the cooperation between the involved public authorities, especially in connection with being discharged after alternative detention in the treatment institution.

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

This project originally aimed at drug addicts who had committed an offence against property, typically with the intent of financing their drug use. The scheme has been subjected to subsequent modifications. The drug addicts start this type of treatment under in-patient conditions at a treatment institution, following which he/she is transferred to a few months of out-patient treatment. Treatment concludes in a discharge period.

During the entire period, the convicted persons are subjected to the supervision of the Prison and Probation Service.

At the end of 2000, it was decided to expand the trial period until the end of 2002 in order to gain more empirical knowledge before the project was made permanent and offered on a national basis.

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

These guidelines express the expectations voiced by the central authorities to this type of cooperation, on a regional (county) as well as a local level.

An evaluation report was published in January 2001 on the progress of this cooperation. From this report it appears that the cooperation between the various authorities as well as their contact to the drug addicts is showing promising progress.
On the basis of the guidelines mentioned above, discharge from the prisons and gaols is planned and completed. It is a condition that the Prison and Probation Service as well as the social authorities prepare joint action plans as early as possible for each drug addict and identify the treatment required. This action plan must be made at the beginning of the period of supervision/sentence and should comprise a plan for discharge and for the time following expiry of supervision/release.

The joint initiatives launched within the area are monitored by the Ministry of Social Affairs and the Ministry of Justice. Evaluations relating to the pilot project, the import model and the application of Section 49 (s 2) of the Danish Criminal Code will be included in the committee work performed to identify progress and to combine the various initiatives in relation to treatment of criminal drug addicts.

During the last six months of 2000, the Danish Ministry of Health launched, together with the Ministry of Justice, the Ministry of Social Affairs, and the Ministry of Education, a development project on ecstasy prevention in two selected “model counties”. This development project is expected to close by the end of 2002.

Government funds will be granted to the work of the two “model counties” which means that each county upon application has been granted approximately DKK 1.5 million for the entire project period. In addition, the county of northern Jutland has granted special funds of DKK 1 million to the project. Evaluation of the development project will consist of an overall project evaluation, method evaluation, evaluation of the organisation and cooperation, as well as communication and exchange of experience. The final evaluation report will be published during the spring of 2003.

The objective of the development project is to develop methods to prevent against an increasing number of young people starting to use ecstasy and similar substances and thus to avoid that more young people are trapped into drug addiction. The development project does not focus on ecstasy alone, but in practice on illicit drugs in a wide perspective, especially the stimulants and hallucinogens that have become increasingly widespread throughout the past few years. The “model counties” have undertaken:

- to launch and develop strong and broad-spectred activities to prevent against the use of ecstasy and similar substances among young people and
Project activities

Better background knowledge
- The report in Danish with the title "Preventing against ecstasy in Europe" – a collection of experience gained so far" from evaluated projects in Europe. (the National Board of Health) (http://www.sst.dk/publ/Publ2001/Ecstasy/index.htm)
- Description of the reliability of various types of “quick tests” suitable for resolving whether or not a person has been taking drugs. (The National Board of Health (http://www.sst.dk/faglige_omr/sundhed/Narkotika/hurtig_test.asp)
- Working seminar for model counties and others on project development – control and evaluation (LFA method) (the National Board of Health.
- Implementation of local, representative questionnaire surveys on young people’s use of/attitudes towards euphoriant substances. The report from the county of northern Jutland was published during the spring of 2001. The report from the county of Aarhus is expected to be published during the autumn of 2001.
- Drafting of new materials for young people and parents as well as for peer communication among young people (the National Board of Health)

Information activities
- During the late summer of 2000, a special telephone counselling line on ecstasy was presented by the county of Aarhus for young people and relatives. After 3 months, evaluations revealed that only very few people had availed themselves of this service, which meant that this activity has been changed and is now offered within the addiction centre’s normal opening hours.
- Distribution of the Danish guide "Rusmiddelguide for forældre til teenagere" [Substance guide for parents of teenagers"] in both model counties (The material has been drafted by Ribe County with the support of the National Board of Health).
- Production of the informative video, "Ecstasy", which is based on the vast majority of young people who do not use ecstasy in order to establish that non-use is the norm (County of northern Jutland).

Activities within youth education
- Establishment of contact to key personnel in 24 youth educational institutions. (County of northern Jutland)
- Project: "youth life, everyday life and stimulants". This project has identified the most relevant target groups within youth
educations and tests various communication methods vis-à-vis the young people. Evaluation of methods is planned to take place during the autumn of 2001 (Aarhus County).

- Preparation of material on euphoriant drug policy to the youth educations is planned to commence during the autumn of 2001 (the National Board of Health).
Projects launched in the party environment

- The project known as "Vognen" [the Wagon] has been launched in the small vacation resorts of northern Jutland (Øster Hurup, Løkken, Skagen, Blokhus). The project offers peer counselling with young people in the form of conversations in trailers placed centrally close to nightlife environments. A street theatre whose repertoire is euphoriant substances/substance problems performs during the same period in the same towns and at a large number of music festivals in the county (county of Northern Jutland).

- Courses offered to employees in the party environment (bars, discotheques and restaurants)

- Preparation of material/guidelines for prevention in party environments (the National Board of Health).

Strengthening of municipal and institutional euphoriant drug policies

- Feed-back from 14 municipalities which have turned out action plans on euphoriant drug policies (out of 27 municipalities in the county of northern Jutland).


- The report: "Billeder af misbrugsforebyggelse i Århus Amt 2001", [Scenarios on prevention against addiction in Aarhus County 2001] which has identified prioritisation, organisation and practice in prevention efforts in the municipalities of the counties. The survey is expected to be made again at the end of 2002 (Aarhus County)

- A strengthening of the key personnel network allocated to euphoriant drug prevention in the primary municipalities of the county through conferences, feature days and counselling services in the form of course development activities and individual consultations. All 26 primary municipalities of the county participate actively, and at present the network consists of 52 people (Aarhus County).

Emergency wards and treatment

- During the period from June to August, the county of northern Jutland will offer the young people who are taken to the emergency ward due to toxification immediate personal contact with an addiction counsellor. During the same period, the number of hospitalisations and types of toxification will be registered systematically.
Aarhus County has started to register the number of ecstasy poisonings admitted to the emergency wards of the county. Up until now only very few poisoning cases have been reported.

Aarhus County will hold a course and arrange a study trip for professionals in 2001 and 2002. The subject will be treatment methods in relation to new target groups addicted to new drugs. The aim is to develop treatment activities targeted at this group.

Websites on the Internet relating to the development project: [http://www.sst.dk/faglige_omr/sundhed/Narkotika/model_amter.asp](http://www.sst.dk/faglige_omr/sundhed/Narkotika/model_amter.asp), including project description, status report, reports, etc. The county of northern Jutland has made a special website. [http://www.nja.dk/social/born_ung/rusmid/Ecstasy/](http://www.nja.dk/social/born_ung/rusmid/Ecstasy/)

Status and activities under the development project are reported regularly to the counties’ network of alcohol and drug consultants, partly through the quarterly meetings held by the network and through working seminars specifically dealing with the development project. Furthermore, various informative material will be produced on the development project which is presented and distributed to this network.

At the second year of the project, the evaluation is supposed to contribute to communication via a development seminar, in which the model counties as well as the other counties may participate and via the distribution of the development project’s newsletters, which are intended to reach out to a variety of relevant key persons.
Chapter 10  Quality Assurance

No formal strategy exists, nor are there any formal guidelines within the area. A work group under the National Narcotic Council, however, is still working on drafting such quality assurance guidelines applicable to the treatment of drug addicts in Denmark. The Council, however, does not have authority to implement such guidelines, but may serve as inspiration.

Within the health care sector, the Ministry of Social Affairs, the Ministry of Health and selected counties have launched projects with the Centre for Alcohol and Drug Research (CRF) on the development of a Danish Rehabilitation and Information System (DANRIS) within the treatment area (see chapter 12)

The National Board of Health has held a qualifying seminar for the counties’ alcohol and drug consultants on project planning, monitoring and evaluation methods (Logical Framework Approach). The seminar was based on a similar seminar held in 2000. Several counties have stated that they apply the LFA method in their project work.

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

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

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

As regards prevention, the counties have regularly conducted process evaluations of local initiatives. These evaluations typically
assume the nature of empirical findings applied in the ongoing work. The methodological quality of these surveys covers a wide field. De facto scientific evaluations are rare, since local resources and competencies are rarely available.

Drug research in Denmark is carried out on a limited scale and is undertaken by various institutions with different professional approaches within for instance:

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

To begin with, these are individual projects.

The National Narcotic Council has appointed a research committee to prepare proposals for a research action plan on drug addiction and discuss research needs as well as monitor progress. In this connection, the Drugs Council held a seminar in 2001.

10.3. Research

10.4. Training for professionals

The regional education of addiction consultants offered by Den Sociale Højskole [The Danish School of Social Workers] in Esbjerg includes courses held regularly on an ad hoc basis, typically twice a year. The courses are made up of 4 modules, with two courses being of 3 days’ duration and two of 2 days’ duration. Typically, each course will have 20 participants.

The overall aim of the course is primarily to deal with "the treatment of persons with addiction problems" on a general and introductory level. The course is based on the client/therapist relation and the principle of working with people undergoing changes. The course also deals with focusing on the out-patient treatment and referral work.

Each course participant must receive a theoretical understanding of issues such as: addiction as a linguistic, cultural and social phenomenon, the addict/the addict and the addict’s family network, the public treatment system, legislation within the area and the ethics and morality of the therapist. Furthermore, the
course must provide each course participant with knowledge on relevant methods to strengthen the individual employee in solving the task.

The NGO Landsforeningen Ungdomsringen (The Danish Association of Youth Clubs) runs module courses for club teachers who in the course of their daily work are involved in prevention and early intervention vis-à-vis young people's problems with drug addiction. A new course in 2001 “Meshes in the social safety net” deals with the danger signals, incipient addiction and ways to handle it. Furthermore, Landsforeningen Ungdomsringen is developing peer group methods in various areas. The peer group projects always include special training of young people who are to act as instructors in relation to other young people.
Chapter 11 Polydrug Use: drug set and setting

There are sources that describe the use of legal and illegal drugs as poly-drug use/addiction. The most significant data appear in qualitative studies, a few surveys and in the register of the National Board of Health on drug addicts in treatment. Furthermore, few data exist on the poly-drug use in connection with intoxication, psychiatric hospitalisations, etc. Finally, the recently established ecstasy database contains systematic registration on the substances contained in "ecstasy" pills on the illicit market. This chapter contains a description of the current knowledge on poly-drug use, based primarily on the sources mentioned above.

Poly-drug use of various substances among the young was confirmed in the qualitative survey conducted by the National Board of Health in 1999\textsuperscript{27}. One of the conclusions of the survey is that the various euphoric substances are used for different purposes and that the young people use different drugs for different situations and experiences in their everyday lives and at "parties". Recreational use is what dominates the picture together with use before and during parties or discotheque visits. This euphoric drug culture means that the use of different drugs is selected for different occasions and is governed by the wish to achieve a special atmosphere. The point is to achieve good atmosphere, it should be possible to dance, the night should go on for ever, and it should be possible to wake up bright and shiny Monday morning. These are naturally only some of the statements made during the survey and should not be viewed as the predominant drug behaviour and attitude among young people.

The qualitative idea describes various drug combinations which characterise the different users of euphoric drugs. The "alternative intellectual" typically attends high school and smokes cannabis during weekends and experiments with mushrooms or other hallucinogens on special occasions. "The merry weekend walk-on" takes speed, ecstasy and perhaps cocaine, and the "party idiot" takes up-ride drugs from Wednesdays or Thursdays and down-ride drugs on Sundays and Mondays. Finally, there are the "macho-criminal bums", who use the drugs themselves and also sell them and who are referred to as the "nightlife walk-ons", sometimes also by the police. According to the survey, it is rather normal that those using drugs are involved in poly-drug use as well.

\textsuperscript{27} The National Board of Health (1999) Qualitative survey conducted for the National Board of Health by the communication company Advice.
Further data on the experimental and recreational use and poly-drug use are available in a few cross-sectional surveys conducted up through the 90s. In general, the experimental use of both illicit drugs and other substances such as alcohol and tobacco often develop as a constant expansion of the consumption repertoire. Typically, heavy drinkers are those who experiment with cannabis, and then perhaps with illegal stimulants. Normally, many of them continue their use of "old" drugs when taking up new ones.

In 1990, a school survey was conducted among a representative group of 9th grade pupils. The results from the survey disclosed that half of the young people experimenting with cannabis showed "moderation", and twice as many had heavy alcohol consumption in comparison with the other 9th grade pupils. The same tendencies appear in results from a similar survey conducted in 1995. 40% of the heavy drinkers among 9th grade pupils in 1995 had tried cannabis compared to 14% of the remaining pupils. Almost 18% of the pupils in the 9th grade had been experimenting with cannabis in 1995. Where there were no significant differences in heavy consumption of alcohol and experimenting with cannabis among boys and girls - in 1990 as well as 1995, there turned out to be gender differences in relation to alcohol consumption and sniffing. 14% of the boys and 20% of the girls who were heavy users of alcohol had tried sniffing in 1995. A total of 7% of the pupils in the 9th grade in 1995 had tried sniffing.

The National Board of Health register renders it possible to record the use of up to 13 different legal and illegal drugs taken by drug addicts admitted to treatment. A vast majority of the drug users seeking treatment use several drugs.

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28 The National Board of Health (1991) "Unge og Rusmidler".
Table 11.1 lists the rate of poly-drug use among drug addicts admitted to treatment in 2000\(^30\).

<table>
<thead>
<tr>
<th>Number of drugs</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>249(26%)</td>
<td>739(21%)</td>
<td>988(25%)</td>
</tr>
<tr>
<td>2</td>
<td>212(22%)</td>
<td>622(21%)</td>
<td>834(21%)</td>
</tr>
<tr>
<td>3</td>
<td>162(17%)</td>
<td>528(18%)</td>
<td>690(18%)</td>
</tr>
<tr>
<td>4</td>
<td>84(9%)</td>
<td>283(10%)</td>
<td>367(9%)</td>
</tr>
<tr>
<td>5</td>
<td>49(5%)</td>
<td>199(7%)</td>
<td>248(6%)</td>
</tr>
<tr>
<td>6</td>
<td>32(3%)</td>
<td>112(4%)</td>
<td>144(4%)</td>
</tr>
<tr>
<td>7</td>
<td>19(2%)</td>
<td>69(2%)</td>
<td>88(2%)</td>
</tr>
<tr>
<td>8</td>
<td>10(1%)</td>
<td>46(2%)</td>
<td>56(1%)</td>
</tr>
<tr>
<td>9</td>
<td>5(1%)</td>
<td>19(1%)</td>
<td>24(1%)</td>
</tr>
<tr>
<td>10</td>
<td>1(0%)</td>
<td>13(0%)</td>
<td>14(0%)</td>
</tr>
<tr>
<td>11</td>
<td>2(0%)</td>
<td>4(0%)</td>
<td>6(0%)</td>
</tr>
<tr>
<td>12</td>
<td>-</td>
<td>2(0%)</td>
<td>2(0%)</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>119(13%)</td>
<td>340(11%)</td>
<td>459(12%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>944(100%)</td>
<td>2976(100%)</td>
<td>3920(100%)</td>
</tr>
</tbody>
</table>

From table 11.1 it appears that merely 25% (988 out of 3920) of the clients have only used one drug during the month prior to admission. The largest proportion of those who have only used one drug during the month prior to admission (653) have used opioids, especially heroin and methadone. 207 of the clients have only been smoking cannabis the past month prior to admission.

A total of 21% (834 out of 3920) and 9% (367 out of 3920) have used two, three and four drugs, respectively, within the past month prior to admission to treatment. Out of the 3920 persons admitted to treatment during 2000, data still needs to be retrieved on primary and secondary substances among 459 of the clients (12%).

Data from the treatment register thus reveals that there is a significant poly-drug use among the persons seeking treatment. A total of 65% (2544 out of 3920) have used more than one drug within the past month prior to admission. Added to this is the

\(^{30}\) The National Board of Health (2000) Special runs from the National Board of Health register on drug addicts admitted to treatment.
assumption that a significantly larger part of the persons admitted to treatment at an earlier period than the month before admission has been poly-drug users/addicts.

There is no significant difference between the rate of poly-drug use among those who have been admitted to treatment earlier and those who have been admitted to treatment for the first time. For instance, 25% of those who have previously been treated report having used only one drug the month prior to admission, whereas the figure rises to 26% for those who are new in the treatment system. 19% of both the "new" and the "old" users in treatment report having used 3 different drugs the month prior to admission.

There are different "drug combinations" among those who report using more than one drug. Table 11.2 shows the number and type of secondary drug used in addition to the primary drug\(^3\).

<table>
<thead>
<tr>
<th>Primary substance</th>
<th>Heroin (1390 pers)</th>
<th>Methadone (923 pers)</th>
<th>Cocaine (113 pers)</th>
<th>Amphetamine (100 pers)</th>
<th>Ecstasy (61 pers)</th>
<th>Benzodiazepines (36 pers)</th>
<th>Cannabis (483 pers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin (1390 pers)</td>
<td>x</td>
<td>374</td>
<td>400</td>
<td>158</td>
<td>427</td>
<td>31</td>
<td>778</td>
</tr>
<tr>
<td>Methadone (923 pers)</td>
<td>200</td>
<td>x</td>
<td>51</td>
<td>33</td>
<td>173</td>
<td>3</td>
<td>284</td>
</tr>
<tr>
<td>Cocaine (113 pers)</td>
<td>15</td>
<td>11</td>
<td>x</td>
<td>8</td>
<td>14</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>Amphetamine (100 pers)</td>
<td>7</td>
<td>1</td>
<td>41</td>
<td>x</td>
<td>20</td>
<td>9</td>
<td>52</td>
</tr>
<tr>
<td>Ecstasy (61 pers)</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td>28</td>
<td>6</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Benzodiazepines (36 pers)</td>
<td>11</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>x</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Cannabis (483 pers)</td>
<td>49</td>
<td>15</td>
<td>74</td>
<td>142</td>
<td>50</td>
<td>30</td>
<td>x</td>
</tr>
</tbody>
</table>

As it appears in Table 11.2, more than 1/3 of the drug addicts using heroin as their primary drug in 2000 (a total of 1390 persons) also use cocaine and benzodiazepines (400 and 427 persons, respectively). As many as 373 persons who report heroin to be their primary drug, use methadone as their secondary drug, and more than half of them (778 persons) use cannabis as their secondary drug. It is a well-known problem in treatment that, especially as regards substitution therapy, it can be difficult to get the secondary drug use under control.

Data on deaths, infectious diseases and mental disorders resulting from drug use are "traditional" sources describing the health-related consequences from drug use and drug addiction. Results and statistics on health consequences related to drug addiction are elaborated in chapter 3 of this report. However, it

\(^{3}\) The National Board of Health (2000) Special runs from the National Board of Health register on drug addicts in treatment.
should be mentioned in this context that poly-drug use is seen more and more frequently in connection with health consequences of addiction of the most deprived drug addicts.

A vast majority of the drug-related deaths are deaths caused by intoxication and many of these intoxication cases include more than one type of substances, such as drugs, medication and alcohol. 20% of the 247 drug-related deaths in the police records in 2000 were caused by different drug combinations due to poly-drug use. Additional studies confirm that a large proportion of the drug-related deaths occur as a result of poly-drug use. Furthermore, it is important to stress that by far most of the deaths among drug addicts occur exactly because they use many different drugs at the same time.

Up through the 1980s and 1990s there was an increase in the drug-related deaths in general. The level has, however, been stable and high from the middle of the 1990s and until today. The increase includes deaths caused by intoxication and those caused by diseases related to addiction. There are many explanations to the increase such as increased supply, increased concentration of heroin on the market, falling prices, increased average age among drug addicts, etc. Finally, everything indicates that the increasing ostracism and social marginalisation are significant factors influencing the increase in number of deaths. Thus, the drug addicts dies because they take too many drugs, they die from diseases because they are ill, which is connected to their lifestyle, and they die as a result of their intravenous use of drugs. It goes without saying that the risk of a natural death increases by rising age.

Deaths that recently have received much attention in terms of drugs and drug combinations are the deaths occurring especially in the young people after having taken "ecstasy" pills. 4 out of 5 intoxication deaths in 2000 after the intake of ecstasy pills turned out to be poisonings, with two or several drugs being identified after blood screening. One of these deaths is concluded to have been caused by poisoning with PMA, PMMA and MDMA, 2 deaths are caused by poisoning with the drugs PMA and PMMA and one death was caused by poisoning with MDMA, ritaline and amphetamine. One young man's death in 2000 occurred because of the simultaneous intake of GHB and alcohol, which in combination pose a special poisoning risk. No deaths after the intake of ecstasy pills have been recorded so far in 2001.

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34 See table 3.3.2 in the Annex of this report.
As mentioned in chapter 3 of this report, a special report has been made on the visits to the emergency ward at the University Hospital of Odense as a result of intoxication after the intake of illicit drugs. The report points out that in several instances, it is assumed that the poisonings have been caused by poly-drug use, but that drug actually causing the injury cannot be identified.

There has been a moderate increase during recent years in persons admitted to psychiatric hospitals with mental disorders caused by poly-drug use. In 1994, 755 persons were reported to be hospitalised due to poly-drug use, whereas in 2000, the figure had gone up to 1783. The proportion of those admitted to psychiatric hospitals due to poly-drug use has been large all these years compared to other drug diagnostic surveys. Almost 27% of all admissions caused by drug use from 1995 were caused by poly-drug use. In 2000, as many as 1783 persons out of a total of 4375 persons were reported to be admitted to psychiatric hospitals due to poly-drug use, which corresponds to 41% of all admitted persons.

The specific data on the social consequences of poly-drug use are scarce. However, there is no doubt that poly-drug use has the same negative social consequences equally as much as use of individual drugs. Furthermore, poly-drug use may be more difficult to treat, cf above. Reports from the treatment records draw a picture of a deprived and marginalized group who lack all the dimensions of being grown-up and having settled down. Only a few have any contact with the labour market, they have no family, and their housing situation is generally poorer than among the population in general. In addition, it turns out that there is prostitution and violence, which is a natural part of the everyday lives of many drug addicts.

Available sources describing the drug combinations on the market include data from chemical forensics on illicit drugs - especially analysis of the pills sold as ecstasy. As mentioned elsewhere in the report, an ecstasy database was set up in 2001 containing continuous data on the analytical results submitted by the departments of forensic chemistry on contents and drug combinations of ecstasy pills on the market.

In 2001, a number of ecstasy pills have been analysed and it turns out that the type of drug and drug combination of the pills change frequently and constantly. Quarterly reports in 2000 show that almost 32% of the pills within a given period contained more than one active substance (2nd quarter). The various drug combinations during this period primarily contain MDMA (ecstasy) and the drugs
Chapter 11

PMA, PMMA, MDE and MDA. 4% of the pills in the 2nd quarter of 2001 contained no MDMA whatsoever, but only the drug combinations of PMA and PMMA. In both 1st and 3rd quarter only 10% of the pills contained more than one active substance.

11.4. Special interventions

The preventive and informative interventions for the prevention of alcohol and drug problems are often interlinked. During recent years, focus has been made on the importance of consolidating the legal and illegal drugs in terms of prevention, since improved documentation discloses that smoking, early alcohol debut, heavy alcoholism and experimenting with illegal drugs are often interconnected. Prevention intervention which specifically focuses on the illegal drugs often deals with all types of drugs as for instance the educational program of the National Board of Health "Drugs" from 1997 and "Development project on ecsatsy prevention in 2 model counties".

11.5. Methodical aspects

The use of a qualitative method for the completion of surveys such as the one launched by the National Board of Health in 1999 is by far the best method to describe consumption patterns and user groups in terms of poly-drug use. It would be a very useful supplement to the epidemiological data if such methods were repeated at regular intervals.
Chapter 12 Treatment programs provided to drug addicts in Denmark

This chapter provides an overview of the quantitative as well as the qualitative surveys on treatment programs provided to drug addicts in Denmark.

Treatments are divided into a) drug-free treatment, which is further divided into drug-free residential in-patient treatment and outpatient drug-free treatment, b) substitution treatment which primarily consists of methadone treatment and treatment with buprenorphine, c) outpatient psycho-social treatment and d) the more care and community-oriented treatment which is increasingly provided via drop-in centres.

The target group, to which the above services are provided, is predominantly made up of the heaviest drug addicts, who are or have been opioid/heroin addicts.

This type of treatment is mainly provided in residential institutions, but there appears to be an increasing tendency towards establishing outpatient drug-free services, ie fewer referrals to drug-free inpatient treatment.

In the late 1980s there were only few residential in-patient institutions providing drug-free treatment to the heaviest drug addicts. However today, there are approximately 45 types of these institutions. The reason why the figure is mentioned with some uncertainty (approximately 45) is that institutions come and go and thus render it difficult to keep track of the exact number. 5-6 of these institutions are financed by public funds. The remaining in-patient institutions are primarily independent institutions or owned by private funds. Only few, if any at all, are owned by individuals (many institutions are changing ownership due to the new rules for approval).

Out of the 43 in-patient institutions, with which we have been in contact recently, the program/methodology was as follows:

- 19 Minnesota institutions (12 step treatment),
- 16 socio-educational institutions,
- 5 religiously founded institutions (4 Christian, 1 Narconon),
- 2 hierarchical therapeutic societies (Phoenix House) and
- 1 Italian-inspired institution (socio-educational, in principle).

Several of the Minnesota institutions practice a type of treatment, under which elements and understanding of the Minnesota philosophy/12-step program are combined with socio-educational principles. The Minnesota institutions predominantly employ
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former addicts as drug therapists. The same principle applies, albeit to a slightly lesser extent, in the Phoenix House and the religious institutions. The employee structure of the socio-educational institutions varies in that a large number of these institutions have not hired any former addicts at all (perhaps only one). The socio-educational institutions in general have an overweight of personnel with a targeted socio-educational background.

Many of the institutions are linked to integration dwellings/halfway houses. These premises normally provide accommodation to between 10 and 40 drug addicts (a mixture of large and small institutions). Some of the major institutions are the Minnesota institutions, which means that they take up more than half of the number of slots. No exact figures are, however, yet available.

Most of the institutions provide detoxification programs whereas a number of institutions offer short-term relapse treatment programs. Finally, there are two socio-educational institutions, which are particularly oriented towards family therapy.

During the past few years, there has been a trend towards referring fewer people to drug-free in-patient treatment and to an increasing extent trying outpatient drug-free treatment instead. There are still only a few of these projects available in Denmark, and they are broken down as follows:

- Outpatient drug-free projects which must be considered as drug-free post treatment of drug addicts who have been subjected to treatment in a drug-free residential in-patient institution.
- Outpatient drug-free projects which are targeted towards a somewhat younger and normally less deprived group of drug addicts.
- Projects offering outpatient drug-free programs to the same category of drug addicts which were previously referred to residential in-patient treatment.
- Outpatient drug-free local treatment.

Outpatient drug-free post treatment after a brief drug-free in-patient program is being tried out several places. Some places, the drug addict will move into a local halfway-house, whereas drug addicts in other projects live in their own homes. These projects are being evaluated this year. Many of the projects have been launched as pilot projects, which have terminated after a short while due to problems with retaining the drug addicts in treatment and keeping them drug-free. These problems are primarily associated with categories 2 and 3
mentioned above. However, a category 2 project is currently being evaluated.

Finally, there is the so-called outpatient drug-free local treatment, which is a local combination of in-patient and outpatient treatment programs. This program enables drug addicts who either live at home or in halfway houses to receive the same treatment for becoming drug-free. Once out of their addiction, the clients are offered rehabilitation services. This type of program focuses more on the establishment of and participation in a local non-drug using network as well as on availability and social togetherness, which to a large extent is found in local drop-in centres. The program focuses on the group rather than the individual, which means that various types of groups are established and the individual counselling talks are made on an ad hoc basis and often under more informal conditions. Such a type of local drug-free treatment is currently under evaluation.

The success criteria related to drug-free treatment are primarily for the drug addict to become drug-free. Then follows the improvements in the individual’s employment and educational situation. Other success criteria involve reduction of addiction, reduction of crime, improvement of the physiological functions (caused by infections and poor nutritional status) and improvement of various psycho-social functions.

In Denmark, substitution treatment includes to a major extent hand-out of methadone and to a minor extent of buprenorphine. Other substitution preparations are applied to a very limited extent. The outpatient psycho-social programs described in this report are the ones carried out in conjunction with substitution treatment.

The aims of substitution treatment and the related psycho-social programs are primarily to achieve harm reduction, but to some addicts, substitution treatment is performed as the first phase in a drug-free treatment process. Other success criteria are the ones mentioned under drug-free treatment.

A large part of the psycho-social treatment is the one taking place at the drop-in centres. During the late 1980s, there were only a few drop-in centres primarily intended for the treatment of drug addicts. Today, there are more than 70 centres, of which most of them were established during the late 1990s. Out of the 70 drop-in centres, it has been possible to locate 65, which can be divided into the following three categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient drug-free local treatment</td>
<td>The so-called outpatient drug-free local treatment enables drug addicts who either live at home or in halfway houses to receive the same treatment for becoming drug-free.</td>
</tr>
<tr>
<td>Substitution treatment and outpatient psycho-social treatment</td>
<td>The aims of substitution treatment and the related psycho-social programs are primarily to achieve harm reduction, but to some addicts, substitution treatment is performed as the first phase in a drug-free treatment process.</td>
</tr>
<tr>
<td>Drop-in centres</td>
<td>A large part of the psycho-social treatment is the one taking place at the drop-in centres. During the late 1980s, there were only a few drop-in centres primarily intended for the treatment of drug addicts. Today, there are more than 70 centres, of which most of them were established during the late 1990s.</td>
</tr>
</tbody>
</table>
• 32 of the 65 drop-in centres (49%) are targeted at a mixed group of active drug addicts (primarily drug addicts) and methadone clients.
• 20 of the 65 drop-in centres (31%) are almost solely targeted at methadone clients. This category includes to a large extent the drop-in centres established in conjunction with addiction centres.
• 13 drop-in centres (20%) are targeted exclusively at drug-free (former addicts) individuals. 28 of the 65 drop-in centres are financed by counties and municipalities jointly, 24 are financed by the municipalities alone, 7 are financed by the counties, and 6 drop-in centres are neither financed by counties nor municipalities, but for instance by the social pool funds granted by the Ministry of Social Affairs, PUF section 115-funds or by funds from a clerical organisation.

Finally, 10 out of the 65 drop-in centres are directly linked with methadone hand-out, 22 carry on actual outreach work, while 21 form part of a post treatment program.

During recent years, there has been a rather heavy focus on evaluation of drug-free in-patient treatment and substitution treatment followed by psycho-social support. The preliminary results gained from these evaluation reports are provided in summary form below.

In 1996 a research/evaluation project was launched for the purpose of describing organisations, processes and effects on the then 7 major residential in-patient institutions in Denmark. These institutions included 4 Minnesota institutions, 1 socio-educational institution, 1 Phoenix House and 1 Italian –inspired institution (C.e.I.S). 829 drug addicts, of which 95% were heroin addicts, were registered at the start of the drug-free treatment program. These 829 addicts were a representative group of the drug addicts referred to actual drug-free treatment from 1996-98 in the institutions in question. Approximately 15% of the addicts withdrew from the treatment before they had completed detoxification. This group was not included in the 829 drug addicts received. 326 of the addicts were selected as a representative sample of the 829 addicts, and so far they have been monitored for a two-year period after completion of the treatment program. During the autumn of 2001, they will be contacted again for the purpose of monitoring them for another 4-year-period.

36% of the 829 addicts completed the residential in-patient treatment program as planned. The average duration of
admittance was 211 days, median 166. The drug addicts who withdrew from the treatment program were admitted for an average of 147 days, median 119. The drug addicts who completed the program as planned were admitted for an average of 297 days, median 260.

Two years after having completed the treatment program – either because they withdrew from the program or completed it - 10 had died. Out of the remaining 316, every fifth addict remained drug-free. The 80% that had fallen into relapse had, however, not been subjected to constant drug addiction for the past 2 years. Many of the drug addicts that had fallen into relapse encountered drug-free periods. Thus, it can be concluded that between 30 and 40% of the 316 addicts were drug-free at all times, whereas between 20 and 40% of the 316 addicts were in constant methadone treatment. Those heaviest drug addicts had gone through spells ranging from heavy addiction to considerably more moderate addiction.

When in the efficiency ratings making allowance for gender, age and the resources of the drug addicts prior to start of treatment, there appeared to be very little – and insignificant – different between the various treatment methods.

One of the main conclusions of the study was that in general there was very little control with quality/professionality and the effect of residential in-patient treatment in Denmark. As a result, and backed by the Ministry of Social Affairs, a documentation and monitoring project was launched under the name of DANRIS (Dansk Rehabiliterings- og Informations-System).

The DANRIS system which in principle will cover more than 90% of the drug addicts referred to residential in-patient treatment will enable referring counties and municipalities to retrieve the following information from the first half year of 2002:

- which institutions are available, how they are organised, financial conditions, services provided at the institutions, etc.,
- which employees work at the institutions, their education, experience, whether they are former drug addicts, etc.,
- which drug addicts are referred to the various institutions, their gender, age, and how encumbered they are in terms of drugs and crime, and their mental and physical condition (EuropASI)
- the treatment program, including duration of in-patient treatment, completion of the full program and the completion of the individual phases of the program.

36 Center for Alcohol and Drug Research.
37 See www.crf.au.DANRIS.htm
This information will become available on the Internet, and thus all counties will in their referral routines be able to apply the data retrieved. A list of the institutions participating so far in DANRIS is available at www.crf.au.dk/online_danris.htm.

Furthermore, it will also be possible to check on the Internet which referring authorities use which institutions, how many they refer to residential in-patient treatment, the type of drug addicts referred to such treatment, which counties/municipalities have the highest success rates with their residential in-patient treatment programs.

Follow-up surveys still need to be completed on outpatient drug-free treatment projects.

Effect of substitution treatment

Preliminary results from a Danish survey\textsuperscript{38} reveal that methadone appears to reduce heroin addiction as well as criminal behaviour and injecting drug use by 50%. By contrast, benzodiazepine use/addiction and cannabis use/addiction appears to increase in drug addicts referred to methadone treatment. These results are also preliminary, but will be examined in detail during the next three years via the recently launched methadone project.

Secondary drugs

The same Danish survey revealed the following self-reported secondary drug use in 165 methadone clients during the last month preceding the interview:

- 11% had not taken any secondary drugs during the past month,
- 18% had only been smoking cannabis,
- 7% had, in addition to cannabis, been taking opiates and cocaine once or twice during the past month,
- 44% had, in addition to cannabis, taken a mixture of illicit drugs 3-15 days during the past month, and finally
- 20% had been heavy users of secondary drugs, including heroin, for 15-30 days per month.

Urine sampling

Control of secondary drug use via urine samples is applied most places to a limited extent. Urine samples are often taken at the request of the drug addicts (in order to prove that they are not to be considered as secondary drug users) or in conjunction with special cases such as family cases, in which children are involved. In some institutions, urine sampling is made on a more routine basis, either as a control measure or as an educational measure in the treatment of drug addicts. The common view held is that urine samples have no practical impact on secondary drug

use. On the contrary, they may create an unfavourable relation between the drug therapist and the drug addict and at the same time contribute to keeping those drug addicts who are still capable of holding their own in the streets from seeking professional treatment.

No unequivocal evidence has yet been established in Denmark as to the whether urine samples serve any purpose. However, preliminary figures (methadone project) indicate that secondary drug use related to those addicts registered for treatment in one centre where urine sampling by far outnumbered those taken in five other centres could not be explained by urine sample control, but by the age of the methadone clients. Older methadone clients thus displayed a much lower secondary use than the younger ones.

Secondary drug use does not automatically have any influence on the treatment of the drug addict. A few years ago, however, a drug addict could risk being subjected to “administrative phase out” of drug treatment or lose the chance of being offered substitution treatment. This type of punitive policy is only rarely applied these days – at least no reports on such action have been publicised. The most common view today is that punitive action is futile and may only contribute to forcing drug addicts into escalating addiction with an ensuing increase in criminal behaviour and risk of drug-related death.

During the winter of 2000-2001, interviews were conducted with 212 methadone clients from 6 drug addiction centres and 149 former drug addicts (drug-free for at least one month) (note 4). The 212 methadone clients made up a representative group of methadone clients admitted to the 6 centres in terms of gender, age and period of methadone treatment. The table below illustrates the types of services (within 8 categories) offered to the 361 clients the 14 days preceding the interview.
Table 12.1.1. Programs within 8 areas during the past 14 days prior to interview for methadone clients and drug-free former heroin addicts

<table>
<thead>
<tr>
<th></th>
<th>Methadone N=212</th>
<th>Drug-free (5) N=149</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of drug users per drug therapist</td>
<td>25-40</td>
<td></td>
</tr>
<tr>
<td>Professional counselling past 14 days (1)</td>
<td>54%</td>
<td>22%</td>
</tr>
<tr>
<td>Semi prof. Counselling past 14 days (2)</td>
<td>12%</td>
<td>40%</td>
</tr>
<tr>
<td>Employment past 14 days (3)</td>
<td>18%</td>
<td>46%</td>
</tr>
<tr>
<td>Educational activities past 14 days (4)</td>
<td>5%</td>
<td>33%</td>
</tr>
<tr>
<td>Psycho-therapy past 14 days</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>NA (Narcotic Anonymous) past 14 days</td>
<td>13%</td>
<td>66%</td>
</tr>
<tr>
<td>Drop-in centre past 14 days</td>
<td>32%</td>
<td>39%</td>
</tr>
</tbody>
</table>

(1) Educated, state-employed drug therapist, (2) Former addict, (3) Salaried, activation, voluntary work, (4) daily course activity, etc., (5) former drug addicts who have been drug-free for at least 1 month (102 have been drug-free for more than 1 year).

The effects from substitution treatment must presumably be viewed in close connection with the quantity and quality of the psycho-social support offered to drug addicts. The preliminary findings of the Danish survey (note 4) are that the methadone clients who do not receive any psycho-social support whatsoever are significantly more prone to secondary drug use than the ones receiving this kind of support. This is not in itself conclusive evidence of the significance of psycho-social support. The correlation mentioned is currently being investigated in the Methadone project mentioned above.

Psycho-social support is primarily targeted at improving the psycho-social function of the drug addicts (mental well-being, family relations, friends and other networks, employment, quality of life in general, etc). So far, it has not been possible to establish that methadone or the standard psycho-social support provided to methadone clients in Denmark has any significant bearing on the psycho-social function level of the drug addict. This does not necessarily imply that the methadone treatment and the psycho-social support provided in general to drug addicts in Denmark today is ineffective. It merely means that the effect is not sufficiently visible to render measurable statistics possible.

The aim of the recently launched Methadone project is to establish comparable groups of drug addicts receiving extended
Chapter 12

psycho-social support and standard psycho-social support (see table 1). Extended psycho-social support in the Methadone project will also mean significantly fewer drug addicts per drug therapist (from 8-15). It could also be expected that several of the other services mentioned in table 1 will expand. The extended psycho-social support will also imply a different organisation of the services. This will also be reviewed in the Methadone report.

The effect of drop-in centres

The effect (or the function) of drop-in centres has not yet been evaluated. The success criteria vary and depend on how each drop-in centre defines its function (or has it defined by the granting authority).

12.3. Methodological issues

During the past 5-6 years, research within services provided to drug addicts has been strengthened considerably. A number of sub areas need yet to be sufficiently reviewed. There still needs to be established an effective national standardised treatment monitoring, which may be applied a) by counties/municipalities in their organisation, documentation, and self-evaluation of their efforts, b) by professionals in their referral to and coordination of activities and to intervention planning itself and c) by the researchers as a basis for a more targeted and specified research strategy.
Chapter 13 Drug Users in Prison

A survey conducted on all prisoners on 23 February 1999 showed that the majority of the drug addicts in prison were less addicted than prior to their imprisonment. Firstly, drugs were used more rarely and/or in smaller doses, and secondly drug types were replaced from being problematic to being less problematic (typically from heroin/morphine preparations to cannabis and medicine use). Quite a few of the prisoners, however, managed to maintain their addiction at a constant level during imprisonment, whereas a small number experienced an increase in the nature and volume of their addiction during imprisonment.

The Prison and Probation Service is expected to increase its knowledge on the prisoners’ addiction patterns before and after their term of imprisonment when the results from the scientific study mentioned in chapter 9.5 are publicised.

No consolidated records are made on the prevalence of HIV, Hep C, B or other drug-related infectious diseases. No specific records are made on the drug addicts’ share of deaths in prisons, but the total number of deaths while detained in the custody of the Prison and probation Service is low. In 2000, there were 9 deaths, including 5 suicides.

Prisoners found in possession of illicit drugs risk being sentenced to the sanctions laid down in chapter 1.2 or to be deprived of benefits such as leave from prison to visit family and friends. Possession of drugs constitutes grounds for expulsion from the specialised treatment departments mentioned in chapter 9.5. Finally, any active drug use may mean that the prisoner will not be granted release on parole after having served 2/3 of his/her sentence.

No data have been collected on availability and prices for illicit drugs in prison.

Information is collected on type and quantity of illicit drugs seized by prisons and gaols. In 2000, these institutions registered 2,331 seizures of cannabis (with 2102 seizures weighing less than 10 grammes) and 493 seizures of “other drugs”. It is a generally accepted view that only a small part of the drugs that are smuggled into prisons and gaols are being seized.

A working group has recently submitted its recommendation for further initiatives which are supposed to reduce smuggling activity into prisons. These recommendations have not yet been discussed in a political forum.
Chapter 13

13.5. Policies involving reduction of drugs demand in prisons

All prisons and gaols are focusing a great deal on the drug addicts’ treatment requirements and on the often very close connection between addiction and crime.

At present, no special referral or diagnostic tools are being applied, but it is being considered to launch projects with ASI at some locations in Denmark.

As described in chapter 9.5, most of the treatment programs offered are organised as individual departments in normal prisons. The contract departments and the treatment sections in the state prison of Vridsloselille are organised in such a manner that the prisoners in these departments are isolated from the other prisoners when working as well as during their spare time. The detoxification and substitution treatment programs are handled by the medical staff of the prisons (doctors and nurses).

Reference is made to the extensive cooperation mentioned in section 9.5 with social and treatment responsible authorities outside the Prison and Probation Service.

13.6. Evaluation of addiction therapy in prisons

No evaluations have yet been made on the drug-free departments or the contract prison departments. Such a study is currently under preparation and is expected to be conducted during next year. To begin with, the study will be made on prisoner recidivism into crime and drug addiction after discharge/release from these departments.

As mentioned in chapter 9.5, an evaluation of alternative serving of sentence pursuant to Section 49 (s 2) of the Danish Criminal Code (in future known as Section 78 of the Danish Act on Execution of Sentences) has provided relatively positive results by letting motivated drug addicts serve their sentence in a treatment institution instead of in prison.

The new registration of treatment initiatives offered to drug addicts effective 1 November 2000 (see chapter 9.5) has paved the way for future access to requested data, also in combination with the ongoing comprehensive drug and alcohol survey.

These data will, however, primarily include the known/registered drug addicts who are candid about their addiction and who seek some kind of treatment while they are in contact with the penal system.

Most evaluations and scientific studies will, also in future, lack control group data, and it will continue to be difficult to distinguish between the importance of personal motivation and the effects of the various treatments methods.

13.7. Considerations on methodology
Annex

Table 2.1.2.2. The proportion (in percentage) of 16-29-year-olds’ use (past year) of cannabis, amphetamine, cocaine, psilocybin mushrooms, and ecstasy within the various age groups (n=3015)

<table>
<thead>
<tr>
<th></th>
<th>16-19yrs</th>
<th>20-24yrs</th>
<th>25-29yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>23.4</td>
<td>17.5</td>
<td>10.8</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>7.0</td>
<td>4.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2.6</td>
<td>2.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Psilosybin mushrooms</td>
<td>2.3</td>
<td>2.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>2.8</td>
<td>1.9</td>
<td>0.6</td>
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Table 3.3.1. Drug deaths 1971-2000. Distribution by gender.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>Year</th>
<th>Total</th>
<th>Men</th>
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<tbody>
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<td>1971</td>
<td>37</td>
<td>32</td>
<td>5</td>
<td>1986</td>
<td>109</td>
<td>88</td>
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<td>8</td>
<td>1987</td>
<td>140</td>
<td>116</td>
<td>24</td>
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<tr>
<td>1973</td>
<td>55</td>
<td>40</td>
<td>15</td>
<td>1988</td>
<td>135</td>
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<td>38</td>
<td>14</td>
<td>1989</td>
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<td>1975</td>
<td>61</td>
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<td>17</td>
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<td>1977</td>
<td>70</td>
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<td>14</td>
<td>1992</td>
<td>208</td>
<td>162</td>
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<tr>
<td>1978</td>
<td>87</td>
<td>69</td>
<td>18</td>
<td>1993</td>
<td>210</td>
<td>166</td>
<td>44</td>
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<td>1979</td>
<td>125</td>
<td>95</td>
<td>30</td>
<td>1994</td>
<td>271</td>
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<td>140</td>
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<td>1995</td>
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<td>113</td>
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<td>2000</td>
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<td>50</td>
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Table 3.3.2. Drug deaths 1971-2000. Geographic distribution.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cph.</th>
<th>% Funen/Zealand</th>
<th>% Jutland</th>
<th>%</th>
<th>Year</th>
<th>Cph.</th>
<th>% Funen/Zealand</th>
<th>% Jutland</th>
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<tr>
<td>1975</td>
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<td>57.4</td>
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<td>26.2</td>
<td>10</td>
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<td>51</td>
<td>44.3</td>
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<tr>
<td>1976</td>
<td>34</td>
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<td>40.0</td>
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<td>1995</td>
<td>83</td>
<td>30.3</td>
<td>121</td>
</tr>
<tr>
<td>1981</td>
<td>81</td>
<td>54.7</td>
<td>38</td>
<td>25.7</td>
<td>29</td>
<td>1996</td>
<td>87</td>
<td>32.7</td>
<td>97</td>
</tr>
<tr>
<td>1982</td>
<td>70</td>
<td>52.2</td>
<td>41</td>
<td>30.6</td>
<td>23</td>
<td>1997</td>
<td>88</td>
<td>32.0</td>
<td>106</td>
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<tr>
<td>1983</td>
<td>72</td>
<td>51.8</td>
<td>45</td>
<td>32.4</td>
<td>22</td>
<td>1998</td>
<td>89</td>
<td>35.6</td>
<td>83</td>
</tr>
<tr>
<td>1984</td>
<td>85</td>
<td>53.8</td>
<td>39</td>
<td>24.7</td>
<td>34</td>
<td>1999</td>
<td>66</td>
<td>27.6</td>
<td>90</td>
</tr>
<tr>
<td>1985</td>
<td>71</td>
<td>47.3</td>
<td>42</td>
<td>28.0</td>
<td>37</td>
<td>2000</td>
<td>82</td>
<td>33.2</td>
<td>83</td>
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</tbody>
</table>


Table 3.5.1. Persons admitted to psychiatric hospitals with diagnoses F11-F19 as primary or secondary diagnoses, 1994-2000.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F11</td>
<td>Opioides</td>
<td>445</td>
<td>680</td>
<td>656</td>
<td>587</td>
<td>535</td>
<td>501</td>
<td>563</td>
</tr>
<tr>
<td>F12</td>
<td>Cannabis</td>
<td>706</td>
<td>1065</td>
<td>944</td>
<td>1018</td>
<td>1096</td>
<td>1133</td>
<td>1100</td>
</tr>
<tr>
<td>F13</td>
<td>Sedatives/sleeping medicine</td>
<td>755</td>
<td>784</td>
<td>786</td>
<td>638</td>
<td>622</td>
<td>213</td>
<td>631</td>
</tr>
<tr>
<td>F14-18</td>
<td>Stimulants, hallucinogens and solvents</td>
<td>177</td>
<td>280</td>
<td>314</td>
<td>316</td>
<td>303</td>
<td>315</td>
<td>308</td>
</tr>
<tr>
<td>F19</td>
<td>Polysubstance use</td>
<td>755</td>
<td>1058</td>
<td>1167</td>
<td>1255</td>
<td>1525</td>
<td>1756</td>
<td>1783</td>
</tr>
<tr>
<td>I alt</td>
<td></td>
<td>2838</td>
<td>3867</td>
<td>3867</td>
<td>3814</td>
<td>4080</td>
<td>4287</td>
<td>4375</td>
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</tbody>
</table>

Source: The Danish Institute for Psychiatric Basic Science. Department of Psychiatric Demography, unpubl.


<table>
<thead>
<tr>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges, total</td>
<td>16,791</td>
<td>17,282</td>
<td>18,604</td>
<td>15,155</td>
<td>14,654</td>
<td>14,371</td>
<td>13,454</td>
<td>14,251</td>
<td>12,928</td>
<td>13,178</td>
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<tr>
<td>Persons involved</td>
<td>9,535</td>
<td>10,290</td>
<td>12,421</td>
<td>9,536</td>
<td>9,008</td>
<td>8,678</td>
<td>8,324</td>
<td>8,900</td>
<td>9,424</td>
<td>9,899</td>
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Table 4.2.1. Drug addicts in prison 1985-2000.

<table>
<thead>
<tr>
<th></th>
<th>All drug addicts</th>
<th>More criminally deprived drug addicts</th>
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<tbody>
<tr>
<td></td>
<td>Number of drug addicts</td>
<td>Proportion of all prisoners (%)</td>
</tr>
<tr>
<td>Apr. 85</td>
<td>734</td>
<td>23</td>
</tr>
<tr>
<td>Feb. 86</td>
<td>902</td>
<td>25</td>
</tr>
<tr>
<td>Sep. 87</td>
<td>861</td>
<td>27</td>
</tr>
<tr>
<td>Oct. 88</td>
<td>923</td>
<td>26</td>
</tr>
<tr>
<td>Sep. 89</td>
<td>953</td>
<td>27</td>
</tr>
<tr>
<td>Oct. 90</td>
<td>970</td>
<td>27</td>
</tr>
<tr>
<td>Nov. 91</td>
<td>1,002</td>
<td>27</td>
</tr>
<tr>
<td>Dec. 92</td>
<td>1,081</td>
<td>30</td>
</tr>
<tr>
<td>Nov. 93</td>
<td>1,109</td>
<td>31</td>
</tr>
<tr>
<td>Dec. 94</td>
<td>1,088</td>
<td>30</td>
</tr>
<tr>
<td>Nov. 95</td>
<td>1,195</td>
<td>33</td>
</tr>
<tr>
<td>Nov. 96</td>
<td>1,216</td>
<td>35</td>
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<tr>
<td>Nov. 97</td>
<td>1,282</td>
<td>36</td>
</tr>
<tr>
<td>Nov. 98</td>
<td>1,267</td>
<td>36</td>
</tr>
<tr>
<td>Nov. 99</td>
<td>1,296</td>
<td>36</td>
</tr>
<tr>
<td>Nov.00</td>
<td>1,316</td>
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Table 4.3.1. Drug seizures 1989-2000 (heroin, cocaine, amphetamine, ecstasy, LSD).

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin Kg</th>
<th>Number of seizures</th>
<th>Cocaine Kg</th>
<th>Number of seizures</th>
<th>Amphetamine Kg</th>
<th>Number of seizures</th>
<th>Ecstasy Pills</th>
<th>Number of seizures</th>
<th>LSD Doses</th>
<th>Number of seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>36.7</td>
<td>1,214</td>
<td>54.9</td>
<td>96</td>
<td>23.9</td>
<td>1,611</td>
<td>2,115</td>
<td>1,282</td>
<td>1,282</td>
<td>6</td>
</tr>
<tr>
<td>1990</td>
<td>26.7</td>
<td>1,501</td>
<td>28.1</td>
<td>157</td>
<td>26.0</td>
<td>1,556</td>
<td>15,261</td>
<td>262</td>
<td>262</td>
<td>16</td>
</tr>
<tr>
<td>1991</td>
<td>30.8</td>
<td>1,735</td>
<td>39.6</td>
<td>144</td>
<td>23.6</td>
<td>1,345</td>
<td>15,261</td>
<td>381</td>
<td>381</td>
<td>15</td>
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<tr>
<td>1992</td>
<td>38.5</td>
<td>2,405</td>
<td>21.4</td>
<td>184</td>
<td>73.6</td>
<td>1,323</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
</tr>
<tr>
<td>1993</td>
<td>28.2</td>
<td>2,941</td>
<td>11.1</td>
<td>228</td>
<td>11.7</td>
<td>1,111</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
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<tr>
<td>1994</td>
<td>29.0</td>
<td>2,666</td>
<td>29.9</td>
<td>417</td>
<td>12.6</td>
<td>747</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
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<tr>
<td>1995</td>
<td>37.4</td>
<td>2,973</td>
<td>110.1</td>
<td>569</td>
<td>40.0</td>
<td>1,167</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
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<tr>
<td>1996</td>
<td>61.4</td>
<td>3,161</td>
<td>32.0</td>
<td>659</td>
<td>26.7</td>
<td>1,386</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
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<tr>
<td>1997</td>
<td>37.9</td>
<td>3,161</td>
<td>58.0</td>
<td>723</td>
<td>119.4</td>
<td>1,324</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
<td>15</td>
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<tr>
<td>1998</td>
<td>55.1</td>
<td>2,509</td>
<td>44.1</td>
<td>885</td>
<td>25.2</td>
<td>1,609</td>
<td>15,261</td>
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<td>105</td>
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<tr>
<td>1999</td>
<td>66.0</td>
<td>2,199</td>
<td>24.2</td>
<td>744</td>
<td>31.6</td>
<td>1,250</td>
<td>15,261</td>
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<td>105</td>
<td>15</td>
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<td>2000</td>
<td>32.1</td>
<td>1,499</td>
<td>35.9</td>
<td>780</td>
<td>57.1</td>
<td>1,152</td>
<td>15,261</td>
<td>105</td>
<td>105</td>
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Table 4.3.2. Drug seizures 1989-2000 (cannabis, hemp).

<table>
<thead>
<tr>
<th>Year</th>
<th>Cannabis Kg</th>
<th>Number of seizures</th>
<th>Hemp Kg</th>
<th>Number of seizures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>729</td>
<td>5,039</td>
<td>2,103</td>
<td>185</td>
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<tr>
<td>1990</td>
<td>1,250</td>
<td>6,741</td>
<td>3,050</td>
<td>321</td>
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<tr>
<td>1991</td>
<td>1,703</td>
<td>9,222</td>
<td>2,222</td>
<td>332</td>
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<tr>
<td>1992</td>
<td>2,152</td>
<td>9,870</td>
<td>9,209</td>
<td>460</td>
</tr>
<tr>
<td>1993</td>
<td>1,273</td>
<td>10.93</td>
<td>4,336</td>
<td>524</td>
</tr>
<tr>
<td>1994</td>
<td>10.665</td>
<td>6,995</td>
<td>3,332</td>
<td>302</td>
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<tr>
<td>1995</td>
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<td>6,710</td>
<td>3,012</td>
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<td>1996</td>
<td>1,772</td>
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<tr>
<td>1997</td>
<td>467</td>
<td>4,886</td>
<td>2,652</td>
<td>225</td>
</tr>
<tr>
<td>1998</td>
<td>1,572</td>
<td>5,904</td>
<td>991</td>
<td>222</td>
</tr>
<tr>
<td>1999</td>
<td>14,021</td>
<td>4,569</td>
<td>337</td>
<td>101</td>
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<tr>
<td>2000</td>
<td>2,914</td>
<td>5,561</td>
<td>688</td>
<td>116</td>
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### Table 4.4.1. Distribution between heroin base and heroin chloride from 1995-2000 in seized random samples.

<table>
<thead>
<tr>
<th></th>
<th>Copenhagen</th>
<th>Aarhus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin base (%)</td>
<td>80 84 78 83 87 69</td>
<td>83 70 71 88 92 95</td>
</tr>
<tr>
<td>Heroin chloride (%)</td>
<td>20 16 22 17 13 31</td>
<td>17 30 29 12 8 5</td>
</tr>
<tr>
<td>Number of samples</td>
<td>71 68 59 53 46 29</td>
<td>30 20 28 25 25 22</td>
</tr>
</tbody>
</table>

#### Odense

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin base (%)</td>
<td>32 28 20 24 5 5</td>
<td>73 70 68 72 71 61</td>
</tr>
<tr>
<td>Heroin chloride (%)</td>
<td>68 72 80 76 95 95</td>
<td>27 30 32 28 29 39</td>
</tr>
<tr>
<td>Number of samples</td>
<td>25 25 25 25 19 20</td>
<td>133 120 130 118 97 82</td>
</tr>
</tbody>
</table>

Source: Kaa et al.(2000).
* Including results from Esbjerg and Aalborg

### Table 4.4.2. Heroin chloride. Purity (%) of samples from 1995-2000.

<table>
<thead>
<tr>
<th></th>
<th>Copenhagen</th>
<th>Aarhus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average (%)</td>
<td>83 64 71 69 56 61</td>
<td>63 63 63 47 73 61</td>
</tr>
<tr>
<td>Number of samples</td>
<td>14 11 13 9 6 9</td>
<td>5 6 8 3 2 1</td>
</tr>
</tbody>
</table>

#### Odense

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Average (%)</td>
<td>73 68 83 77 78 72</td>
<td>75 66 75 72 71 66</td>
</tr>
<tr>
<td>Number of samples</td>
<td>47 18 20 19 18 19</td>
<td>36 36 41 32 28 32</td>
</tr>
</tbody>
</table>

Source: Kaa et al. (2000).
* Including results from Esbjerg and Aalborg.