What are the long-term aims of drug policy in Norway? How are these aims to be achieved? How is drug policy coordinated at national level?
Understanding the costs of drug-related actions is an important aspect of policy evaluation.

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Drug laws and drug law offences [33]

What substances and activities does Norway control under its drug laws? What are the penalties for offences? How are new psychoactive substances controlled?

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Drug use [34]

How many people in Norway have ever used drugs? What drugs have they used? How many have used drugs recently? How many are using drugs in highly risky ways?

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Drug harms [35]

What are the main infectious diseases linked to drug injecting in Norway? How many died of drug overdose in the last year? How many drug-related medical emergencies occurred?

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Prevention [36]

What part does prevention play in Norway's drug strategy. What are the main prevention approaches used in the country and who do they target?

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Harm reduction [37]

How does Norway measure in terms of provision of needle and syringe programmes, peer naloxone programmes, supervised drug consumption rooms and heroin-assisted treatment.

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Treatment [38]

How is the drug treatment system organised in Norway? How is it financed? How is the provision of treatment divided between inpatient and outpatient settings?

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Drug use and responses in prison [39]

Which authorities are responsible for prison health in Norway? What forms of drug treatment and harm reduction are provided in prisons, and how widely?

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Quality assurance [40]

What is done in Norway to ensure that the prevention and treatment interventions used are effective and provide a good return on public expenditure?
In which areas of study is drug-related research carried out in Norway? How is this research funded? Are any types of research emphasised in the national drug strategy?

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Drug markets [42]

What is known about drug supply and trafficking in Norway? How pure or strong are the drugs available? What do they cost? What are the main aims of supply reduction efforts?

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Drug use and responses in prison

The Directorate of the Norwegian Correctional Service is responsible for the professional and administrative management of the correctional service. An increase in the number of prisoners has been observed in recent years.

Several studies conducted among the Norwegian prison population indicate that the levels of drug use and drug-related problems are high, especially when comparing prisoners with the general population. A recent study indicated that just over one third of inmates had used illicit substances while they were in prison, with cannabis, opioid substitution treatment (OST) medication, benzodiazepines, amphetamines and heroin being the most commonly reported. Around 1 in 10 prisoners have hepatitis C virus infection. A recent study documented [45] a particularly high overdose mortality rate in the first days and the first weeks following release. Overdose deaths accounted for 85% (n = 123) of all deaths during the first week following release.

A distinctive feature of the provision of interventions within the Norwegian correctional service is the ?import? model, which means that external providers are responsible for offering the same type of services to inmates in prison as to other citizens outside prison. It is often the municipality in which the prison is located that is responsible for such ?imported? services and decides on how health and care services are to be organised. The public health regions are responsible for the specialised health services, including interdisciplinary specialised drug and alcohol treatment.

More than half of the healthcare staff in prisons has been trained on drug- and alcohol-related problems or the treatment of mental disorders. A psychologist is available in more than half of the prisons. The drug treatment available in Norwegian prisons includes counselling, motivational interviewing, OST, testing and counselling for infectious diseases, education and training, and preparation for release. With regards to infectious diseases, testing, risk assessment, treatment, counselling and information are provided.
The correctional service has 13 units for addressing drug and alcohol problems. Several prisons organise drug and alcohol programmes, for example the National Substance Abuse Programme, or motivational interviews to motivate inmates to seek treatment. OST is offered by the prison health and care services. Available data indicate that 271 prisoners received OST in 2016.

Prisoners are tested for blood-borne diseases and sexually transmitted diseases. Vaccination programmes are available for inmates at high risk. Needle and syringe programmes do not exist in Norwegian prisons; however, inmates are given access to chlorine or chloramine as disinfectant material. Most prisons have a reintegration coordinator, and a reintegration guarantee was introduced in 2007-08, which ensures that binding collaborative structures are established between the correctional service and public agencies when an inmate is released from prison.

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