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European Union strategy on drugs 2000 - 2004

SNAPSHOT 1999 - 2004

by EMCDDA & EUROPOL
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INTRODUCTION

The principle of the compilation of core data on the situation regarding drug addiction and drug trafficking in 1999, prior to the implementation of the European Union Action Plan on drugs (2000-2004) and at its end in 2004 was adopted by European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol¹ as a reply to the European Council request.

As recommended in the initial Report by the EMCDDA on the 'identification of criteria for an evaluation of the European Union strategy on drugs (2000-2004) by the Commission', this joint document by the EMCDDA and Europol compiles Member State per Member State information on the basis of the same 38 parameters in 1999 at the start of the European Union Action Plan on drugs² and as close as possible from 2004 at its end. The Snapshot indicators and descriptors were chosen to shed as much light as possible on the six targets set by the Strategy:

1. To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
2. To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
3. To increase substantially the number of successfully treated addicts.
4. To reduce substantially over five years the availability of illicit drugs.
5. To reduce substantially over five years the number of drug related crimes.
6. To reduce substantially over five years money-laundering (6.1) and illicit trafficking of precursors (6.2).

Chapter one focuses on the first three targets. This chapter is a collective piece of work: the EMCDDA reviewed, Member State by Member State, the 1999 and 2004 available data on the basis of selected parameters. Much of the information compiled comes from the national reports produced by the Reitox national focal points of the EMCDDA and from the European analysis produced for the 2000 and 2004 *Annual reports on the state of the drugs problem in the European Union*³. It also integrates data variables extracted from the European School Survey Project on Alcohol and Other Drugs (ESPAD) surveys in nine EU countries in 1999 and 2003.

Chapter two focuses on the three remaining targets of the European Union Strategy on drugs (2000-2004). This chapter, mainly drafted by Europol, was based upon national reports by Member States' law enforcement agencies, the Europol 1999 Organised Crime Situation Report and the Europol 1999-2000 European Union Situation Report on Drug Production and Drug Trafficking and on Member States contributions for 2004. Some indicators in target 4, which relate to abuse of drugs (drug market information) and target 5 (statistical, strategic and social information on drug related crime) have been provided by the EMCDDA and/or its partners. The European Commission contributed to the exercise in providing data on precursors control and traffic (Target 6.2).

As regards some parameters, the baseline is not complete as the parameters listed in Cordrogue 65 represented an ideal situation, and has been drafted, like the EU action plan, independently of the real availability of data for some parameters, as explained in that document⁴. This has limited the capacity of the EMCDDA and Europol for a full coverage of each target.

¹ CORDROGUE 65 of 14 November 2001 on the Report by the EMCDDA and Europol on the 'identification of criteria for an evaluation of the European Union strategy on drugs (2000-2004) by the Commission'.

² The present document integrates and consolidates CORDROGUE 72 on the report "Presentation of the first baseline for an evaluation of the European Union Strategy on Drugs (2000-2004) by the Commission".

³ ISBN 92-9168-097-4 © European Monitoring Centre for Drugs and Drug Addiction, 2000. and ISBN..... © European Monitoring Centre for Drugs and Drug Addiction, 2004

⁴ When making use of the present document, the reader should refer to the document CORDROGUE 65.

In both chapters, to facilitate access to the information, it is presented in a similar format for all Member States. For each of them, it presents 1999 data and data available in 2004⁵, and when feasible an indication of the trend over the period, this parameter per parameter.

As just mentioned, in some cases the information is still not available for all Member States. This particularly relates to Target 6.1 (Money laundering), where no information was available at Europol.

Even when available, aggregated data are not comparable between Member States. For example, in some cases only regional data were available.

Moreover, it is to be noted that the 1999 – 2004 interval did not always offered the sufficient span of time to ensure proper data production, data flow and data aggregation, in due time for the current evaluation exercise. This limits the analysis possibilities. In addition, this five years' interval was relatively too short to allow observation of significant trends.

In general (except when explicitly mentioned), due to methodological constraints and or differences, the trends mentioned could not be directly compared between countries. They do not allow ranking of results of national policies in the European Union. They only allow considering the national developments country per country and it is of the utmost importance to read the 'Explanatory notes' for a proper understanding of the figures and data compiled.

Nevertheless, this document is to be considered as a support for conceiving national baselines in the context of the evaluation of the European Union Action Plan on drugs (2000-2004). As mentioned earlier, if the Snapshot indicators and descriptors were chosen to shed as much light as possible on the six targets set by the strategy and plan, it was clear that it would not be possible to make an evaluation (linking causally policy and situation) on the basis of quantitatively aggregated data alone⁶. This is why the EMCDDA produced a series of thematic papers that are to be considered as means to complete its contribution to the final evaluation exercise:

- Strategies and Action Plans;
- Coordination mechanisms in Member States;
- Public expenditure in Member States;
- Evolution of the EU budget lines;
- Legislative activity in Member States;
- Drug Users offenders;
- Legal responses to new synthetic drugs;
- Drug law and young people;
- Provision on drugs in the external agreements
- Main lessons from investigation of evaluation in the drug policy field in the European Union.

The section "In view of next" integrates some general trends information at EU level for target each Target and the final conclusions of the "Main lessons from investigation of evaluation in the drug policy field in the European Union" EMCDDA' thematic paper.

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⁵ This means that in some cases, data available cover 2002 or 2003.

⁶ See "Main lessons from investigation of evaluation in the drug policy field in the European Union" paper for details.

EXPLANATORY NOTES

To avoid misinterpretation of the data compiled in this report, it is of utmost importance to read first the following section which provides, when necessary, additional definition or specifications on the data-collection methods, the level of availability of the data and the potential bias or limits of the information made available through this snapshots exercise.

Target 1

Drug use in general population (EMCDDA key indicator)

<p>Recent use cannabis, cocaine, amphetamine and ecstasy (Last year)</p>	<ul style="list-style-type: none"> ● 'Last year' (= Last 12 months) has been used as a more common indicator of recent use. 'Last month' gives very low figures, and is used as indicator of 'current use' or, with limits, some approximation to 'regular drug use'. ● 'Young adults' (15–34 years) has been used, which is the age group where drug use is concentrated, and changes (increase or decrease) will be detected better and are more relevant. Some small deviations: Denmark (16–34), Germany (18–34), United Kingdom (16–34). ● Some countries did not conduct surveys in 1999. The immediate previous survey was taken (Greece, 1998; Ireland, 1998; Netherlands, 1997/98; Finland, 1998; Sweden, 1998; United Kingdom, 1998). In Denmark, 2000 (previous survey in 1994). In Germany, 2000 (there was a survey in 1997, but East/West was reported independently). This data will be consolidated as data for the whole of Germany is now available. <p>The main source here are</p> <ul style="list-style-type: none"> ● EMCDDA annual report; ● Re-analysis of Reitox Standard Tables (General Population and School surveys) <ul style="list-style-type: none"> ● Analysis of available data for: <ul style="list-style-type: none"> ○ Detailed prevalence data; ○ Incidence data.
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Drug use in general population

<p>Age first use of cannabis, cocaine, amphetamine and ecstasy.</p>	<p>Information on 'age first use' is available in some countries (although not in all countries with surveys) but it is not collected by EMCDDA standard tables.</p> <p>Same sources as previous parameter.</p>
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Drug use among 15 to 16-year-olds in school surveys

<ul style="list-style-type: none"> ● Lifetime prevalence (Cannabis, heroin, cocaine, amphetamine, ecstasy, LSD or other hallucinogens, tranquilisers or sedatives without prescription, crack, inhalants). ● Availability perceived as "very or fairly easy" of (cannabis, heroin, cocaine, amphetamine, crack, ecstasy). ● % of people who were 13 years old or under when they first used (cannabis, ecstasy, tranquilisers or sedatives, inhalants). 	<ul style="list-style-type: none"> ● All data, except those relating to Belgium, Spain and Luxembourg, are based on ESPAD surveys. ● In the 1999 ESPAD survey heroin refers to heroin by smoking ● In Belgium, Spain and Luxembourg, cocaine includes crack cocaine. ● In Belgium and Luxembourg LSD does not include other hallucinogens. ● The earlier Spanish school data are based on 1998 survey data. ● The proportion of children who first used the drug when they were 13 years old or less is used as an indicator of higher than average risk of developing drug problems. ● At 15 to 16 years old, lifetime prevalence of drug use is more likely to reflect recent experience than at older age groups. ● Monitoring adolescent drug use is very sensitive to age – over a 12-month period up to around 10 % may use drugs –(primarily cannabis) for the first time. Therefore ensuring comparable age groups is very important ● After 15 or 16 years, a diminishing proportion of students are covered by school surveys. This limits the value of school surveys to measure what happens during the period of rapid change between 15 and 18, the transition from adolescence to adulthood.
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Prevalence of problematic drug use (EMCDDA key indicator)

<p>'Problematic drug users' per 1 000 population aged 15–64 - estimates of problem drug use prevalence</p>	<p>Changes over time should only be followed per individual method and only if the method has not been changed. This can only be done at national level if a study that estimates data for 2003 includes a careful comparison with 1999, using exactly the same sources per method. Comparing national estimates in the format the EMCDDA receive them, between 1999 and 2003, is difficult at present and could easily give misleading results.. The current figures, however, give a reasonable picture of the national situation in 1999 ('snapshot') that allows a rough comparison between countries.</p> <p>Source:</p> <ul style="list-style-type: none"> • EMCDDA annual report; • Statistical modelling on routine data from different sources (treatment and other medical sources, arrest data, deaths, infections etc.); • re-analysis of information provided by National Focal Points in national reports and Standard Tables.
<p>Changes over time in rates of new problematic drug users – estimates of problem – drug use incidence.</p>	<p>Incidence is the estimated number of new problem drug users in a given year (while prevalence is the estimated number of all problem drug user in a given year). Current methods are not able to estimate total incidence, only part of it (new drug users who will eventually appear in drug treatment: 'relative incidence') Under the assumption that the direction of trends in relative incidence is equal to that of total incidence, relative incidence can be useful to follow changes over time in numbers of new problem users appearing.</p> <p>Source:</p> <ul style="list-style-type: none"> • EMCDDA annual report; • Statistical modelling on routine data from different sources (treatment and other medical sources, arrest data, deaths, infections etc.) • re-analysis of information provided by National Focal Points in national reports and Standard Tables.

Primary prevention in schools

<p>Number of schools covered by prevention programmes.</p>	<p>This is a raw indicator on the degree of implementation of concrete, coherent and systematic prevention measures. A confounding factor is the definition of 'programme', i.e. what level of structure and duration makes an intervention a 'programme'.</p> <p>(1999) Data source (if data were available) were references from member states' national reports. Only Spain and Ireland had at that time really reliable data on school-based prevention programmes and a clear understanding of the concept of "programme".</p> <p>(2004) Data source in most EU-countries and Czech Republic/Hungary were the standard table 19. For this standard table, the definition of "programme" can be better controlled and is comparable. Austria, France and Denmark have no programme-based prevention policy.</p>
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Target 2

Drug-related infectious diseases (EMCDDA key indicator)

<p>Prevalence rates (% infected) of HIV among injecting drug users (IDUs)</p>	<p>Collected routine data from MS through standard tables (guidelines). Data from sources with national coverage. If only local data are available or from different years, this is indicated.</p>
<p>Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)</p>	<p>Collected routine data from MS through standard tables (guidelines) Data from sources with national coverage. If only local data are available or from different years, this is indicated.</p>
<p>HIV incidence rates related to injecting drug use in the general population</p>	<p>Newly diagnosed cases of HIV in IDUs per million population. Collected centrally by EuroHIV (France)</p>

Drug-related death and mortality (EMCDDA key indicator)

Acute drug-related deaths (numbers, rates, proportional change relative to index year)	<ul style="list-style-type: none"> National figures are based on national definitions and methods of data collection. Direct comparisons between countries should be avoided. The analysis can be done computing proportional changes (in percentages) between 1999 and 2003. In general, mortality statistics are published with significant delays. <p>Sources:</p> <ul style="list-style-type: none"> General Mortality Registries. Special Registries. In some MS by substance and age. In general with 1-3 years delay in reporting.
Mortality rate (all causes) among groups of problem drug users	<ul style="list-style-type: none"> The year 1997 was selected as a reference year because it was the year with information for more countries Overall (all causes) mortality rates among drug users recruited in treatment centres, for the most recent year available, have been used. Data taken from the EMCDDA study on mortality among drug users, except the Luxembourg study (conducted in the context of key indicator 'prevalence of problem drug use'). There may be other national studies not reported to the EMCDDA. Cities or countries

Needle exchange

Estimations of syringes distributed	Not all member states report on this.
Geographical coverage / Mode of distribution	Not all member states report on this.

Target 3

Demand for treatment (EMCDDA indicator)

Annual number of admissions to drug treatment	<p>The information on demand for treatment demand is based on a Standard Treatment Demand Indicator Protocol, which is a joint EMCDDA-Pompidou protocol and aims to provide information on the number and characteristics of people entering treatment in the European. The information concerns only the people starting a specific drug treatment (for the first time during their life –first- or during the year–all). Purpose of the indicator is to have information on the use of services by people using drug, to have indirect indication on problematic drug use. The process for harmonisation is still not finished.</p> <p>Detailed description of definitions used can be found at the following web address: (TDI protocol) : http://www.emcdda.eu.int/multimedia/project_reports/situation/treatment_indicator_report.pdf</p> <p>FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)</p> <p>Reporting year for 2004 is 2002.</p>
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Availability of treatment facilities

Services offered and their characteristics	<p>SATU = Substance Addiction Treatment Units. (that is, units that deal with addiction in general)</p> <p>DATU = Drug Addiction Treatment Units. (that is, units dealing with clients whose primary drug is illicit).</p> <p>SATS = Substance Addiction Treatment Slots. (slots/treatment places in SATU).</p> <p>DATS = Drug Addiction Treatment Slots (slots/treatment places in DATU).</p> <p>OPT = Outpatient Treatment</p> <p>IPT = Inpatient Treatment</p> <p>DU = Detoxification Units</p> <p>STS = Substitution Treatment Slots or clients</p>
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Target 4

Statistical information

Seized quantity	Provides statistical data on the amounts of the various types of illicit drugs seized. Seized quantities of cannabis, heroin, cocaine and amphetamine are provided in kilograms. Seized quantities of LSD are provided in doses. Seized quantities of ecstasy are provided in tablets. Data provided are rounded to avoid decimals. Therefore, seizures of 0 kg should be read as seizures weighting between 0 and 0.5 kg. This applies to all overviews on seized quantities in this document. (Source: EUROPOL, EMCDDA / REITOX Focal Points)
Number of seizures	Provides statistical data on the overall number of seizures of the various types of illicit drugs. (Source: EUROPOL, EMCDDA / REITOX Focal Points)
Wholesale prices	Reflects the (average) wholesale prices of the various types of illicit drugs. The accuracy of the data depends on the source of the information (e.g. informants, interviews, surveys, etc). Wholesale prices of cannabis, heroin, cocaine and amphetamine relate to Euros per kilograms. Wholesale prices of LSD relate to Euros per 1000 doses. Wholesale prices of ecstasy relate to Euros per 1000 tablets. This applies to all overviews on wholesale prices in this document. (Source: EUROPOL, EMCDDA)

Strategic information

Level of international co-operation over the period	Reflects the adherence to and participation in global, regional and bi- and multilateral initiatives. In addition to the ratification of the relevant UN Conventions and the Europol Convention (referred to in the 1999 snapshot) other international cooperation instruments and initiatives should be considered (e.g. EU Convention on Mutual assistance in Criminal Matters, the implementation of the provisions on Joint Teams, participation in Europol projects, etc).
Number of OC groups involved in drugs in the EU	Reflects the number of organized crime groups which have been identified in relation to drug trafficking.

Market information

Street prices	Data refer to national average prices at retail level of various illicit drugs. Street prices of cannabis, heroin, cocaine and amphetamine relate to Euros per gram. Street prices of LSD relate to Euros per unit/dose. Street prices of ecstasy relate to Euros per tablet. This applies to all overviews on street prices in this document. (Source: EUROPOL, EMCDDA / REITOX Focal Points).
Street purity	Data refer to national average purity (or potency) at retail level of various illicit drugs. Purity of heroin, cocaine and amphetamine should be understood as the percentage (%) of pure substance. Cannabis potency – resin and herbal – should be understood as the percentage (%) of Δ^9 -tetrahydrocannabinol (THC). This applies to all overviews on street purity in this document. (Source: EUROPOL, EMCDDA / REITOX Focal Points)

Target 5

Statistical information

Number of drug law offences/offenders	According to the national reporting systems, data refer to a number of (suspected) drug law offences or to a number of (suspected) drug law offenders, i.e. (suspected) offences or offenders against drugs legislations and arrests. Data usually refer to the initial report by the police but in certain countries data may however refer to the prosecution stage. Only reports for criminal offences are reported here. In Belgium, Denmark, Greece, France, Italy, Luxembourg, Portugal, Sweden and the United Kingdom, data refer to a number of persons, whereas in Germany, Spain, Ireland, the Netherlands, Austria and Finland, data refer to a number of offences and/or arrests. Due to these and other
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	important methodological differences in the data reported, comparisons of levels between countries should not be made. (Source: EUROPOL, EMCDDA / REITOX Focal Points)
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Target 61

Statistical information

Number of suspicious transactions	Provides statistical data on the overall number of suspicious financial transactions. National statistics and assessments (e.g. Annual situation reports; FIU data and suspicious transaction reports (STR)). Since Member States apply different methods to collect the data (some count each suspicious transaction, whilst others count the number of STR which may relate to several transactions, comparison between countries should be avoided.
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Strategic information

The level of international co-operation	Reflects the adherence to and participation in global, regional and bi- and multilateral initiatives. In addition to the ratification of the relevant 1990 Council of Europe Convention on Laundering, Search, Seizure and Confiscation of Proceeds from Crime and the membership of the OECD FATF (referred to in the 1999 snapshot) other international cooperation instruments and initiatives relating to money laundering should be considered (e.g. EU Convention on Mutual assistance in Criminal Matters, the implementation of the provisions on Joint Teams, participation in Europol projects, etc). Considering constraints occurring in the international police and judicial cooperation in this field which could provide a more accurate picture of the factual level of the international cooperation.
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Target 62

Statistical information

Number of seizures	Reflects the number of seizures of scheduled and, in some cases, non-scheduled precursor chemicals (Data available in 2004 are from 2002).
Number of stopped shipments	Reflects the number of shipments containing precursor chemicals stopped by the competent authorities (Data available in 2004 are from 2002).
Number and production volume of discovered illicit laboratories	Reflects the number and production volume of discovered illicit laboratories.

Strategic information

Level of international co-operation	Reflects the adherence to and participation in global, regional and multilateral initiatives e.g. the 1988 UN Convention, Operations Topaz, Purple and Project Prism, European Joint Unit on Precursors.
State of MoUs with the Industry	Reflects the number of Memoranda of Understanding concluded with industry (Data available in 2004 are from 2002).
Level of export and import in the EU	Reflects the level of export and import in the EU

Information of Regulatory Authorities

Number of licenses	Reflects the number of licences issued by the competent authorities to operators for Category 1 substances (Data available in 2004 are from 2002).
Number of Registrations	Reflects the number of registrations by the competent authorities of operators for Category 2 and Category 3 substances (Data available in 2004 are from 2002).
Number of suspicious or unusual transactions notified to the competent Authorities by operators	Reflects the number of notifications by operators of suspicious transactions to the competent authorities.

PART ONE: SNAPSHOT T1 TO T3

- Target 1: To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- Target 2: To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
- Target 3: To increase substantially the number of successfully treated addicts.

Belgium

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	The Belgium Community surveys did not collect information on "Last year prevalence". A health national survey (2001) only included "Lifetime" and "Last 30 days" prevalence.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	24%	1%	2%	7%	4%	4%	n.a.	n.a.	4%
2004	32%	1%	3%	2%	4%	3%	9%	2%	9%
Notes	1999 data refers to Flemish community only and strict comparison with other countries and 2003 is limited due to survey methods. 1999 Sample size for all age groups 82375. Sample size n.a. for 15/16 year olds. First ESPAD survey in Belgium in 2003 survey - Sample size 2320								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	49%	12%	15%	16%	14%	20%
Notes	First ESPAD survey in Belgium in 2003 survey - Sample size 2320					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	inhalants		
1999	n.a.	n.a.	n.a.	n.a.		
2004	7%	1%	3%	3%		
Notes	First ESPAD survey in Belgium in 2003 survey - Sample size 2320					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	n.a.	n.a.	Estimates are only available for 1995 (2.92) and 1997 (3.46-4.24), these concern only injectors. The estimates suggest an increase between those years however no confidence interval or sensitivity range is available for 1995 thus statistical reliability of the increase cannot be assessed.
Changes over time - drug use incidence	n.a.	n.a.	A pilot analysis of treatment data from 15 centres in the French community suggested that peak incidence of heroin use may have occurred around 1997, however further analyses are necessary to confirm this.

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	202	Improvement of data reporting but still some big programmes of important NGO's (especially in the Flemish Community) are not reported, which limits the validity of information. Most prevention approaches in Belgium, especially the French-Speaking Community are NOT programme-based.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	2.3 (French Comm.) 0.5 (Flemm. Comm.)	0.0 (2002 French Comm.) 1.7 (2001 Flemm. Comm.)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	28.2 (French Comm.) 37.9 (Flemm. Comm.)	27.7 (2001 French Comm.) 35.8 (2001 Flemm. Comm.)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 1.7 per million	HIV case reports 2.2 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	Cases (n.a.)/population rates (n.a.)	n.a.	In Belgium the last information available is for 1997. For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	n.a.	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	300,000 per year, Brussels and Liège.	550,000 (2002) in all major cities with injecting drug user populations, across all Communities.	Needle and syringe programmes have been expanded and cover all language communities now, while the number of syringes exchanged or distributed has nearly doubled 1999 - 2002.
Geographical coverage - Mode of distribution	8 specialised programmes in Brussels/Liège. Some exchange programmes through pharmacies. About 30% of pharmacies willing to sell to IDUs.	15 specialised programmes service a total of 36 sites. In addition, 48 pharmacies implement syringe exchange programmes.	Geographical expansion of syringe exchange into all Communities. Pharmacies have increasingly become involved. Peer-distribution plays an increasingly important role.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	10242 (Outpatient treatment centres, Inpatient treatment centres, few Gps National	na	None
Annual number of new admissions ('first treatments') to drug treatment	4 826 (Outpatient Treatment Centres, Inpatient treatment Centres, few Gps)	n.a.	None
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean age – FT: 26.4; AT:27.8 Sex – FT: M/F 73/27; AT M/F 73/27 Drug – FT – H: 17.6; Co: 6.9; Ca: 34.3; S: 19.4 Drug – AT: H: 33.2; Co:7.4; Ca:24.9; S: 17.9 CI -- FT: 20; AT: 24	n.a.	None

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	SATU-OPT: 60 SATU-IPT: 28 DATU-OPT: 21 DATU-IPT: 16 (2000) STS: 7,000 (1996)	SATU-OPT: 66 SATU-IPT: 20 DATU-OPT: 31 DATU-IPT: 21 (2003) STS: 9,132 (2003)	Overall, there has been a rather clear increase in the drug-related treatment availability in Belgium. One exception to confirm the rule is the decrease in the availability of inpatient Substance Addiction Treatment Units. However, there have been a clear increase in the availability of outpatient services, both in terms of drug-specific and general addiction services, and for inpatient Drug Addiction Treatment Units. The increase of 30% (calculations based on total methadone consumption figures from the INCB) in substitution treatment is also a clear indicator of an upwards Notes.

Denmark

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	13.1%	2%	3.1%	1.2%
2004	n.a.	n.a.	n.a.	n.a.
Notes	The results for 1999 were based on a survey conducted in year 2000 (sample size 15-64 years -11.825-; sample size 15-34 years -4.141-). Until now there has not been conducted a new population survey. Information only on one point, no Notes can be established for the Action Plan period.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	24%	1%	1%	4%	3%	1%	5%	1%	7%
2004	23%	1%	2%	4%	2%	1%	4%	2%	8%
Notes	1999 survey sample size 1790, 2003 survey sample size 2978								

Availability perceived as 'very or fairly easy' of						
	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	57%	18%	18%	29%	17%	31%
2004	52%	17%	18%	23%	16%	29%
Notes	1999 survey sample size 1790, 2003 survey sample size 2978					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	Inhalants		
1999	5%	0%	1%	2%		
2004	6%	1%	2%	2%		
Notes	1999 survey sample size 1790, 2003 survey sample size 2978					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	6.36-7.46 (1998)	6.67-7.67 (2001)	Estimates for 1998 and 2001 do not suggest a change in prevalence. Definitions: 'Drug abusers having a persistent use of illegal drugs, including cannabis, which leads to physical, psychological and social consequences.'
Changes over time – drug use incidence	n.a.	n.a.	n.a.

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	n.a.	In Denmark, programme-based, structured approaches do not exist. Prevention is completely decentralised and no common concept or quality standard exist. Counties are still in charge of setting up activities.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	n.a.	n.a.	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	n.a.	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 4.9 per million	HIV case reports 3.9 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	239 cases (45 per million inhabitants)	252 cases (47.5 per million)	Proportional change 1999-2002; +5.4% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	(1997) 24.8 deaths/1,000 person years	(2001) 22.8 deaths/1,000 person years	Stable mortality rates

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	National total not available. 614,000 in Copenhagen (1999).	National total not available. 400,000 in Copenhagen (2002).	Strong decline in number of syringes distributed in Copenhagen.
Geographical coverage - Mode of distribution	Free provision through pharmacists, dispensing machines, hostels and other outlets.	Exchange / free distribution programmes are available at drugs and health services in 10 of 13 Danish counties. Pharmacies are also involved in NSP.	Lack of information.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	3,429 (Outpatient Treatment Centres, Inpatient Treatment Centres)	4310 (Outpatient Treatment Centres, Inpatient Treatment Centres)	The increase of clients treated for their drug use is confirmed by the 2002 National Report
Annual number of new admissions ('first treatments') to drug treatment	1,026 (Outpatient and Inpatient Treatment Centres)	1364 (Outpatient and Inpatient Treatment Centres)	An increase is reported (2002 National Reports)

<p>Profile of clients starting treatment (age, gender, drug, injection)</p> <p>FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)</p>	<p>Mean Age – FT: 28; AT: 31

 Sex – FT: M/F 74/26; AT: M/F 75/25

 Drug – FT – H: 42; Co: 2; Ca: 31; S: 11

 Drug – AT – H: 49; Co: 1; Ca: 16; S: 5

 CI – FT: 19; AT: 29</p>	<p>Mean age – FT: 28.3; AT:31.6 Sex – FT: 78/22 M/F; AT 76/24 M/F Drug – FT – H:21.2; Co: 4.0; Ca:33.6 ; S: 7.2 Drug – AT: H:25.5 ; Co: 3; Ca: 27; S:3.3 CI – FT: 9,5 AT:15.5</p>	<p>None</p>
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Availability of treatment facilities

	1999	2004	Notes
<p>Services offered and their characteristics</p> <p>SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots</p>	<p>DATU-IPT: 32 STS: 4,598 (1999)</p>	<p>DATU-IPT: 41 (2003) STS: 4,949 (2002)</p>	<p>As can be seen, there has been an increase in the drug-related treatment availability in Denmark in the course of the EU Action Plan.</p> <p>The number of specialised inpatient Drug Addiction Treatment Units has increased with 35% and there has also been a moderate increase in the availability of substitution treatment.</p>

Germany

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	13%	1.9%	1.3%	1.6%
2004	n.a.	n.a.	n.a.	n.a.
Notes	The figures for 1999 were based on the 2000 national survey (sample size 18-59 -8.139-; 18-34 -3017). A survey was conducted in 2003 but results have not been reported to EMCDDA. Information only on one point, no Notes can be established for the Action Plan period.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	27%	1%	2%	5%	3%	3%	2%	3%	11%
Notes	First ESPAD school survey in 2003 sample size: 5110 German data is based on six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia)								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	41%	10%	15%	18%	14%	20%
Notes	First ESPAD school survey in 2003 sample size: 5110 German data is based on six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia)					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	n.a.	n.a.	n.a.	n.a.		
2004	9%	1%	1%	5%		
Notes	First ESPAD school survey in 2003 sample size: 5110 German data is based on six regions only (Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia)					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	1.69-2.96 (1996)	2.73-3.53 (2000)	Estimates for 1996 and 2000 suggest that possibly there has been some increase in prevalence. This is stronger in the estimates based on treatment data (a more medical definition of PDU) which increased from 1.69-2.52 in 1996 to 2.97-3.53 in 2000.
Changes over time – drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes

Number of schools covered by prevention programmes	n.a.	9885	The availability of information contrary to the baseline is due to a shift of information collection to BZGA, the Federal Centre for Health Education which is in charge of and supporting many prevention activities nation-wide. The situation in the country remains heterogenous with good programme-based strategies in some Länder being a minority amongst many ad-hoc activities without structured design.
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Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	3.8	4.0 (2001)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	n.a.	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 2.4 per million	HIV case reports 1.5 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	1,812 cases (22.1 per million inhabitants)	-2002- 1,513 (18.4 per million)	Proportional change 1999-2002; - 16.5% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Hamburg (1998) 18.2 deaths/1,000 person years	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	n.a.	n.a.	Lack of information on number of syringes.
Geographical coverage - Mode of distribution	>100 sites located at drugs and health services implement syringe exchange. At least 5 prisons operate syringe exchange programmes.	> 100 sites in about 80 cities and one prison programme.	Lack of information on general Notes. Most prison based programmes were discontinued (Source: Stöver & Nelles, IJDP Vol 14 (2003), Issue 5-6, pp 437-444).

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	15,053	20889	None
Annual number of new admissions ('first treatments') to drug treatment	5,710 (Outpatient Treatment Centres)	9574 (Outpatient Treatment Centres)	None

<p>Profile of clients starting treatment (age, gender, drug, injection)</p> <p>FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)</p>	<p>Mean age – FT: 26.6; AT: 27.7 Sex – FT: M/F 82/18; AT: M/F 80/20</p> <p>Drug – FT – H (all opiates): 44.2; Co: 9.8; Ca: 40; S: 0 Drug – AT – H (all opiates): 64.7; Co: 7.7; Ca: 22.2; S: 0 CI - FT: 26.5; AT: 37</p>	<p>Mean age – FT: 25.9; AT:26.7 Sex – FT: 81/19 M/F; AT 80/20 M/F</p> <p>Drug – FT – H:30; Co: 7; Ca: 48; S:10 Drug – AT: H: 51; Co:6; Ca:30; S:7 CI -n.a.</p>	<p>From the 2002 National Report: - Russian speaking are reported to be more present among clients.</p>
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Availability of treatment facilities

	1999	2004	Notes
<p>Services offered and their characteristics</p> <p>SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots</p>	<p>STS: 20,900 (1998)</p>	<p>STS: 52,100 (2002)</p>	<p>As can be seen there has been a remarkable increase in the availability of substitution treatment in Germany. The 2002 breakdown for substitution treatment looks the following way: 46000 individuals were estimated to be in treatment with either methadone or levomethadone, plus an additional 3800 receiving buprenorphine, and some 2300 receiving dihydrocodeine. Furthermore around 1000 clients were admitted to heroin trials in seven cities across Germany in the course of 2003</p>

Greece

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	8.8%	1%	0.1%	0.3%
2004	n.a.	n.a.	n.a.	n.a.
Notes	Results for 1999 were based on a 1998 survey (sample size 15-64 years -3398-; 15-34 years -2014-). A new survey will be conducted during 2004. Information only on one point, no trends can be established for the Action Plan period.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	9%	2%	1%	1%	2%	2%	5%	1%	14%
2004	6%	1%	1%	0%	2%	1%	4%	1%	15%
Notes	1999 survey - Sample size 2259, 2003 survey - Sample size 1906								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	33%	16%	16%	15%	11%	21%
2004	20%	11%	13%	8%	9%	18%
Notes	1999 survey - Sample size 2259, 2003 survey - Sample size 1906					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	1%	0%	1%	5%		
2004	1%	0%	1%	6%		
Notes	1999 survey - Sample size 2259, 2003 survey - Sample size 1906					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	3.05-4.15 (2001)	2.12-2.90 (2002)	The estimates suggest a marked decrease in prevalence between 2001 and 2002, however such a decrease in one year time is too strong to be plausible. Also, the estimation method used is limited to treatment data only and is not comparable between the two years. Definitions: 'Problem heroin users. 3-sample capture-recapture using 3 different treatment sources. Estimate cannot be compared with 2001 due to different methodology.'
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	No direct numbers. During 1999-2000, the number of Health Promotion programmes was 740, of which 14.5 were concerned with drug prevention issues. Interventions at secondary education level predominate, prevention programmes in primary school children are expanding continuously, and new interventions addressing university students are being introduced.	428	Greece achieved a very important increase in both the evidence base and the number of prevention programmes in the past years. The situation in 2004 is characterised by many (similar) programmes based on a common concept (an Irish Programme) with a relatively small coverage each.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0.0	0.8 (2002)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	51.7	40.8 (2002)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 4.1 per million	HIV case reports 0.8 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	265 cases (25.2 per million inhabitants)	(2002) 259 cases (24.7 per million)	Proportional change 1999-2002; - 2.3% The decrease is bigger in comparison to 2000/2001 For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	n.a.	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	45,000-50,000 exchanged per year, plus 8,000 distributed.	46,200 exchanged plus 2,300 distributed: total of 48,500 (2002).	Number of syringes exchanged and distributed decreased from 2000 onwards.
Geographical coverage - Mode of distribution	2 specialised programmes in Athens. Most pharmacies willing to sell to injecting drug users.	Three specialised programmes in Athens, incl. one mobile NSP.	No geographical expansion.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	1 096 (Outpatient Treatment Centres, Inpatient Treatment Centres)	3 009 (Outpatient Treatment Centres, Inpatient Treatment Centres)	The main reason for increase is reported to be the improved data coverage at national level. 5 drug treatment units were included in the registration system of 5 treatment units: 3 KETHEA units (2 for adolescents) 1 OKANA unit for adolescent 18 ANO, drug unit in a psychiatric hospital.
Annual number of new admissions ('first treatments') to drug treatment	605 (Outpatient and Inpatient Treatment Centres)	1459 (Outpatient and Inpatient Treatment Centres)	The increase of the number of clients is mainly explained by an increase in data coverage (see Notes in annual number of all clients for detailed explanations)
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 26.6; AT: 28 Sex – FT: M/F 82.8/17.2; AT: M/F 84/16 Drug – FT – H: 84.2; Co: 2.3; Ca: 10.7; S: 0.2 Drug – AT – H: 88.6; Co: 1.6; Ca: 6.9; S: 0.1 CI - FT: 61.6; AT: 67.7	Mean age – FT: 27.7; AT:28.5 Sex – FT: 84/16 M/F; AT 84/16 M/F Drug – FT – H:82.2; Co: 1.5; Ca: 11; S: 0.7 Drug – AT: H: 86.5; Co:1.3; Ca:7.3; S:0.5 CI -n.a.– FT: 45.8, AT: 50.3	The 2002 National Report refers that: - polydrug use increased a lot, especially for people using cannabis and another drug - injecting and needles sharing in the last two years increased, before there has been a decrease

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	DATU-IPT: 8 DATU-OPT: 16 STS: 966 (2000)	DATU-IPT: 8 DATU-OPT: 21 STS: 1002 (2002)	Overall, there has been an increase in the availability of drug-related treatment services both in terms of Drug Addiction Treatment Units and substitution treatment slots. The modest increase in substitution treatment must be expected to increase in near future as the capacity is 1310 slots of which only 1002 were in use in 2002. In 1999 Greece had not yet formally launched methadone maintenance treatment but that was launched in July in 2000 in Athens and now comprises around half of the slots. Furthermore buprenorphine substitution programmes have been launched.

Spain

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	12.7%	2.7%	1.4%	1.7%
2004	17.3%	4.6%	2.3%	3.8%
Notes	Results for 1999 were based on a survey conducted in 1999 (sample size 15-64 -12.234-; 15-34 -6.293-). Results for 2003/2004 were based on a surveys conducted in 2001 (sample size 15-64 -14.113-; 15-34-6.915). A new survey was conducted in 2003 but results have not been reported to the EMCDDA. Considering the big sample sizes in 1999 and 2001 surveys, increases observed are likely to be significant.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	19.2	21.6	n.a.	20.7
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	28%	1%	4%	4%	3%	5%	n.a.	n.a.	4%
2004	36%	0.5%	6%	4%	5%	4%	n.a.	n.a.	3%
Notes	1998 Sample size for all age groups 18346. Sample size n.a. for 15/16 year olds 2002 Sample size for all age groups 25770. Sample size n.a. for 15/16 year olds								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	47.3%	20%	n.a.	28.2	n.a.	37.8
2004	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes	1998 Sample size for all age groups 18346. Sample size n.a. for 15/16 year olds 2002 Sample size for all age groups 25770. Sample size n.a. for 15/16 year olds					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	n.a.	n.a.	n.a.	n.a.		
2004	n.a.	n.a.	n.a.	n.a.		
Notes	None					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	5.51	5.31 (2000)	These estimates are for 1999 and 2000 and are too close in time to show any significant trend. Also they are limited to opiate users only while in Spain cocaine is the drug causing most problems at present. Estimates of PDU that include cocaine are available (4.3 1999; 6.72-7.89 2000) but have been derived using a non-recommended method (demographic method) and are based on assumptions that are likely not met and which are in conflict with time trend analysis (i.e. a constant population size has to be assumed to derive the prevalence estimates from this method).

Changes over time – drug use incidence	0-5000 new cases/yr	0-5000 new cases/yr (2001)	A recent analysis of incidence in Spain at national level, based on the national treatment demand register, suggests that relative incidence of new heroin users has increased from about 20.000 per year in 1986/1987 to a peak of 35.000 new cases per year in 1991, and dramatically declined thereafter to less than 10.000 yearly new cases in 1993-1996, fluctuating between 0 and 5000 yearly cases between 1996 and 2001. (source: Domingo A. In: report CT.02.P1.55, EMCDDA 2004). It should be remembered that relative incidence is only that part of incidence (all new cases) that will eventually show up in treatment registries.
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Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	5,000 schools (600,000 pupils) covered by structured, long-term drug prevention programmes. 1,520 of these are primary schools (under 11 years of age).	5 810 schools (data from 14 of 17 CC.AA) or 755 371 pupils (data from 15 CC.AA)	Spain has furthermore increased its already high coverage with programme-based prevention. It is one of the few member states with a quantified goal for school-based prevention. All programmes are pre-tested, are regularly evaluated and mostly the implementation (by teachers) is coached by prevention professionals.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	30.7 (hiv testing centres) 34.1 (drug treatment)	14.2 (2002 hiv testing centres) 34.7 (2001 drug treatment)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	66 (Barcelona)	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports n.a.	HIV case reports n.a.	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	258 cases (5 big cities) (42.4 per million inhabitants of those cities)	(2002) 231 cases (5 big cities)(37.9 per million)	Proportional changes 1999-2002; -10.5%. The rates are computed only over the population of the cities (Madrid, Barcelona, Valencia, Bilbao, Zaragoza). For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Barcelona (1997) 35.4 deaths per 1,000 person years	Barcelona (2001) 19.5 deaths/1,000 person years	Decrease related to decrease of Aids mortality due to treatment and in part decrease in overdose deaths

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	3,618,000 (1998)	4,500,000 (2000). National total 2002 not available.	Data for 2002 are incomplete: a total number of 2,800,000 syringes exchanged was reported from an estimated 17% of exchange points.
Geographical coverage - Mode of distribution	1,007 active distribution points; pharmacy-based exchange programmes in 5 out of 17 regions - 6 other regions sell kits through pharmacies.	> 1,600 distribution points. Pharmacies important partner in national syringe exchange programme.	Geographical coverage of all Autonomous Communities and Cities, plus prison programmes.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	50 279 (Outpatient Treatment Centres, Treatment Units in Prison)	43 831 (Outpatient Treatment Centres, Treatment Units in Prison)	The trend toward a decrease or stabilisation is confirmed by the 2002 National Report
Annual number of new admissions ('first treatments') to drug treatment	19 426 (Outpatient Treatment Centres, Treatment Units in prison)	17 228 (Outpatient Treatment Centres, Treatment Units in prison)	None
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 28.6; AT: 30.4 Sex – FT: M/F 84/16; AT: M/F 85/15 Drug – FT – H: 53.1; Co: 30.9; Ca: 11.9; S: 2.1 Drug – AT – H: 73.1; Co: 17.5; Ca: 5.6; S: 1.1 CI – FT: 15; AT: 23	Mean age – FT: 28.3; AT:31.4 Sex – FT: 85/15 M/F; AT 84/16 M/F Drug – FT – H:27; Co: 42; Ca: 23; S:4 Drug – AT: H: 56; Co:26; Ca:11; S:2 CI -- FT: 8.7, AT:15.3	The 2002 National Report refers that: - Cocaine: Important increase until 1999 (from 2980 in 1996 to 8977 in 1999) then a stabilization or small increase (8522 in 2000 and 8802 in 1999); increase especially for new (932 in 1992 to 5977 in 2001 - Drop in heroin injection from 1991 (50.3% injected) to 2001 (17.5%)and switch from injecting to smoke heroin - Same trend for injection decrease regarding cocaine

Availability of treatment facilities

	1999	2004	Notes
<p>Services offered and their characteristics</p> <p>SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots</p>	<p>DATU-IPT: 101 DATU-OPT: 546 STS: 72,236 (1999)</p>	<p>DATU-IPT: 96 DATU-OPT: 480 STS: 78,882 (2002)</p>	<p>As can be seen, Spain (like for instance Italy) presents divergent trends - on one hand treatment availability is going up in terms of substitution treatments, on the other hand, there is a decline in the number of Drug Addiction Treatment Units (of both inpatient and outpatient units).</p> <p>It must however be added, that the fan of substitution substances has widened through the launch of a buprenorphine programme and two heroin trials.</p>

France

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	15.1%	0.5%	0.1%	0.4%
2004	19.7%	0.7%	0%	0.8%
Notes	Results for 1999 were based on a 1999 survey (sample size 15-64 years -1.742-; 15-34 -753-). Results for 2003/2004 are based on a 2002 survey (sample size 15-64 -1745-; 15-34 -730-). The increase of cannabis is in the limit of significance due to the small sample sizes. Although there was a big survey (sample 11.317 in 2000).			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	35%	1%	2%	2%	3%	1%	12%	2%	11%
2004	38%	2%	3%	3%	4%	1%	13%	3%	11%
Notes	1999 survey - Sample size 2284, 2003 survey - Sample size 2199								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	44%	9%	10%	10%	10%	13%
2004	47%	9%	12%	10	13%	14%
Notes	1999 survey - Sample size 2284, 2003 survey - Sample size 2199					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	Inhalants		
1999	7%	1%	4%	4%		
2004	n.a	n.a	n.a.	n.a.		
Notes	1999 survey - Sample size 2284, 2003 survey - Sample size 2199					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	3.88-4.79	n.a.	None
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	n.a	In France, programme-based prevention approaches and the usual prevention principles or components are not known. Preventive activities may be organised at the level of individual schools. Therefore, also in the future, information on this indicator is not to be expected.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	15.9 (drug treatment)	13.7 (2001 needle exchanges 12 cities)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	n.a.	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports n.a.	HIV case reports n.a.	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	118 cases (2 per million inhabitants)	(2002) 97 cases (1.7 per million)	Proportional change 1999-2002; -17.8% In France it is likely to exist an under-reporting of drug-related deaths. Although the trend has been decreasing for some years For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	(1997) 7.1 deaths/1,000 person years	(1999) 8.9 deaths/1,000 person years	The French study is based in a cohort of people arrested for heroin use or heroin use and trafficking; It is not fully comparable with other cohort reported

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	Total 18 million syringes (1999) = 1.5 million syringes at specialised programmes, 5.8 million stérikit sales and 10.7 million other syringes sold at pharmacies (Emmanuelli, 2003).	Total 11.9 million syringes (2002) = 3 million via specialised programmes (Source:DGS), 5.2 million syringes in stérikits and 3.7 million other syringe sales at pharmacies (2002) (Source: Emmanuelli, 2003).	Since 2000, pharmacy sales of syringes normally used by injecting drug users have strongly decreased. After peaking in 1999 with 16.5 million, sales in 2002 were down to 8.9 million syringes. As reasons for the decrease are discussed: reductions in drug injecting due to substitution programmes and changes in mode of consumption; or increasing risk behaviour syringe re-use and sharing (Emmanuelli, 2003). At the same time, the volume of syringes exchanged at specialised programmes was estimated to have remained stable until 2000, and to have doubled in 2001 (DGS-data, see Emmanuelli, 2003, p. 264).

Geographical coverage - Mode of distribution	155 'human' points plus 200 machines. Low-price stérikits available in 57% of pharmacies. No pharmacy-based syringe exchange programmes.	120 needle and syringe programmes covering 87 of 100 Départements; 200 machines in 28 Départements (www.stéribox.tm.fr). Stérikits sales in pharmacies represent 50% of national syringe volume (2002). Pharmacies in 20 cities have become involved in (free) syringe exchange.	Needle and syringe programmes are reported to be 'available wherever important IDU populations are known'.
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Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	16,670 (annual census)	n.a.	The 2002 National Report reports an increase of overall number of clients due to the increase of the number of treatment centres.
Annual number of new admissions ('first treatments') to drug treatment	5,858 (annual census)	n.a.	France is working to establish a routine registration system; until 1999 the clients registration was based on an annual census
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 28.5; AT: 30.7 Sex – FT: M/F 80.1/19.9; AT: M/F 76.8/23.2 Drug – FT – H: 50.5; Co: 5; Ca: 25.3; S: 1.5 Drug – AT – H: 63.8; Co: 4.6; Ca: 13.1; S: 1 CI – FT: 13.6; AT: 15.4	n.a.	Information on trends referred by the 2002 National Report: - increasing number of 40 years old clients and older and increasing of very young clients - Increase of cannabis, decreasing heroin and increase of cocaine (CIH and crack)

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	DATU-IPT: 46 DATU-OPT: 201 STS: 71,260 (December 1999)	DATU-IPT and DATU-OPT: 250 STS: 85,757 (2002)	A somewhat ambiguous trend - a considerable increase in terms of substitution treatment and a small decrease in terms of Drug Addiction Treatment Units, more so for inpatient than for outpatient units. In addition to methadone and buprenorphine, morphine sulphate has been introduced as a substitution substance in the course of the EU Action Plan.

Ireland

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	17.7%	2.6%	5.4%	4.9%
2004	8.7%	2%	0.8%	2.2%
Notes	Figures for 1999 relate to 18-34 year olds. Figures for 2004 relate to 15-34 year olds. Results for 1999 were obtained from a 1998 survey (sample size 18 years and older –6.539-). Results for 2003/04 were obtained from a 2002/03 survey (sample 15-64 –4925-). The surveys were conducted with different methodology (sample, questionnaire, context). The marked differences are difficult to interpret, and it seems unlikely that they reflect a real decrease of such magnitude.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	LSD or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	32%	2%	2%	3%	5%	5%	5%	2%	22%
2004	39%	1%	3%	1%	5%	2%	2%	2%	18%
Notes	1999 survey sample size 2277, 2003 survey sample size 2407. The figure for heroin relates to heroin use by smoking only. A further 1% of 15 to 16-year-olds used heroin other than by smoking. Total heroin use is therefore 3%.								

Availability perceived as 'very or fairly easy' of

	cannabis	heroin	cocaine	amphetamine	crack	ecstasy
1999	59%	21%	21%	28%	23%	35%
2004	60%	17%	22%	17%	18%	34%
Notes	1999 survey sample size 2277, 2003 survey sample size 2407.					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	INHALANTS		
1999	7%	0%	1%	8%		
2004	8%	1%	1%	6%		
Notes	1999 survey sample size 2277, 2003 survey sample size 2407.					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	5.1-6.3 (2000)	5.2-6.1 (2001)	Estimates are only one year apart and do not allow time trend analysis. Definitions: 'Problem opiate users. 3-sample capture-recapture using 1) Clients on the Central Methadone Treatment List in 2000, 2) Hospital discharges in 2000 with ICD 9 codes 304.0, 304.7 and 305.5, 3) Police database, individuals known by the police to be opiate users in 2000. Reference: Kelly A, Carvalho M, Teljeur C. A 3-Source Capture Recapture Study of the Prevalence of Opiate Use in Ireland 2000-2001. Key Findings Summary Tables. Dublin: National Advisory Committee on Drugs, 2003. Report available online at www.nacd.ie '

Changes over time – drug use incidence	n.a.	n.a.	
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Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	3873	Ireland has achieved a nearly total coverage of its school population with 2 prevention programmes of national range: one for primary, one for secondary education. Evaluations and adjustments are carried out. This has allowed that prevention resources are also concentrated on vulnerable groups and settings.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	5.8 (IDU prison entrants)	n.a.	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	71.7 (IDU prison entrants)	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 18.3 per million	HIV case reports 9.1 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	114 cases (30 per million inhabitants)	(2001) 88 cases (23.2 per million)	Proportional change 1999-2001; -22.8% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Dublin (1997) 7.4 deaths/1,000 person years	n.a.	Follow up only continued until 1997

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	National total not available. 16,500 syringes exchanged by main NGO service Merchants Quay Project (1998).	National total not available.	Between 2000 and 2002, the yearly total number of client visits at needle exchange services in Dublin, Kildare and Wicklow increased 1.5-fold to about 28,000 visits.
Geographical coverage - Mode of distribution	n.a.	> 20 sites, covering Dublin city and surrounding area, the Eastern Regional Health Authority Area.	The centre of Dublin is well covered, but access to needle exchange might be low in North-East of Dublin. There are no programmes outside the ERHA-area: county Dublin, Kildare and Wicklow.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	4,277 (Outpatient Treatment Centres, Inpatient Treatment Centers, Low Threshold Agencies, GPs, Treatment Units in prison)	n.a.	An increase is reported in the 2002 National Report from 1996 to 2000; they do not have more recent data. The increase in particular concerns the total number of admissions
Annual number of new admissions ('first treatments') to drug treatment	1,645	n.a.	An increase is reported in the 2002 National Report from 1996 to 2000; they do not have more recent data
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 23; AT: 24.6 Sex – FT: M/F 73/27; AT: M/F 70/30 Drug – FT – H: 53.3; Co: 1.6; Ca: 29.1; S: 11 Drug – AT – H: 68.6; Co: 1.2; Ca: 16.5; S: 6.3 CI – FT: 22.7; AT: 34.5	n.a.	None

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	STS: 4,332 (1999)	STS: 6449 (2002)	As can be seen there has been a quite substantial increase (49%), in the availability of substitution treatment. In order to provide this an increasing number of General Practitioners have been certified to provide substitution treatment.

Italy

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	9.2%	1.7%	0.1%	0.3%
Notes	Results for 2003/04 are obtained from a survey conducted in 2001 (sample size 15-64 years -6032-; 15-34 -3689-). Information only on one point, no trends can be established for the Action Plan period.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	25%	4%	2%	2%	2%	2%	7%	1%	6%
2004	27%	4%	4%	3%	3%	3%	6%	2%	6%
Notes	1999 survey - sample size 4106, 2003 survey sample size: 4871								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	43%	9%	10%	13%	8%	16%
2004	44%	13%	16%	13%	8%	19%
Notes	1999 survey sample size 4106, 2003 survey sample size: 4871					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	Inhalants		
1999	3%	0%	2%	0%		
2004	4%	1%	2%	1%		
Notes	1999 survey sample size 4106, 2003 survey sample size 4871					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	7.08-7.75	6.72-8.35 (2002)	Estimates do not suggest a change in prevalence. Definitions: Problem drug users. Police multiplier based on: Ministry of the Interior data on arrests for drug offences. Treatment multiplier and capture-recapture based on: Ministry of Health data on IDUs attending public treatment services (Ser.T). Multivariate Indicator Method based on: Ser.T., Ministry of the Interior data on arrests for drug offences and HIV/AIDS register data. All intervals are 95% Poisson C.I. based on provincial area breakdown estimates. Reference: Epidemiological Section of the Italian Observatory on Drugs and Drug Addiction, 2003. (unpublished data)

Changes over time – drug use incidence	n.a.	n.a.	Analysis at national level, based on the national treatment demand register, suggests that relative incidence of new heroin users has increased from about zero in the 1970s to around 15000 new cases per year in the second half of the 1980s and a peak of 40.000 new cases per year in 1991, then fluctuating between 15.000 and 25.000 yearly new cases in 1991-1998. More recent estimates are not available (source: report CT.99.EP.05, EMCDDA 2001). It should be remembered that relative incidence is only that part of incidence (all new cases) that will eventually show up in treatment registries.
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Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	181	Despite prevention being mostly delivered in a very decentralised way, on school level, Italy has in 2003 achieved a first monitoring of the coverage of schools with prevention programmes. The figure for 2004 is therefore most likely to increase in the future.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	15.3	14.74 (2002)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	67	64.89 (2002)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 4.0 per million some regions	HIV case reports 11.3 per million 2002, 6 regions	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	1,002 cases (17.4 per million inhabitants)	(2002) 516 cases (9 per million)	Proportional change 1999-2002; -48.5% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Rome (1997) 42.9 deaths/1,000 person years.	n.a.	Follow up interrupted in 1997

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	n.a.	n.a.	None
Geographical coverage - Mode of distribution	n.a.	NSPs operate from fixed and mobile locations. 75% of the volume is exchanged via machines.	Better coverage of cities, and of northern and central Italy.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	142 651 (Mainly outpatient Treatment Centres)	159 740 (Mainly outpatient Treatment Centres)	An increased trend regarding all clients is reported; a higher increase is reported in the number of people asking treatment in the drug units in prison (2002 National Report)
Annual number of new admissions ('first treatments') to drug treatment	32 277 (Mainly Outpatient Treatment Centres)	32 892 (Mainly Outpatient Treatment Centres)	Quite stable (+2%); what increased was the total number of admissions (+12%). The 2002 National Report refers that clients stay longer in treatment.
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 28; AT: 30.9 Sex – FT: 86.3/13.7; AT: M/F 86.2/13.8 Drug – FT: n.a. AT – H: 83.6; Co: 4.3; Ca: 8.0; S:1.1 CI: n.a.	Mean age – FT: 29.3; AT:32.3 Sex – FT: 86.6/13.4 M/F; AT 86.5/13.5 M/F Drug – FT – n.a. Drug – AT: H: 79.5; Co:7; Ca:9.1; S:1 CI -- n.a.	The 2002 National Report refers that: - there was an increase of oldest clients (over 40 years old) - Heroin clients decreased - Cannabis and cocaine clients increased - The heroin injection decreased - Polydrug use increased

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	DATU-IPT: 1,109 DATU-OPT: 821 STS: 80,459 (1999)	DATU-IPT: 1,034 DATU-OPT: 778 STS: 86,778 (2002)	Italy shows a somewhat more ambiguous trend with a slight decrease in the availability of drug-free treatment counterposed by a slight increase in substitution treatment.

Luxembourg

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	There is not information on Last Year Prevalence in some Luxembourg surveys. But more important is that some surveys reported have a too small sample size to be reliable.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	28%	1%	2%	3%	2%	1%	n.a.	n.a.	4%
2004	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes	Sample size for all age groups 7347 n.a. for 15/16 year olds								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes	None					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	n.a.	n.a.	n.a.	n.a.		
2004	n.a.	n.a.	n.a.	n.a.		
Notes	None					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	5.26-13.67	6.19-13.57 (2000)	Estimates are too close in time for a time trends analysis. Definitions: 'High-risk consumption problem drug users'.
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	6	The predominant prevention strategy in Luxembourg is community-based prevention with local associations that are coached by the central prevention agency. The implementation of school-based prevention programmes continues to be scarce.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	3.33	4.08	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	37 (1998)	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 14.0 per million	HIV case reports 6.6 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	17 cases (39.8 per million inhabitants)	(2002) 11 cases (25.6 per million)	Proportional change 1999-2002; -35.3% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Luxembourg (1991-1999) 24.8 deaths/1,000 person years		. (NB: This study was not part of EMCDDA study but conducted in the context of the key indicator "problem drug use". The result is the average mortality rate for the whole period (1991-1999) originally expressed as a percentage (2.36 to 2.48), whereas here it has been expressed as deaths per 1,000 person years of observation.

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	174,558 exchanged or distributed (1999).	254,596 exchanged or distributed (2002).	Increasing trend.
Geographical coverage - Mode of distribution	1 programme with 'many' distribution points.	National programme with specialised sites covering centre, north and south, plus machines in five cities (2001).	Pharmacies are the preferential source of syringes for about one third (32%) of injectors in Luxembourg; their importance as primary source has however decreased since 1999 (41%) (Relis-data).

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	228 (Outpatient Treatment Centers, Inpatient Treatment Centres, Low Threshold Agencies, Treatment Units in Prison)	470 (Outpatient Treatment Centers, Inpatient Treatment Centres, Low Threshold Agencies, Treatment Units in Prison)	A general increase of covered clients demanding treatment is due to an improved coverage: on the same number and types of treatment units the coverage changed to 100% of clients

Annual number of new admissions ('first treatments') to drug treatment	n.a.	24 (Outpatient Treatment Centres, Inpatient Treatment Centres, Low Threshold Agencies, Treatment Units in Prison)	An increase of number of clients is reported, except for inpatient treatment centres (2002 National Reports)
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 19; AT: 27 Sex – FT: M/F 75/25; AT: M/F 70/30 Drug – AT – H: 70; Co: 11; Ca: 10; S: 2 CI – AT: 73 Other data not available.	Mean age: FT: 27.4; AT: 31.1; Sex: FT: na; AT: 75/25 Drug: FT: na; AT: H: 66; Co: 6; Ca: 11; S: 0 CI: FT: na; AT: 74	None

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	DATU-IPT: 3 DATU-OPT: 6 STS: 864 (1999)	DATU-IPT: 6 DATU-OPT: 6 STS: 977 (2002)	The seemingly remarkable increase in inpatient Drug Addiction Treatment Units is due to regional hospitals providing inpatient withdrawal treatment. However, the actual total number of treatment demands for withdrawal treatment has remained stable (158 in 1998, 161 in 2000, 158 in 2002). There has been a 13% increase in number of substitution treatments. At the beginning of the EU Action Plan on Drugs 2000-2004, methadone, mephenon (methadone in pill form) and dihydrocodeine were the substitution substances used. Now buprenorphine is also allowed and a decree from January 2002 allows the initiation of heroin trial although that has not happened yet.

Netherlands

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	9.8%	1.4%	0.8%	1.8%
2004	11.8%	2.1%	1.2%	3.2%
Notes	Results for 1999 were based on a 1997/98 survey (sample size 15-64 years -17.590-; 15-34 -9.090-). Results for 2003/04 are based on a 2000/01 survey (sample size 14.045-; 15-34 -6.687-). Due to the big sample sizes the differences (increases) seem to reach the significance. Although in the case of cannabis the proportional increase is moderate.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	28%	1%	3%	2%	4%	n.a.	n.a.	n.a.	n.a.
2004	28%	1%	3%	1%	5%	2%	8%	2%	6%
Notes	1999 survey not strictly compatible with ESPAD. 1999 survey sample size 2615, 2003 survey sample size 2095								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	41%	12%	14%	10%	11%	21%
2004	42%	8%	16%	9%	8%	16%
Notes	1999 survey not strictly compatible with ESPAD. 1999 survey sample size 2615, 2003 survey sample size 2095					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	9%	1%	n.a.	n.a.		
2004	8%	1%	3%	4%		
Notes	1999 survey not strictly compatible with ESPAD. 1999 survey sample size 2615, 2003 survey sample size 2095					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	2.42-2.83	2.58-3.05 (2001)	Estimates do not suggest a change in prevalence. Definitions: 'Persons dependent on opiates and/or crack cocaine, in contact or potentially in contact with police or health care services for drug-related problems. Reference 1999: Smit F, Toet J, van Oers H, Wiessing L. Estimating Local and National Problem Drug Use Prevalence from Demographics. Addiction Research and Theory 2003; 11: 401-413. Reference 2001: Smit F et al. (in press)'
Changes over time - drug use incidence	n.a.	n.a.	Local analysis of incidence based on Amsterdam treatment data suggests that incidence (yearly nr of new cases of opiate use) has decreased since the mid 1980s.

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	About 400 preventive activities were mentioned. Analyses showed that more than 50 of the preventive activities within GGDs were school based. On the other hand, prevention of smoking, drug use and alcohol use is carried out by 90 of the GGDs and 70 of the IVZs, which indicates that school-based prevention is the core of prevention in the Dutch addiction care system. The activities are diversely defined, most pointing towards (parts of) general prevention programmes and rarely to more specific activities.	6500	There is a very high coverage of schools with the general prevention programme "healthy school and drugs", which - despite being quite general - recommends most of the known effective elements of school-based prevention. Information of local or more detailed interventions is not available.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	4.6 (Brabant) 21.6 (Heerlen)	n.a.	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	47.2 (2000 The Hague)	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports n.a.	HIV case reports 11.4 per million 2002	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	76 cases (4.8 per million inhabitants)	(2001) 103 cases (6.5 per million)	Proportional change 1999-2001; +35.5% (Notice that although there is a clear proportional increase, the population rates remain low) For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Amsterdam (1997) 12.1 deaths/1,000 person years	Amsterdam (2001) 16.1 deaths/1,000 person years	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	National total not available. Estimates of syringes per IDU range from 200 (Utrecht) to 1,000 (Delft) per year.	No national total available.	Lack of data.
Geographical coverage - Mode of distribution	Most bigger cities have syringe exchange.	> 95% of bigger cities.	Geographical coverage maintained.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	10 118 (Outpatient treatment Centres)	10 403 (Outpatient treatment Centres)	The slight increase is explained by the increased coverage: new data included in the registration system (2002 National Report).
Annual number of new admissions ('first treatments') to drug treatment	4852 (Outpatient Treatment Centres)	4847 (Outpatient Treatment Centres)	None
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 29.5; AT: 31.4 Sex – FT: M/F 83.6/16.4; AT: M/F 81.1/18.9 Drug – FT – H: 46.0; Co: 29.7; Ca: 13.5; S: 4.1 Drug – AT – H: 58.9; Co: 21.2; Ca: 10.0; S: 3.7 CI – FT: 8.6; AT: 9.0	Mean age – FT:30.5; AT: 33.1 Sex – FT: 79/21 M/F; AT 83/17 M/F Drug – FT – H:19; Co: 41; Ca: 28; S:6 Drug – AT: H: 37; Co:35; Ca:17; S:4 CI – FT: 3, AT:5	The 2002 National Report refers to an increase of cocaine as secondary drug among clients with a primary drug different from cocaine

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	SATU-OPT: 107 SATU-IPT: 74 DATU-OPT: 34 DATU-IPT: 8 SATS-IPT:1,762 DATS-IPT: 87(2000) STS: 11,676 (1996)	SATU-OPT: 96 SATU-IPT: 69 DATU-OPT: 18 DATU-IPT: 5 SATS-IPT: 2,504 DATS- IPT: 85(2002) STS: 13,500 (2001)	The figures from the Netherlands reveal a decrease in terms of units and an increase in terms of slots (where those data are available). This seemingly contradictory trend is due to units merging in the course of the last years and does not reflect an actual decrease in terms of treatment availability. Rather, there has been an increase in terms of treatment slots which is also seen in the substitution treatment numbers where there has been a steady increase in the course of the last years.

Austria

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	The first national drug survey will be conducted during 2004.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	LSD or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	21%	1%	2%	4%	3%	2%	2%	2%	14%
Notes	School survey data for first time in 2003 sample size 2402								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2004	33%	10%	12%	19%	12%	19%
Notes	School survey data for first time in 2003 sample size 2402					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	n.a.	n.a.	n.a.	n.a.		
2004	5%	1%	0%	6%		
Notes	School survey data for first time in 2003 sample size 2402					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	3.04-3.49	5.38-6.14 (2002)	Estimates for 1999 and 2002 suggest an important increase in prevalence. Pilot incidence data are available but not considered reliable. Definitions: 'Problem opiate users. Two-sample capture-recapture between police and methadone sample, potential interactions cannot be accounted for. Possibly an overestimation due to systematic bias in the registries.'
Changes over time – drug use incidence	n.a.	n.a.	Pilot estimates of relative incidence have been done but are considered not reliable due to the use of an external (spanish) estimate of latency time distribution. Methadone treatment data show increasing proportions of both very young and very old users, the first suggesting potentially rising incidence, however these trends are attributed to changes in treatment admission criteria.

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	n.a.	Austria maintains a prevention strategy of integrating prevention topics into daily school life and to train teachers accordingly. The delivery of prevention through structured programmes is not prioritised.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	4.4	3.6 (2002)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	64 (Vienna)	36 (2002 Vienna)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports n.a.	HIV case reports n.a.	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	128 cases (16 per million inhabitants)	-2002- 139 cases (17.4 per million)	Proportional change 1999-2002; +8.6% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Vienna (1997) 9.8 deaths /1,000 person years	n.a.	Last data available in 1998; Planned continuation

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	920,000 in most important programmes, national total not available.	1,650,000 (2002) in most important programmes, national total not available	While the geographical coverage of syringe exchange has remained stable (13 towns across seven of the nine Austrian provinces), further sites where syringes can be exchanged have been opened and the total amount of syringes exchanged has strongly increased.
Geographical coverage - Mode of distribution	17 points in 13 towns.	20 points in 13 towns. Seven of 9 provinces covered. Pharmacies are not involved in NSP.	Some increase in the number of exchange points, but no further geographical expansion.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	4232 only Substitution treatment	5857 only substitution treatment	None
Annual number of new admissions ('first treatments') to drug treatment	782 (Only Substitution Treatment)	689 (Only Substitution Treatment)	A decline is reported starting from 2001.

<p>Profile of clients starting treatment (age, gender, drug, injection)</p> <p>FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)</p>	<p>Mean age – FT: 28; AT:32.4 Sex – FT: 67/33 M/F; AT 69/31 M/F Drug – FT – H:100; Drug – AT: H: 100 CI -- FT: n.a., AT: n.a.</p>	<p>Mean age – FT: 26.5; AT:33.2 Sex – FT: 74/26 M/F; AT 70/30 M/F Drug – FT – H:100; Drug – AT: H: 100 CI -- FT: n.a., AT: n.a.</p>	<p>Only Substitution Treatment Information referred in 2002 National Report for treatment demand:</p> <ul style="list-style-type: none"> - Increase of older group and of under 20 years old in substitution treatment probably because: treatment is more available, general increase in the drug scene as such - Increase in young users of opiates and in young users of morphine; morphine seems partly to replace opiates - Rising cocaine, because falling of price is reported - Stable ecstasy and amphetamines - Increasing polydrug users: most of treatment clients are polydrug users
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Availability of treatment facilities

	1999	2004	Notes
<p>Services offered and their characteristics</p> <p>SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots</p>	<p>DATU-IPT: 37 DATU-OPT: 86 STS: 4,232 (1999)</p>	<p>DATU-IPT: 42 DATU-OPT: 137 STS: 6,413 (2003)</p>	<p>A very evident increase in drug-related treatment availability. 13% increase in inpatient Drug Addiction Treatment Units (DATU-IPT), 59% increase in outpatient Drug Addiction Treatment Units (DATU-OPT), and more than 50% increase in substitution treatment slots.</p> <p>In addition to the quantity it must be added that Austria has diversified its substitution treatment. Firstly, slow-release morphine has been added to the list of substitution substances available (which can be injected) and secondly the channels for getting substitution treatment are many - specialised units, General Practitioner and psychiatrists.</p>

Portugal

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	6.3%	0.6%	0.1%	0.8%
Notes	Results for 2003/04 are based on a 2001 survey (sample size 15-64 years -14.184-; 15-34 years -6.406-). Information only on one point, no trends can be established for the Action Plan period.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	8%	3%	1%	3%	2%	1%	8%	1%	3%
2004	15%	2%	3%	3%	4%	2%	5%	2%	8%
Notes	1999 survey sample size 3609, 2003 survey sample size 2946								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	26%	14%	14%	19%	12%	21%
2004	29%	13%	13%	12%	11%	21%
Notes	1999 survey sample size 3609, 2003 survey sample size 2946					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	Inhalants		
1999	2%	1%	3%	3%		
2004	4%	1%	2%	2%		
Notes	1999 survey sample size 3609, 2003 survey sample size 2946					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	7.36-8.28	6.03-8.52 (2000)	Estimates are too close in time to allow time trends analysis.
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	The "National network of health promoting schools" comprises 670 schools. Projects there have allegedly contributed to a healthier climate at school and to improving communication skills. 77 of the schools responding to the questionnaire felt that they received adequate support from the Ministry of Education services.	50	Portugal has recently achieved a much better monitoring in general, and specifically for school-based prevention it has attained a slowly increasing number of detailed programmes with more structure than the too vague "health promoting school" concept.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	17.7 (includes non-IDUs)	10.8 (2002 includes non-IDUs)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	55.7	64.0 (2002)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 244.6 per million 2000	HIV case reports 88.4 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	369 cases (37.0 per million inhabitants)	(2002) 156 cases (15.3 per million)	Proportional change 1999-2002; -57.7% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Lisbon (1997) 26.1 deaths/1,000 person years	Lisbon (2001) 7.3 deaths/1,000 person years	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	2,992,165 (1999)	2,674,113 (2002)	Syringe exchange programme initiated in October 1993. After continuous increase until 1997, levelling-off at 3 million in 1998/1999, followed by further increase in 2000 and 2001 to 3.5 million. In 2002 a strong decrease to 2.7 million was noted.
Geographical coverage - Mode of distribution	National programme since 1993, based on pharmacy exchange (free) and fixed and mobile specialised outlets, run by NGOs.	More than 1,200 pharmacies and 30 other agencies involved in the national programme.	More than 80% of the total volume of syringes is exchanged in three cities: Lisbon, Porto and Setúbal. Increasing involvement of NGOs in syringe exchange. Establishment of national network of outreach teams started during 2002. Prison programmes are under consideration.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	27 750 (Outpatient Treatment Units)	31 835 (Outpatient Treatment Units)	No double counting is done, which explains the high number of people in treatment. They are all the individuals who had an episode of treatment demand during the year

Annual number of new admissions ('first treatments') to drug treatment	5 077 (Outpatient Treatment Centers)	5 405 (Outpatient Treatment Centers)	None
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 29.1; AT: 28.2 Sex – FT: M/F 80/20; AT: M/F 77.6/14.4 Drug – FT – H (all opiates): 92.2; Co: 3; Ca: 3.4; S: 0 CI – FT: 33.5 AT: 26.0 Other data not available.	Mean age – FT: 31.8. Sex – FT: 83.9/16.1 M/F; AT n.a. M/F Drug – FT: n.a – H:66.7; Co: 31.5; Ca: 35.9 ; S:2.5 Drug – AT: n.a. CI - FT: : n.a. - AT: n.a.	The data provided in 2002 cover different population. Information reported in the 2002 National Report: - a trend of ageing population, especially in inpatient treatment centres and substitution treatment centres; - reported trend of decrease of heroin clients and increase of cocaine, cannabis and amphetamines.

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	DATU-IPT: 141 DATU-OPT: 51 DATS-IPT: 2,968 STS: 6,040 (1999)	DATU-IPT: 113 DATU-OPT: 54 DATS-IPT: 2,933 STS: 15,768 (2002)	The treatment availability in terms of treatment centres has on the whole remained rather stable. There has been a rather big decrease in numbers of inpatient Drug Addiction Treatment Units, but nevertheless the total number of Drug Addiction Treatment slots has remained almost the same (from 2,968 to 2,933). Regarding outpatient treatment there has been a modest increase in terms of Treatment Units. The availability of substitution treatment has skyrocketed with a 161% increase in the course of three years. Roughly 13% of the clients receive buprenorphine.

Finland

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	6.3%	0.4%	0.4%	0.4%
2004	7.1%	0.7%	1.3%	1.3%
Notes	Results for 1999 were based on a 1998 survey (sample size 15-64 years -2.568-; 15-34 years -974-). Results for 2003/04 were based on a 2002 survey (sample size 15-64 years -2.377-; 15-34 years -1240-).			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	10%	1%	1%	1%	1%	1%	6%	0%	5%
2004	11%	2%	0%	1%	1%	1%	1%	1%	8%
Notes	1999 survey sample size 3286, 2003 sample size 3543								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	20%	6%	6%	8%	5%	8%
2004	19%	5%	5%	8%	5%	8%
Notes	1999 survey sample size 3286, 2003 sample size 3543					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquilisers or sedatives	Inhalants		
1999	1%	0%	1%	2%		
2004	2%	0%	2%	3%		
Notes	1999 survey sample size 3286, 2003 sample size 3543					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	3.22-4.06	n.a.	Definition: Problem opiate and amphetamine users
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	n.a.	137	In Finland there are still only few programme-based strategies, whereas most of the prevention activities are ad-hoc, community-based and without structured design of identifiable elements.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	2.4 (prisons) 6.7 (needle exch. Helsinki)	0.8 (2001 prisons) 1.5 (2001 needle exch. Helsinki)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	63 (1998 Helsinki)	52 (2002 Helsinki)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 16.6 per million	HIV case reports 4.2 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	65 cases (12.5 per million inhabitants)	(2001) 63 cases (12.1 per million)	Proportional change 1999-2001; -3.1% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	n.a.	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	350,000 (1999).	1,127,000 syringes exchanged via programmes plus 470,000 sold in pharmacies = total 1.6 million.	The number of exchange outlets and the volume of syringes per site have increased. Between 1999 and 2002, the volume of syringes exchanged in specialised programmes has more than tripled. Pharmacy-sales have fluctuated between est. 500,000-600,000 (2000) and 420,000 syringes(2001) .
Geographical coverage - Mode of distribution	6 specialised programmes ; 85% of pharmacies sell to IDUs.	30 specialised sites (2002); 88% of pharmacies are willing to sell to IDUs. Pharmacy syringe sales account for approx. 29% of total syringe volume.	Continuous increase in geographical coverage, that is also assured through network of pharmacies.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	1,456 (Outpatient Treatment Centres, Inpatient Treatment Centres Treatment Units in Prison)	3,497 (Outpatient Treatment Centres, Inpatient Treatment Centres Treatment Units in Prison)	None
Annual number of new admissions ('first treatments') to drug treatment	326 (Outpatient Treatment Centres, Inpatient Treatment Centres, Treatment Units in Prison)	986 (Outpatient Treatment Centres, Inpatient Treatment Centres, Treatment Units in Prison)	The increase is mainly due to an improved data coverage (from around 23-26% to 40% of treatment units)

<p>Profile of clients starting treatment (age, gender, drug, injection)</p> <p>FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)</p>	<p>Mean Age – FT: 23.5; AT: 26.1 Sex – FT: M/F 75.5/24.5; AT: M/F 74.5/25.5 Drug – FT – H: 17.5; Co: 0; Ca: 32.7 S: 41.9 Drug – AT – H: 22.4; Co: 0.2; Ca: 19; S: 41.2 CI – FT: 43.2; AT: 49.3</p>	<p>Mean age – FT: 24.8; AT:25.5 Sex – FT: 72/28 M/F; AT 71/29 M/F Drug – FT – H:2.6; Co: 0.3; Ca: 39.6; S: 33.9 Drug – AT: H: 6.2; Co:0.2; Ca:22.9; S:35.3 CI – FT: 39.2, AT: 51.7</p>	<p>The 2002 National Report refers that:</p> <ul style="list-style-type: none"> - there was a switch from heroin to buprenorphine and this largely explains the strong decrease of heroin users among opiates; - increasing young single students using cannabis and alcohol together - decrease of the age at first drug use
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Availability of treatment facilities

	1999	2004	Notes
<p>Services offered and their characteristics</p> <p>SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots</p>	<p>SATU-OPT: 138 SATU-IPT: 115 DATU-IPT: 43 STS: 240 (2000)</p>	<p>SATU-OPT: 146 SATU-IPT: 105 DATU-IPT: 83 STS: 600 (2003)</p>	<p>The trend in Finland is going upwards on the whole with the exception to confirm the rule being inpatient Substance Addiction Treatment Units where a small decrease is reported. The Finnish data are however based on self-reporting by the treatment units which leaves a rather big margin of uncertainty especially for the figures on inpatient Drug Addiction Treatment Units. The most reliable piece of information - substitution treatment slots shows an unmistakably upwards trend with more than a doubling in the course of merely three years. This piece of information has been reported directly from the Finnish National Focal Point.</p>

Sweden

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	1.8%	0%	0%	0%
2004	1.3%	0%	0%	0.4%
Notes	Results for 1999 were based on a 1998 survey (sample size 15-64 years -1.359-; 15-34 years 542-). Results for 2003/04 are based on a 2000 survey (sample size 15-64 years -1.750-; 15-34 years -575-). Due to the small sample sizes the differences do not seem to reach the significance. It should be underlined, as general remark that small sample sizes make analysis difficult			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquilisers or sedatives without prescription	Crack	Inhalants
1999	8%	1%	1%	1%	1%	1%	6%	1%	8%
2004	7%	1%	1%	1%	2%	1%	6%	1%	8%
Notes	1999 survey sample size 3445, 2003 sample size 3232								

Availability perceived as 'very or fairly easy' of

	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	26%	11%	12%	14%	11%	14%
2004	23%	13%	13%	13%	12%	17%
Notes	1999 survey sample size 3445, 2003 sample size 3232					
% of people who were 13 years old or under when first used						
	cannabis	ecstasy	tranquilisers or sedatives	inhalants		
1999	1%	0%	1%	5%		
2004	1%	0%	2%	4%		
Notes	1999 survey sample size 3445, 2003 sample size 3232					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	4.16-4.83 (1998)	n.a.	Definitions: 'Mostly amphetamine users. Estimates have been recalculated according to the EMCDDA definition of problem drug use. 1998: figures include an estimated 11,500-13,400 (12,200) opiate users. Data provided by Borje Olson and based on: B. Olsson, C.A. Wahren, S. Byqvist, Det tunga narkotikamisbrukets, omfattning i Sverige 1998, CAN, Stockholm 2001.'
Changes over time - drug use incidence	n.a.	n.a.	None

Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	Close to 600 schools are participating in the network of "Health Promoting Schools".	n.a.	In Sweden school-based prevention is carried out in full autonomy at school level. No efforts to map available programmes have been made and only recently some standards for contents of prevention programmes have been set up.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	n.a.	n.a.	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	n.a.	n.a.	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 1.8 per million	HIV case reports 2.9 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	153 cases (17.4 per million inhabitants)	(2001) 162 cases (18.4 per million)	Proportional change 1999-2002; +5.9% For exact case definition and sources: EMCDDA Annual Report
Mortality rate (all causes) among groups of drug users	Sweden (1997) 27.1 deaths/1,000 person years. (NB: this figure comes from a pilot study not validated by Swedish focal point.)	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	107,610 (1999)	12,739 (Lund: 2002); Malmö: no data.	Lack of information.
Geographical coverage - Mode of distribution	2 exchange points at infectious disease wards of hospitals Lund & Malmö; purchase in pharmacies only on prescription; pharmacies are not willing to sell to IDUs.	2 exchange points at infectious disease wards of hospitals Lund & Malmö; purchase in pharmacies only on prescription.	No geographical expansion.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	7,153 (Inpatient Treatment Centres)	1 598 (Inpatient Treatment Centres)	The two years data are not comparable, since different definitions are used; both set of data cover inpatient units, but in the first case the ICD9 diagnosis (F16.1-F16.9; F19.1-F19.9) is used and in the second case the EMCDDA definitions. They are adapting the national system to the European guidelines
Annual number of new admissions ('first treatments') to drug treatment	1,992 (Inpatient Treatment Units)	358 (Inpatient Treatment Units)	
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – FT: 33.7; AT: 34.5 Sex – FT: M/F 68/32; AT: M/F 71/29 Drug – FT – H(all opiates): 22; Co: 1; Ca: 15 S: 11 Drug – AT – H: 31; Co: 0; Ca: 7; S: 15 CI – not available	Mean age – FT: 30.7; AT: 32.1 Sex – FT: 69/31 M/F; AT 66/34 M/F Drug – FT – H:18; Co: 1; Ca: 18; S:50 Drug – AT: H: 34; Co:1; Ca:11; S:44 CI- FI: 24.8; AT: 44.0	Different populations are covered by the two years data: they all cover the Inpatient Treatment Centres as reported also for the number of clients (all and first). Sweden is adapting its registration system to the EMCDDA guidelines. Information from 2002 National Reports: - mean age is reported to be increasing.

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	SATU-IPT: 192 SATU-OPT: 391 (1999) STS: 621 (May 2000)	SATU-IPT: 201 SATU-OPT: 346 (2001) STS: 1600 (2003)	There has been a modest 5% increase in the availability of inpatient Substance Addiction Treatment Units, simultaneously with a bit bigger decrease, 11%, in the availability of outpatient Substance Addiction Treatment Units. Buprenorphine treatment through General Practitioners emerged in 2001 and rapidly became as widespread (in terms of clients) as the methadone programme which was launched in the late sixties, that is, around 800 clients in each kind of substitution treatment.

United Kingdom

Target 1

Drug use in general population

Recent use (Last year)				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	19.3%	2.4%	6.2%	3.1%
2004	20%	4.3%	3.1%	4.3%
Notes	Results for 1999 were based on a 1998 survey (sample size 16-59 years -9.984-; 16-34 years -4.112-). Results for 2003/04 are based on a 2002/03 survey (sample size 16-59 years -23.586-; 16-34 years -8.520-). Differences in cocaine, amphetamine and ecstasy seem to reach the significance due to big samples.			
Age first use of				
	Cannabis	Cocaine	Amphetamine	Ecstasy
1999	n.a.	n.a.	n.a.	n.a.
2004	n.a.	n.a.	n.a.	n.a.
Notes	None			

Drug use among 15 to 16-year-olds in school surveys

Lifetime prevalence									
	Cannabis	Heroin	Cocaine	Amphetamine	Ecstasy	Lsd or other hallucinogens	Tranquillisers or sedatives without prescription	Crack	Inhalants
1999	35%	3%	3%	8%	3%	5%	4%	2%	15%
2004	38%	1%	4%	3%	5%	2%	2%	2%	12%
Notes	1999 survey sample size 2641, 2003 survey sample size 2068								

Availability perceived as 'very or fairly easy' of						
	Cannabis	Heroin	Cocaine	Amphetamine	Crack	Ecstasy
1999	52%	18%	20%	22%	20%	28%
2004	58%	15%	21%	19%	18%	26%
Notes	1999 survey sample size 2641, 2003 survey sample size 2068					
% of people who were 13 years old or under when first used						
	Cannabis	Ecstasy	Tranquillisers or sedatives	Inhalants		
1999	14%	2%	2%	8%		
2004	13%	1%	0%	4%		
Notes	1999 survey sample size 2641, 2003 survey sample size 2068					

Prevalence of problematic drug use

	1999	2004	Notes
'Problematic drug users' per 1,000 population aged 15-64	n.a.	Scotland 12.9-23.1 (2000) England 9.02 (2001) N.Ireland 0.6-0.9 (2000/01) UK 9.08- 9.89 (2000/01)	None

Changes over time – drug use incidence	n.a.	n.a.	A local analysis for London suggested that: 'Trends in the adjusted incidence of heroin use are very different for injectors and non-injectors (chasers): incidence in injectors seems to be remaining stable, while in non-injectors it has increased two-fold between 1991 and 1996/1997. The interpretation of these results, especially in relation to the wider context of underlying trends in the population, must be cautious. Potential biases derive from under-reporting, changes in the proportion of heroin users in treatment, and errors in the data, so further work is needed to explore fully how results might be affected by these factors.' source Hickman M. et al, In: report CT.99.EP.05, EMCDDA 2001.
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Primary prevention in schools

	1999	2004	Notes
Number of schools covered by prevention programmes	93 of secondary and 75 of primary schools have drug education policies, and 95 of secondary schools have policies covering drug-related incidents	No comparable data provided	The available data for 2004 only refer to very generic programmes (e.g. about physical health in Scotland) or to interesting programmes on selective prevention in schools. They cannot be compared to the universal school-based prevention programmes relevant for this indicator. Drug education policies are also not comparable to structured prevention programmes.

Target 2

Drug-related infectious diseases

	1999	2004	Notes
Prevalence rates (% infected) of HIV among injecting drug users (IDUs)	0.8 (E&W) 0.47 (Scotl.)	0.9 (2002 E&W) 0.84 (2001 Scotl.)	None
Prevalence rates (% infected) of hepatitis C among injecting drug users (IDUs)	29 (E&W) 46.9 (Scotl.)	32.2 (2001 E&W) n.a. (Scotl.)	None
HIV incidence rates related to injecting drug use in the general population	HIV case reports 2.3 per million	HIV case reports 1.8 per million 2003	None

Drug-related death and mortality

	1999	2004	Notes
Acute drug-related deaths (numbers, rates, proportional change relative to index year)	1909 cases (UK) (32.0 per million inhabitants)	(2001) 1978 cases (33.2 per million)	Proportional change 1999-2001; +3.6% For exact case definition and sources: EMCDDA Annual Report The case definition used here is the "UK Drug strategy definition". This case definition is also presented in EMCDDA Annual Report, but the figures more commonly used are those provided by Office for National Statistics.
Mortality rate (all causes) among groups of drug users	n.a.	n.a.	None

Needle exchange

	1999	2004	Notes
Estimated number of syringes distributed	27 million (estimate for 1997, Parsons et al., 2002)	Northern Ireland: 67,500 syringes (2002). Scotland: 2.7 million syringes (2002). England/Wales (based on 1997-survey) 25.4 million.	Strong increase in Scotland. Introduction of syringe exchange in N. Ireland.
Geographical coverage - Mode of distribution	More than 2000 outlets of which 75% pharmacies (1997-survey); no programmes in Northern Ireland.	No new data on E/W. Scotland has now at least one facility in each DAT area; Northern Ireland started syringe exchange in 2001 (pharmacy-based).	Geographical disparities have been reduced. Pharmacies are backbone of coverage.

Target 3

Demand for treatment

	1999	2004	Notes
Annual number of admissions to drug treatment	37,681 (Outpatient Treatment Centres, Inpatient Treatment Centres, Gps) from Scotland, England, Wales	71 371 (Outpatient Treatment Centres, Inpatient Treatment Centres) UK	Different data coverage have been used: the same types of treatment centres, but a different period is covered. In 1999 6 months are covered. In 2002 1 year is covered
Annual number of new admissions ('first treatments') to drug treatment	n.a.	n.a.	None
Profile of clients starting treatment (age, gender, drug, injection) FT = First Treatments AT = All Treatments H = Heroin (only heroin) (%) Co = Cocaine (CIH+crack) (%) Ca = Cannabis (%) S = Stimulants (All stimulants) (%) CI = Currently Injecting any drug (%)	Mean Age – AT: 27.1 Sex – AT: M/F 74/26 Drug – AT – H: 57; Co: 6; Ca: 10; S: 9 CI – AT: 45	Mean age – FT: n.a.; AT:28.3 Sex – FT: n.a. M/F; AT 74/26 M/F Drug – FT n.a. Drug – AT: H: 65; Co:6; Ca:10; S:5 CI -- FT: n.a., AT: 39	2002 Data cover all year and only outpatient treatment centres for the profile of clients. 1999 data only cover 6 months period, but cover also inpatient treatment centres and GPs

Availability of treatment facilities

	1999	2004	Notes
Services offered and their characteristics SATU = Substance Addiction Treatment Units. DATU = Drug Addiction Treatment Units. SATS = Substance Addiction Treatment Slots. DATS = Drug Addiction Treatment Slots OPT = These are broken down into Outpatient Treatment IPT = These are broken down into Inpatient Treatment DU = Detoxification Units STS = Substitution Treatment Slots	(data for England only) DATU-IPT: 107 DATU-OPT: 451 STS: 32,876 (1999)	(data for England only) DATU-IPT: 130 DATU-OPT: 585 STS: 43,780 (2002)	There has been a remarkable increase in drug treatment availability in the UK in the course of the last 3-4 years. Inpatient Drug Addiction Treatment Units have increased with 21% and outpatient Drug Addiction Treatment Units with 29%. Substitution treatment clients are for both snapshots estimates based on total consumption figures (600.000 grams in 1999 and 790.000 grams in 2002) divided with an assumed annual average consumption (18,25 grams per year or 50mg per day) per substitution client.

PART TWO: SNAPSHOT T4 TO T6.2

- Target 4: To reduce substantially over five years the availability of illicit drugs.
- Target 5: To reduce substantially over five years the number of drug related crimes.
- Target 6.1: To reduce substantially over five years money-laundering
- Target 6.2: To reduce substantially over five years illicit trafficking of precursors.

Belgium

Target 4

		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy
Seized quantity	1999	Resin	Herbal	74	1 753	59	1 047	467 477
		3 286	2 760					
	Total : 6 046		51	644	209 kgs of ATS (Amphetamine Type Stimulants)	37 doses	n.a.	
	2003	Resin						Herbal
		5 655	8 332	Total : 13 987				
Notes		Decrease of cocaine seized and increase in cannabis seized.						
Number of seizures	1999	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.
	2003	14 345		1 104	1 825	3 664 where ATS is involved	17	n.a.
Notes		None						
Whole sale prices	1999	Resin	Herbal	18 592	22 310	2 479	n.a.	1 735
		1 735	868					
	2003	Resin	Herbal	18 550	26 200	2 150	n.a.	1 165
		1 900	2000					
Notes		Decrease of ecstasy prices						

Level of international co-operation over the period	Belgium has ratified the three UN Conventions and the Europol Convention						
Number of OC groups involved in drugs in the EU	1999	114	Notes None				
	2003	n.a.					

		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	38.4	55.8	15.5	8.1	8.2
		8.1	6.8					
	2003	Resin	Herbal	27	45	7	10	5.50
		5.5	5					
Notes		Decrease of prices for Amphetamine Type Stimulants, slight Decrease of heroin and cocaine prices.						
Street level purity	2000	Resin	Herbal	White: 64.7 Brown: 21.9	70.7	25.9	n.a.	n.a.
	2002	Resin	Herbal	Brown: 26	64	23.9	n.a.	n.a.
Notes		Caution is required when calculating trends over a two-year period, as it is a very short period which might not reflect medium term trends						

Target 5

Number of drug law offences/offenders	1999	25 540	Notes Data from 1999 and 2002 cannot be compared due to methodological differences (in 1999 there is some double-counting as persons caught for two offences were counted twice in the total; whereas in 2002, only the main offence is counted).
	2002	26 291	

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	193 files related to drug trafficking 104,64 million euro.	149 files related to drug trafficking 77,61 million euro	

The level of international co-operation over the period	Belgium has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	-10- -1- ton phenyl-1-propaNone-2 -5- tonnes piperonal -37- tonnes of potassium permanganate 100g of ephedrine 12.4 tonnes of acetone	n.a.	None
Number of stopped shipments	n.a.	n.a.	None
Number and production volume of discovered illicit laboratories	4	5	Increasing trend of dismantling illicit laboratories. 7 illicit laboratories were dismantled in 2002.

Level of international co-operation	Belgium has ratified the UN convention 1988. Very active participation in international operations: Purple, Topaz, Prism; EJUP: European Joint Unit on Precursors; CND etc.
State of MoUs with the Industry	None
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	151	182	Increase
Number of Registrations	n.a.	n.a.	The registration requirements are dealt under licensing
Number of suspicious or unusual transactions notified to the competent Authorities by operators	6	n.a.	None

Denmark

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	96	24	32	83	26 117	
		Total : 14 021							
	2003	Resin n.a.	Herbal n.a.	16	104	66	22	64 475	
		Total : 3 829							
Notes		Increase in cocaine and decrease of heroin seizures; increase in amphetamine and ecstasy seizures (quantity).							
Number of seizures	1999	4 569		1 230	744	1 250	15	197	
	2003	5 942		894	1 095	1 264	7	322	
Notes		Increase in cocaine and heroin seizures.							
Whole sale prices	1999	Resin 2 859	Herbal n.a.	White 72 313	Brown 53 814	40 361	8 408	n.a.	8 072
	2003	Resin 2 818	Herbal n.a.	White n.a.	Brown 22 147	40 268	4 697	n.a.	1 342
Notes		Decrease of prices for Amphetamine Type Stimulants (ATS)							

Level of international co-operation over the period	Denmark has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 6.1	Herbal n.a.	Brown: n.a. White: n.a.		n.a.	n.a.	n.a.	n.a.
	2003	Resin 7	Herbal n.a.	Brown: 80 White: n.a.		70	30	n.a.	8
Notes		-							
Street level purity	1999	Resin n.a.	Herbal n.a.	White 69	Brown 30	54	9	n.a.	n.a.
	2002	Resin n.a.	Herbal n.a.	White: 50 Brown: 25		36	13	n.a.	n.a.
Notes									

Target 5

Number of drug law offences/offenders	1999	n.a.	Notes None
	2003	n.a.	
	1999	9 424	Notes None
	2002	10 021	

Target 6₁

Number of suspicious transactions	1999	2003	Notes
	337	280	Slight decrease

The level of international co-operation over the period	Denmark has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number of seizures	None	None	-
Number of stopped shipments	1	None	Stable 1 stopped shipment in 2003
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Denmark has ratified the Un convention of 1988. Active co-operation in international operations, e.g. TOPAZ; CND.		
State of MoUs with the Industry	None		
Level of export and import in the EU	n.a.		

	1999	2004	Notes
Number of licenses	158	170	Increase
Number of Registrations	205	217	Increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	None	None	None

Germany

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	796	1 979	360	22 965	1 470 507	
		4 885	15 022						
	Total : 19 807								
	2003	Resin	Herbal	626	1 009	484	34 806	1 257 676	
8 303		2 582							
Total : 10 885									
Notes		-							
Number of seizures	1999	30 433		7 748	5 491	3 811	434	2 883	
	2003	22 642		6 138	3 822	3 841	149	2 571	
Notes		Slight Decrease of cocaine and heroin seizures. Slight increase in LSD and amphetamine seizures.							
Whole sale prices	1999	Resin	Herbal	White	Brown	37 286	6 047	2 567	3 446
	2 439	2 582	n.a.	23 162					
2003	Resin	Herbal	White	Brown	35 493	5 101	n.a.	2 321	
	2 327	3 022	n.a.	19 036					
Notes		Decrease of prices of ATS.							

Level of international co-operation over the period	Germany has ratified the three UN Conventions and the Europol Convention; participation in various international panels of the UN, EU and Interpol; meetings of the heads of drug-sections of the German federal states with the neighbouring countries (STAR- permanent working group on drugs); bilateral meetings concerning strategic matters; cooperation with EUROPOL in AWF Mustard, AWF Cola.		
Number of OC groups involved in drugs in the EU	1999	272	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown	63.9	15.6	8.2	9.5
	5.6	6.1	43.7	42.4					
2003	Resin	Herbal	White: 40.5		66.3	12.6	9.5	7.5	
	6.0	7.3	Brown: 40.9						
Notes		Slight decrease of ATS prices.							
Street level purity	1999	Resin	Herbal	Heroin: 14.7		49.4	5.4	n.a.	21.4
	9.1	6.1	White: n.a.						
2003	Resin	Herbal	Heroin: 16.0		75.5	7.0	n.a.	26.5	
	6.6	10.0	White: n.a.						
Notes		Except cannabis resin, an overall slight purity increase can be noted.							

Target 5

Number of drug law offences	1999	226 563	Notes Slight increase
	2003	255 575	

Target 6₁

Number of suspicious transactions	1999	2004	Notes None
	4 137	7 196	

The level of international co-operation over the period	Germany has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force. The German FIU (Bundeskriminalamt) has become a full member of the Egmont-Group. Germany is a participant of Europol's AWF "Sustrans".
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Target 6 2

	1999	2003	Notes
Number of seizures	<p>precursors: category 1 2 seizures, 115 liters benzylmethylketone (BMK) 2 seizures, 0.18 liter ephedrine n.a., 0.125 gr pseudoephedrine 1 seizure, 30 gr piperonal 1 seizure, 0.25 liter safrole</p> <p>category 2 1 seizure 1.07 liter acetic anhydride</p> <p>category 3 2 seizures, 1.1 liter acetone 1 seizure, 0.08 liter ethyl ether n.a., 130 liters methylethylketone 1 seizure, 1.0 liter hydrochloric acid</p>	<p>precursors: category 1 3 seizures 0.123 kg 50 tablets ephedrine 1 seizure 2.924 gr ephedra extract 1 seizure 0.5 kg norephedrine 4 seizures 56.83 liters 1-Phenyl-2-propaNone (BMK) 1 seizure 0.025 liters safrole 3 seizures 37.9 liters sassafras oil</p> <p>category 2 1 seizure 2.25 liters acetic anhydride 1 seizure 0.237 kg anthranilic acid 1 seizure 0.8 liters phenylacetic acid 1 seizure 1.2 liters piperidine 2 seizures 1.22 liters potassium permanganate</p> <p>category 3 3 seizures 42.5 liters acetone 4 seizures 26.9 liters ethyl ether 5 seizures 29.5 liters hydrochloric acid 1 seizure 3.25 liters methylethylketone 7 seizures 31 liters sulfuric acid 3 seizures 34 liters toluene</p>	None
Number of stopped shipments	11	4	Decrease
Number and production volume of discovered illicit laboratories	6	14	Increase

Level of international co-operation	Germany has ratified the EU convention of 1988. Very high, e.g. participation in OP PURPLE, OP TOPAZ, Project Prism, EJUP = European Joint unit on Precursors, CND, Article 10-Committee, PHARE PSD -Project, fully implementation and use of pre-export-notification system, voluntary monitoring system based international information exchange by using networks like DLO = Drug Liaison Officer, RILO = Regional Intelligence Officer network (customs), special bilateral agreements on law enforcement level, co-operation with EU commission in administrative matters
State of MoUs with the Industry	2 (-1- general MOU with the chemical industry since 1990; -1- specific MOU for OP Purple)
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	n.a.	n.a.	None
Number of Registrations	n.a.	n.a.	None
Number of suspicious or unusual transactions notified to the competent Authorities by operators	48	42	Decrease

Greece

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	97	46	1	210	2 815	
		56	14 168						
	2003	Total: 14 224		247	201	18 pills; 0,521 grams	363 pills 536 grams	47 705	
		Resin	Herbal						
		90	7 153	Total : 7 243					
Notes		Increase in seizures of heroin and cocaine. Significant Increase in ecstasy seizures.							
Number of seizures	2002	6 226		3 668	410	9	28	243	
	2003	5 599		4 341	482	30	41	184	
Notes		Caution is required when calculating trends over a two year period, as it is a very short period which might not reflect medium term trends.							
Whole sale prices	1999	Resin	Herbal	White	Brown				
	2003	1 756	444	23 716	16 820	41 280	n.a.	3 825	6 888
		900-2500	300-800	15 000-26 000	12 000-21 000	35 000-60 000	2 400 – 3 000	3-5	6-15
Notes		No new trends.							

Level of international co-operation over the period	Greece has ratified the three UN Conventions and the Europol Convention; Exchange information and cooperation in the framework of Europol AWFs; OP Topaz; Participation in Europol LOGO projects; Participation in the regional action plans against drugs in the framework of SECI, example the operation CONTAINMENT. Furthermore, during the Greek presidency of E.U., Greek authorities organised the operational action plan AMFIKTION. In that plan participated the countries which participate in Europol and SECI (Apply of the strategic target 4.2.3 of E.U action plan)								
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes						
	2004	32	Mainly Albanian organised crime groups.						

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown				
	2003	5.6	2.3	59.7	49.7	80.3	n.a.	7.6.	16.1
		4-6	1.5-5	White: 45-75 Brown: 40-75		70-100	3-5	6-9	20-30
Notes		There is no new trend.							
Street level purity	1999	Resin	Herbal	55		n.a.	n.a.	n.a.	n.a.
	2003	n.a.	n.a.	15.7		42.6	n.a.	n.a.	n.a.
Notes		Purity of the drugs depends on the origin. Purity levels are measured as a middle average of hundreds of samples.							

Target 5

Number of drug law offences/offenders	1999	10 902	Slight increase	Notes
	2003	11 198		

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	n.a.	753	None

The level of international co-operation over the period	Greece has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force. The level of cooperation with the Geek Commission against money laundering is good. In the framework of international cooperation have made up and contracted with other National Authorities 5 MIU. Members and representatives of the Commission participate in the meetings of FATF, of EGMONT GROUP and other competent Organizations. Representative of the Commission participates in AD HOC meetings in order to forward the investigations against money laundering in international cases.
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Target 6₂

	1999	2004	Notes
Number of seizures	n.a.	n.a.	None
Number of stopped shipments	None	None	None
Number and production volume of discovered illicit laboratories	n.a.	n.a.	One laboratory (synthetic drugs) detected and dismantled in April 2000. 26.159 amphetamine pills seized

Level of international co-operation	<ul style="list-style-type: none"> • Greece has ratified the UN Convention against drugs and psychotropic substances and the protocol of 1972. That international legislation has been integrated in the Greek legislation. • Greece cooperates with all international organizations and participates in work groups of Interpol, Europol, in the Council of Europe, in the initiative of Adriatic and Ionian Sea, in the Customs Cooperation and SECI. Greece has contracted conventions with Italy, USA, Russia, Bulgaria, Poland, Ukraine and other countries. • Greece has prepared a draft of a law which contains the decision on 13-6-2002 about the JITs against the drugs trafficking, terrorism and THB. • Greece has contracted the 5 Memorandums for Cooperation with BIMCO
State of MoUs with the Industry	2
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	5	7	Slight increase
Number of Registrations	5	11	Increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	2	6	Increase

Spain

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	1 159	18 110	49	3 353	357 649	
		431 165	761						
	Total : 431 926		242	49 279	47	31 769	771 875		
	2003	Resin						Herbal	
727 313		398	Total : 727 711						
Notes		Decrease of heroin seizures. Increase in cocaine, LSD and ecstasy seizures							
Number of seizures	1999	55 498		11 938	18 006	3 796	249	1 995	
	2003	93 718		4 818	21 766	1 577	113	4 694	
Notes		Decrease of heroin and amphetamine seizures. Increase in ecstasy seizures.							
Whole sale prices	1999	Resin	Herbal	White	Brown	36 211	17 820	8 860	13 670
		1 518	1 127	80 645	42 747				
	2003	Resin	Herbal	White	Brown	34 364	17 617	10 130	10 280
		1 362	1 065	n.a.	42845				
Notes		Slight decrease of ecstasy prices.							

Level of international co-operation over the period	Spain has ratified the three UN Conventions and the Europol Convention						
Number of OC groups involved in drugs in the EU	1999	103	Notes None				
	2003	105					

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown	59	15.3	8.7	13.7
	3.8	2.5	n.a.	70.2					
2003	Resin	Herbal	White	Brown	61.9	23.8	10.1	10.3	
	4.4	2.8	n.a.	66					
Notes		Slight decrease of ecstasy prices and increase in amphetamine prices.							
Street level purity	1999	Resin	Herbal	White	Brown	44	n.a.	n.a.	n.a.
	n.a.	n.a.	n.a.	25					
2003	Resin	Herbal	White	Brown	51	n.a.	n.a.	n.a.	
	n.a.	n.a.	n.a.	32					
Notes		Slight increase in cocaine and heroin purity							

Target 5

Number of drug law offences/offenders	1999	13 430	Notes None	
	2003	12 718		

Target 6₁

Number of suspicious transactions	1999	2004	Notes None
	n.a.	n.a.	

The level of international co-operation over the period	Spain has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number of seizures*	22	-**	Decrease *: including non-scheduled substances **: 21 seizures in 2001
Number of stopped shipments	-	1 ***	Increasing, ***: since 2000 stopped shipments each year
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Spain has ratified the UN Convention of 1988. Active international involvement, in particular participation in international operations (TOPAZ, PURPLE), CND.		
State of MoUs with the Industry	1 involving 111 chemical and pharmaceutical companies		
Level of export and import in the EU	n.a.		

	1999	2004	Notes
Number of licenses	188	288	Increasing
Number of Registrations	350	566	Significant increasing
Number of suspicious or unusual transactions notified to the competent Authorities by operators	2	3	Increasing

France

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	203	3 687	232	9 991	1 860 402	
		64 097	3 382						
	Total : 64 479								
	2003	Resin	Herbal	545	4 142	274	10 383	2 211 727	
78 347		3 994							
Total : 82 341									
Notes		Generally slight increase in drug seizures.							
Number of seizures	1999	44 921		2 684	1 865	141	143	649	
	2003	65 732		2 560	2 647	181	90	1 864	
Notes		Increase in ecstasy seizures.							
Whole sale prices	1999	Resin	Herbal	White	Brown				
		1 296	991	34 301	21 343	30 490	n.a.	6 860	6 860
	2003	Resin	Herbal	25 000- 40 000	25 000- 40 000	40 000	n.a.	n.a.	2 500
		2 000	1 000						
Notes		Decrease of ecstasy prices							

Level of international co-operation over the period	France has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	18	Notes None
	2004	20	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown	91.5	15.2	11.4	14.5
		5.3	4.6	122	99.1				
	2003	4	4	80	50	80	15	10	10
Notes		None							
Street level purity	1999	Resin n.a. (5 to 10 in 2000)	Herbal n.a. (<2 in 2000)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
	2002	8	8	27	11	62	16	n.a.	n.a.
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							

Target 5

Number of drug law offences	1999	100 498	Notes None
	2003	125 479	
Number of arrests	1999	95 910	Notes None
	2003	108 141	

Target 6₁

Number of suspicious transactions	1999	1 704	2004	9 007	Notes Increase in declarations due to legislation development. Wider scope to new professions and new fields. 10% are assumed to be drug related.

The level of international co-operation over the period	France has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	None	5	Increase
Number of stopped shipments	3	3	Stable
Number and production volume of discovered illicit laboratories	n.a.	n.a.	2003 - 1 laboratory of MDMA (starting activity, no seizure)

Level of international co-operation	France has ratified the Un Convention of 1988. Very high: International operations, e.g. TOPAZ, PRISM; PHARE; EJUP: European Joint unit on Precursors, CND etc.
State of MoUs with the Industry	Code of Conduct being initialled between the Competent French Ministry and 4 Unions of the French Chemical Industry involving more than 50 firms.
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	216	275	Increase
Number of Registrations	351	643	Significant increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	7	2	Slight decrease

Ireland

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	17	86	13	577	229 092	
		Total : 2 577							
	2002	Resin n.a.	Herbal n.a.	17	32	16	n.a. (323 in 2001)	117 033	
		Total : 8 933							
Notes		None							
Number of seizures	1999	4 538		767	213	467	29	1 064	
	2002	3 024		714	429	243	n.a. (6 in 2001)	1 027	
Notes		-							
Whole sale prices	1999	Resin 3 238	Herbal 635	White n.a.	Brown 40 632	27 934	n.a.	1 905	5714
	2004	Resin n.a.	Herbal n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes		None							

Level of international co-operation over the period	Ireland has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	0	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 13	Herbal 3	White n.a.	Brown 190	102	12	13	13
	2002 (2001)	n.a. (13)	n.a. (3)	n.a.	n.a. (190)	n.a. (102)	n.a. (14)	n.a. (13)	n.a. (12.7)
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							
Street level purity	1999	Resin n.a.	Herbal n.a.	White n.a.	Brown 33	41	3	n.a.	n.a.
	2002 (2001)	n.a.	n.a.	n.a.	n.a. (47.2)	n.a. (22.9)	n.a. (2)	n.a.	n.a.
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							

Target 5

Number of drug law offences/offenders	1999	7 137	Notes
	2002	7 568	

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	n.a.	n.a.	None

The level of international co-operation over the period	Ireland has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number of seizures	None	None	Increase (seizures in 2004)
Number of stopped shipments	None	None	None
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Active participation; co-operation with competent authorities of other MS in detecting suspicious consignments; Involvement in co-operation with third countries.		
State of MoUs with the Industry	2		
Level of export and import in the EU	n.a.		

	1999	2004	Notes
Number of licenses	22	47	Increase
Number of Registrations	10	29	Increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	2	n.a.	None

Italy

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	1 310	2 973	5	5 509	288 403	
		Total : 68 255							
	2003	Resin 25 168	Herbal 15 303	2 582	3 520	1.7	2 161	235 351	
		Total : 40 471							
Notes		Increase in heroin and cocaine seizures.							
Number of seizures	1999 (1998)	n.a. (12 406)		n.a. (6 368)	n.a. (3 870)	n.a. (41)	n.a. (120)	n.a.	
	2002	300 150		1 697	646	n.a.	n.a.	n.a.	
Notes		Data on the number of seizures of amphetamines and LSD made since 1999 are not available. Data on the number of seizures of ecstasy are not available (for any year).							
Whole sale prices	1999	Resin 2 221	Herbal 1 188	White 42 349	Brown 32 537	41 833	n.a.	9 038	8 005
	2004	Resin n.a.	Herbal n.a.	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
Notes		-							

Level of international co-operation over the period	Italy has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin n.a.(but min-max = 7.1-8.8)	Herbal n.a.(but min-max = 5.1-6.5)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
	2002	Resin n.a.(but min-max = 6.9-8.5)	Herbal n.a.(but min-max = 5.4-6.5)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
Notes		Average prices of cannabis are not available: ranges with minimum and maximum values were input instead.							
Street level purity	1999	Resin 8.5	Herbal 16.9	White: n.a.	Brown 48.4	56.9	19.3	n.a.	n.a.
	2002	13.9	5.5	n.a.	: 35.8	51.3	n.a.	n.a.	n.a.
Notes		Over the period 1997-2002, the data reported for 1999 herbal cannabis potency is exceptionally high (peak in 1999); therefore one should be cautious when analysing trends here.							

Target 5

Number of drug law offences/offenders	1999	34 297	None	Notes
	2002	33 106		

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	n.a.	n.a.	None

The level of international co-operation over the period	Italy has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	None	None	None
Number of stopped shipments	None	None	None
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Active control activities in co-operation with third countries Participation in international operations, e.g. TOPAZ, PURPLE.
State of MoUs with the Industry	Italy is to arrange a specific MoU
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	31	51	Increase
Number of Registrations	149	396	Significant increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	None	None*	* 2 stopped shipments in 2001

Luxembourg

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin 1.2	Herbal 3.9	1.9	0.3	0.0	1	357	
		Total : 5.2							
	2002	Resin 5.2	Herbal 16.3	3.6	0.4	0.0	11	131	
		Total : 21.5							
Notes		None							
Number of seizures	1999	375		306	56	5	1	10	
	2003	578		155	69	8	11	8	
Notes		None							
Whole sale prices	1999	Resin 3 099	Herbal 1 983	White n.a.	Brown 47 100	44 621	n.a.	8 676	6 197
	2004	Resin 4 000	Herbal 3 800	White n.a.	Brown 30 000	n.a.	n.a.	n.a.	n.a.
Notes		None							

Level of international co-operation over the period	n.a.		
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes 2003 figures are in preparation.
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 5	Herbal 2	White n.a.	Brown 90	90	n.a. (27 in 1998)	n.a. (12 in 1998)	12
	2002	Resin 7	Herbal n.a. (7.1 in 2001)	White n.a.	Brown 50	50	25	n.a. (10 in 2001)	7
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							
Street level purity	1999	Resin 3.5	Herbal n.a.	White: n.a. Brown: 12.2		70.7	n.a.	n.a.	n.a.
	2002	Resin n.a. (7.1 in 2001)	Herbal 8.0	White: n.a. Brown: 10.0		63.0	15.9	n.a.	n.a.
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							

Target 5

Number of drug law offences/offenders	1999	108	Notes One should be cautious when analysing trends on small numbers. Data in 2000 and 2001 were respectively 117 and 92.
	2002	108	

Target 6₁

Number of suspicious transactions	1999	2004	Notes Increasing
	109	431	

The level of international co-operation over the period	In 1999, Luxembourg had not ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990. It is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	None	None	None
Number of stopped shipments	7*	5**	Decrease * : 19 in 2000 ** : from 10 stopped shipments, 5 were released
Number and production volume of discovered illicit laboratories	no	-1- small clandestine private laboratory. The volume can not be estimated	None

Level of international co-operation	Luxembourg has ratified the UN and Council of Europe conventions; it has transposed all relative EU directives into national legislation and fully complies with the FATF recommendations on money laundering and special recommendations on financing of terrorism. As to participating in Europol projects like for instance AWF "SUSTRANS", Luxembourg does not participate as it does not possess information it can legally communicate to Europol, Europol having no responsibility as far as FIU information is concerned (see Council decision of October 17 th 2000).
State of MoUs with the Industry	The industry being fully integrated by law, no additional MOU's are necessary.
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	1	2	Increase
Number of Registrations	None	None	None
Number of suspicious or unusual transactions notified to the competent Authorities by operators	None	None	None

Netherlands

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	770	10 361	853	2 667	3 663 608	
		Total : 110 341							
	2002	Resin n.a.	Herbal n.a.	1 122	7 968	481	355	6 787 167	
		Total : n.a. (33 419 in 2001)							
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends. Increase in ecstasy seizures.							
Number of seizures	1999	14 909		1 552	3 391	n.a.	n.a.	154	
	2002	n.a.		n.a.	n.a.	n.a.	n.a.	n.a.	
Notes		Data on number of seizures are not available for 2001 and 2002.							
Whole sale prices	1999	Resin 930	Herbal 2 269	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	3 176
	2004	Resin n.a.	Herbal n.a.	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
Notes		None							

Level of international co-operation over the period	The Netherlands has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	116	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 6.3/foreign 8.9/Dutch (1999/2000)	Herbal 3.9/foreign 5.8/Dutch (1999/2000)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
	2002	Resin 7.1/foreign 10.3/Dutch (2001/2002)	Herbal 4.2/foreign 6.3/Dutch (2001/2002)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
Notes		'Dutch' cannabis means 'home-grown' or locally cultivated cannabis, whereas 'foreign' cannabis means 'imported' cannabis. Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							
Street level purity	1999	Resin 11/foreign 21/Dutch (1999/2000)	Herbal 5/foreign 8.6/Dutch (1999/2000)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
	2002	Resin 18/foreign 33/Dutch (2001/2002)	Herbal 6.6/foreign 15.2/Dutch (2001/2002)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
Notes		'Dutch' cannabis means 'home-grown' or locally cultivated cannabis, whereas 'foreign' cannabis means 'imported' cannabis. Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							

Target 5

Number of drug law offences/offenders	1999	11 675	None	Notes
	2002	15 848		

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	n.a.	n.a.	None

The level of international co-operation over the period	The Netherlands has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	32	41	Increase, including non-scheduled substances
Number of stopped shipments	-	1	None
Number and production volume of discovered illicit laboratories	n.a.	37 MDMA laboratories	Significant production of ecstasy and amphetamine

Level of international co-operation	Very active international co-operation; international operations (TOPAZ, PURPLE, PRISM); EJUP: European Joint Unit on Precursors; CND etc.
State of MoUs with the Industry	n.a.
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	4	26	Increase
Number of Registrations	5	62	Significant increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	69	51*	Slight decrease

* It has been noticed that not only the number of suspicious or unusual transactions are important, but also their quality. In other terms, it is also, if not more important to know how many of these suspicious or unusual transactions have lead to investigation research and with what result. In the Netherlands, the total number of suspicious or unusual transactions has remained more or less stable throughout the last years, but the quality has extremely increased. This result is, among others, due to the good cooperation with the industry sector, prevention activities and regular intensive controls within the firms.

Austria

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	79	63	n.a.	2 811	31 129	
		110	341						
	2003	Total : 451		43	58	54	298	422 103	
		Resin	Herbal						
		239	553						
		Total : 792							
Notes		Increase in ecstasy seizures							
Number of seizures	1999	5 079		452	519	n.a.	56	215	
	2003	5 207		1 263	1 271	294	33	276	
Notes		None							
Whole sale prices	1999	Resin	Herbal	White	Brown	36 336	9 811	4 724	5 450
			2 544	2 180	n.a.				
	2003	Resin	Herbal	White	Brown	40 000	10 000	7 500	4 000
				2 500	1 800				
Notes		Slight decrease of ecstasy prices.							

Level of international co-operation over the period	Austria has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown	90.8	25.4	10.9	14.5
			6.5	6.5	n.a.				
	2003	Resin	Herbal	White	Brown	100	60	7	3
				7	3				
Notes		Decrease of prices of Ecstasy							
Street level purity	1999	Resin	Herbal	White	Brown	n.a.	n.a.	n.a.	n.a.
			n.a.	n.a.	n.a.	n.a.			
	2003	Resin	Herbal	White	Brown	40	10	n.a.	40
				8	4				
Notes		-							

Target 5

Number of drug law offences/offenders	1999	17 597	Notes Data from 1999 and 2002 cannot be compared because of methodological differences (in 1999, data include reports for drug-related deaths, whereas in 2002 they do not).
	2002	22 422	

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	n.a.	n.a.	None

The level of international co-operation over the period	Austria has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number and volume of seizures	None	2	Increase
Number and volume of stopped shipments	None	None	None
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Austria has ratified the UN Convention of 1988. Participation in international operations, e.g. TOPAZ; EJUP : European Joint Unit on Precursors; CND etc.
State of MoUs with the Industry	None
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	None	30	Until 13 April 2004: 35
Number of Registrations	None	42	Until 13 April 2004: 42
Number of suspicious or unusual transactions notified to the competent Authorities by operators	None	None	None

Portugal

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	76	823	0	1 845	31 319	
		Total : 10 702							
	2002	Resin n.a.	Herbal n.a.	96	3 140	0	9 787	222 466	
		Total : 7 383							
Notes		Increase in cocaine, ecstasy and LSD seizures (quantity).							
Number of seizures	1999	2 685		4 058	1 690	2	11	76	
	2002	2 148		1 340	972	11	24	195	
Notes		Increase in ecstasy seizures							
Whole sale prices	1999	Resin 748	Herbal 1 434	White n.a.	Brown 27 434	29 928	n.a.	n.a.	1 895
	2004	Resin 1 400	Herbal 750	White n.a.	Brown 27 450	29 850	n.a.	n.a.	2 00
Notes		None							

Level of international co-operation over the period	Portugal has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	28	Notes None
	2004	25	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 1.1	Herbal 1.4	White n.a.	Brown 31.3	40.4	n.a. (7.5 in 1998)	3.0	6.7
	2002	2.5	2.6	n.a.	43.8	38.6	n.a.	6.9	5.9
Notes		Over the period 1997-2002, the data reported for 1999 cannabis prices (resin and herbal) are exceptionally low; therefore one should be cautious when analysing trends here. The street prices for ecstasy decreased 2003 to 5.3.							
Street level purity	1999	Resin 3.7	Herbal n.a. (1.6 in 1998)	White n.a.	Brown 36.1	68.9	<1%	n.a.	n.a.
	2002	Resin 2.6	Herbal 3.1	White n.a.	Brown 15.5	41.7	<1%	n.a.	n.a.
Notes		-							

Target 5

Number of drug law offences/offenders	1999	13 020	Notes When making comparisons, one should take into account the change of legislation in July 2001, which decriminalised drug use/possession. Indeed, since then, reports for drug use/possession are not included in the data since these are not considered as criminal offences anymore. Due to figures for 2003 (8101) an increase can be noted.
	2002	5 260	

Target 6₁

Number of suspicious transactions	1999	2004	Notes None
	8487	5082	

The level of international co-operation over the period	Portugal has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2003	Notes
Number of seizures	n.a.	n.a.	None
Number of stopped shipments	n.a.	n.a.	None
Number and production volume of discovered illicit laboratories	n.a.	1 (heroin)	None

Level of international co-operation	Co-operation with third countries
State of MoUs with the Industry	n.a.
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	23	33	Increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	35	61	Increase

Finland

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	3	2	71	50	17 665	
		Total : 510							
	2002	Resin n.a.	Herbal n.a.	3	0	129	4 679	45 065	
		Total : 514							
Notes		Increase in ecstasy seizures (quantity).							
Number of seizures	1999	2 722		342	49	1 943	15	159	
	2002	4 278		145	45	3 399	10	329	
Notes		Increase in amphetamine and ecstasy seizures.							
Whole sale prices	1999	Resin 4 499	Herbal n.a.	White n.a.	Brown n.a.	n.a.	12 825	n.a.	5 887
	2004	Resin 3 300	Herbal n.a.	55 000		55 000	6 000	n.a.	n.a.
Notes		None							

Level of international co-operation over the period	Finland has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	19	Notes NB. The significant development in the monitoring of OC groups should also be taken in attention.
	2004	60+	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin n.a.(but min-max = 8-13)	Herbal n.a.(but min-max = 6-8 in 2000)	White n.a.	Brown n.a.	n.a.	n.a.	n.a.	n.a.
	2002	Resin n.a.(but min-max = 8-12)	Herbal n.a.(but min-max = 6-8)	White 250	Brown n.a.	168	n.a. (15 in 2001)	20	35
Notes		Average prices of cannabis are not available: ranges with minimum and maximum values were input instead.							
Street level purity	1999	Resin n.a.	Herbal n.a.	White 71	Brown 38	n.a.	46	n.a.	n.a.
	2002	Resin n.a.	Herbal 2	White 7	Brown n.a.	n.a.	40	n.a.	n.a.
Notes		-							

Target 5

Number of drug law offences/offenders	1999	11 667	Notes
	2002	13 843	

Target 6₁

Number of suspicious transactions	1999	2004	Notes
	248	2716	Of 288 reported suspicious transactions that were taken to pre-trial investigation, 23 % were related to drug offences.

The level of international co-operation over the period	Finland has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6₂

	1999	2004	Notes
Number of seizures	1	8	Increase
Number of stopped shipments	n.a.	n.a.	None
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	Active international co-operation, in particular participation in international operations (TOPAZ), CND;
State of MoUs with the Industry	n.a.
Level of export and import in the EU	n.a.

	1999	2004	Notes
Number of licenses	2	6	Increase
Number of Registrations	25	70	Increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	4	7	Increase

Sweden

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin n.a.	Herbal n.a.	64	420	124	1 592	73 250	
		Total : 1 151							
	2003	Resin 883	Herbal 97	13	41	312	751	69 649	
		Total : 980							
Notes		Decrease of cocaine seizures (quantity)							
Number of seizures	1999	5 989		1 244	346	5 073	37	160	
	2003	8 243		1 057	545	6 657	19	489	
Notes		Increase in amphetamine seizures.							
Whole sale prices	1999	Resin 3 424	Herbal n.a.	White 79 888	Brown 51 357	42 737	9 130	n.a.	n.a.
	2003	Resin 2747- 4395	Herbal n.a.	White 65 934- 87 912	Brown 21 978- 32 967	32 967- 43 956	5 494- 10 989	n.a.	4 395
Notes		Decrease of heroin prices (brown heroin).							

Level of international co-operation over the period	Sweden has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	n.a.	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin 8.6	Herbal 8.7	White 154.1	Brown 108.4	79.9	24.2	8.6	20
	2003	Resin 8.8- 10.98	Herbal 8.8- 10.98	W: 109.89- 142.85 B: 109.89		65.93- 87.91	10.98-32.96	5.49-10.98	10.98-16.48
Notes		Decrease of ecstasy prices							
Street level purity	1999	Resin n.a.	Herbal n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
	2003	Resin n.a.	Herbal n.a.	n.a.		n.a.	n.a.	n.a.	n.a.
Notes									

Target 5

Number of drug law offences/offenders	1999	10 400	Notes Caution is required when calculating trends, as the number of arrests decreased from 1999: 10 428 to 2003: 4 784.
	2002	15 205	

Target 6¹

Number of suspicious transactions	1999	2004	Notes None
	n.a.	n.a.	

The level of international co-operation over the period	Sweden has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number of seizures*	None	5	Increase *: including non-scheduled substances
Number of stopped shipments	None	None	-
Number and production volume of discovered illicit laboratories	n.a.	n.a.	-1- illicit laboratory discovered in 2003

Level of international co-operation	Active participation in international operations (Purple and Topaz);		
State of MoUs with the Industry	1 MOU with the plastic and chemical industry concerning about 410 companies		
Level of export and import in the EU	n.a.		

	1999	2004	Notes
Number of licenses	53**	45**	Slight decrease ** including authorisations for schools/universities
Number of Registrations	219**	203**	Slight decrease **) including authorisations for schools/universities
Number of suspicious or unusual transactions notified to the competent Authorities by operators	6	n.a.	None

United Kingdom

Target 4

Statistical information		Cannabis		Heroin	Cocaine	Amphetamine	LSD	Ecstasy	
Seized quantity	1999	Resin	Herbal	2 346	2 960	2 019	68 437	6 329 570	
		53 040	15 885						
	Total : 68 925		9 374 (3 929)	9 293 (2 842)	n.a. (1 717)	n.a. (9 439)	1 432 kg about 5 296 000 (7 668 381)		
	2003 (2001)	Resin						Herbal	
n.a.	n.a.	Total : n.a. (85 445)							
Notes		Significant Increase in cocaine and heroin seizures.							
Number of seizures	1999	98 450		15 519	5 858	13 393	480	6 637	
	2002 (2001)	n.a. (93 482)		n.a. (18 168)	n.a. (6 984)	n.a. (6 799)	n.a. (168)	n.a. (10 411)	
Notes		Caution is required when calculating trends over a two-year-period, as it is a very short period which might not reflect medium term trends.							
Whole sale prices	1999	Resin	Herbal	White	Brown	36 420	2 710	1 360	4 453
	2004	3 340	3 454	n.a.	30 241				
Notes		Resin	Herbal	White	Brown	n.a.	n.a.	n.a.	n.a.
Notes		None							

Level of international co-operation over the period	The UK has ratified the three UN Conventions and the Europol Convention		
Number of OC groups involved in drugs in the EU	1999	522	Notes None
	2004	n.a.	

		Cannabis		Heroin		Cocaine	Amphetamine	LSD	Ecstasy
Street prices	1999	Resin	Herbal	White	Brown	79.4/99. 2	13.7/15.7	5.1/6.1	13.2/17.3
	2002	5.6/5.8	4.9/6.6	n.a.	88.6/102 .3				
Notes		4.1/4.6	4.5/6.7	n.a.	72.8/92	71.9/87	13.3/14	5.8/5.0	8.2/9
Notes		Data on cannabis (resin and herbal), brown heroin, cocaine, amphetamine, ecstasy and LSD prices are provided by two different sources: therefore, the two different averages are input here.							
Street level purity	1999	Resin	Herbal	White	Brown	61.9/61. 6/55	13.7/13.7/2.2	n.a.	n.a.
	2002 (2001)	2.6	9.5	n.a.	32.8/43. 3/43.1				
Notes		Resin	Herbal	White	Brown	n.a.	n.a.	n.a.	n.a.
Notes		n.a. (7.4)	10.7	n.a. (42.9)	n.a. (54.1)/3 1.8/40	(57.7)/48 .6/41.2	(10.1)/13.4/11.5	n.a.	n.a.
Notes		Data on cannabis potency (resin and herbal) refer to England and Wales only. Data on brown heroin, cocaine and amphetamine purity are provided by three different sources: therefore, the three different averages are input here.							

Target 5

Number of drug law offences/offenders	1999	121 056	Notes Data for 2002 and 2001 are not available. Number of arrest in 1999: 145 000
	2002	n.a.	

Target 6 1

Number of suspicious transactions	1999	2004	Notes
	n.a.	n.a.	None

The level of international co-operation over the period	The UK has ratified the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime 1990 and is a member of the OECD Financial Action Task Force
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Target 6 2

	1999	2004	Notes
Number of seizures*	18	5	Decrease *) including non-scheduled substances
Number of stopped shipments	None	None	2003: 12 shipments stopped MEK 121 kg, phenylacetic acid 27 kg, pseudoephedrine 13.1 kg, ergometrine 300g and acetic anhydride 4.3 kg-
Number and production volume of discovered illicit laboratories	n.a.	n.a.	None

Level of international co-operation	The UK has ratified the UN Convention 1988. Very active international co-operation; very active participation in international operations (TOPAZ, Prism, PURPLE); European Joint Unit on Precursors = EJUP; CND etc.		
State of MoUs with the Industry	1		
Level of export and import in the EU	n.a.		

	1999	2004	Notes
Number of licenses	240	293	Increase
Number of Registrations	280	355	Significant increase
Number of suspicious or unusual transactions notified to the competent Authorities by operators	187	154	Decrease

IN LOOKING FORWARD TO THE NEXT EU DRUG STRATEGY

Discussions on overall implications of snapshot data for EU Action Plan targets.

The Snapshot data in context

The snapshot provides an observational window on the overall European situation in the 15 countries covered by the evaluation exercise. As noted in the introduction of this report, for a number of practical and methodological reasons the overall analysis of changes over time is complicated. One issue of importance is that the observational window available is quite small and occurs over a time when Member States have been investing in improving their capacity to gather information. This means that observed changes may sometimes be due to improvements in the accuracy of reporting and therefore not represent any real change in the situation. Similarly capacity improvements in other areas, such as the intensity of law enforcement measures, or the increased availability of more accessible treatment provision, mean that the statistical reporting on these measures may show increases that can be useful for documenting increased levels of activity, but may not directly reflect any trend in the underlying situation.

Care must also be taken in reflecting on the snapshot data, as many of the key information gathering tools used are not necessarily conducted on a yearly basis. This implies that in the reporting year 2004, when the most recent data from statistical registries will reflect, for the most part, the situation in 2002, the extent to which data are available for this year will vary between countries according to the cycle of each reporting instrument. For example, national general population surveys are often conducted on a two or three year cycle. Therefore the data available in 2004 will reflect the situation in 2002, but the most recent survey data available in this year might have been collected one or even two years earlier than this.

Moreover, changes in the drug situation may only be reflected in some measures after a time lag. For example, research on heroin users suggests that they typically first seek help for a drug problem on average several years after their first initiation to the drug. Therefore, any policy initiatives that impact on the incidence (new cases) of heroin use, however effective they might be, would be difficult to detect in the short term in data on help seeking.

It is important to note that the snapshot data do not stand alone, but represent a subset from a larger, on-going data collection exercise. The summary data that are provided here benefit from the on-going detailed analysis, performed both within countries and at the EU level. This context is important in understanding what conclusions can be drawn from the evidence presented in this document. The snapshot data therefore provides us with a valuable window to make some important observations on the general nature and direction of trends in a dynamic, evolving European drug situation. The analysis is appropriate to the requirements of a consideration of EU level strategic actions, although, it should be noted that the analysis of specific country differences must be placed firmly within the context of the wider information base on which the snapshot data is based.

Overall Conclusions by Target Area

Below follows an overall assessment of the conclusion that can be drawn on the extent to which the action plan targets have been addressed. The analysis is based upon the data provided in the snapshot and placed within the broader context of the work EMCDDA, Europol and the European Commission.

Target 1. To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.

The data selected to reflect on the progress that has been made in addressing Target 1 Include survey data from general population and school populations, statistical estimates of problem drug users and information on primary prevention activities in European schools.

On a simple level the data available do not suggest that a significant overall reduction in drug use prevalence has occurred. Nor is there convincing evidence of an overall reduction in new recruitment into drug use among young people. That said, the picture that is emerging is not a simple one and does contain some positive elements.

The data on primary prevention activity does suggest that overall there have been some improvements in the coverage of prevention programmes and that there has been a gradual shift to the introduction of structured programmes that are more explicitly based on the available evidence on effectiveness. The extent to which this observation holds true varies considerably by country, and the most convincing evidence for positive change in this respect is restricted to about half of the countries reporting.

The overall analysis of data on drug prevalence has to be assessed in the context of the longer-term time trends. The overall European trend in drug use prevalence was upward during the 1990s. The snapshot data suggest that overall we now can see a levelling off in this upward trend, even though it is at what can be considered historically high levels of prevalence. It should be noted that at country level and within drug type there is considerable variation in the extent to which this conclusion is supported by the available data. In addition, the overall trends may not reflect well trends occurring in specific population sub-groups, such as young males in urban areas or ethnic minority populations. If individual countries or drug types evidence is of a levelling off in what was previously an upward trend and at a more specific level of analysis both rises and falls in different types of drug use can be noted.

Some important caveats exist in respect to this picture. First, at the individual country, level and when considering different types of drug, a more complex and divergent story can be told. Second, countries in which the use of illicit drugs is relatively a more recent historical phenomenon may still be experiencing a more pronounced upward trend. Third, in some specific areas problems the trend may be upwards. Of particular concern, here is rising levels in cocaine use in some countries and possibly other stimulants, increased observation of patterns of poly-drug use among those with drug problems and a worry that the an overall stabilisation in prevalence rates at the general population level, may mask an increase in the intensive and long-term use of drugs by a minority of consumers. In general, during this period there has been greater recognition of poly-drug problems and that those identified as having problems with drugs appear a less homogenous population.

One of the most complete and contemporaneous data sets available to judge trends in prevalence rates is that provided by school surveys. ESPAD data, supplemented in some cases by similar data from some national studies, allows a comparison to be made of lifetime prevalence rates among samples of 15-year-old school children in 1999 and 2003, in 9 of the countries relevant to this review. The picture produced reflects the one described above. Overall, there is very little difference found in lifetime prevalence rates between the two study points. The only marked increases in cannabis prevalence have been in Ireland and Portugal. The rise in Portugal should be viewed in terms of the very low prevalence rates reported in the earlier study. Only two significant reductions in prevalence rates are found in the ESPAD data - amphetamines in the UK and inhalants in Ireland - but these changes are probably best explained by factors at the national level and do not reflect wider geographic trends. The ESPAD data also provide information on the proportion of students who had used drugs at aged 13 or under. Again no significant changes between 1999 and 2003 are found, with the exception of a decrease in the proportion of students in the UK who reported they use of inhalants for the first time at 13 years of age or younger.

Data from school surveys also contain information on the perceived availability of drugs. This information may have relevance for Target 1 and for Target 4 (to reduce substantially over five years the availability of illicit drugs) although caution should be used in drawing conclusions from this subjective measure to the real availability of drugs – which is itself a concept that is operationally complex to measure. ESPAD data report no significant overall changes in the answers to questions on drug availability except for the perception that heroin and cocaine may be more available now in Italy and also cannabis in the UK and amphetamine less available in Denmark, Greece, Ireland and Portugal.

For methodological reasons the data from survey work poorly reflect prevalence of some of the most damaging forms of drug use, in particular the injecting of drugs and the chronic use of heroin and other opiates. For this reason EMCDDA has developed an indicator of problem drug use along with methodological techniques that allow statistical estimates to be made of the size of problem drug use population. The restricted length of the snapshot time window and the fact that considerable progress has been made during this period by some countries in refining their estimation methods means that caution must be used in drawing any firm conclusion from the problem drug use estimates computed for the snapshot. Nonetheless, evidence from a range of indicators has suggested overall that the rate of drug injecting among heroin users has been slowly falling, that the epidemic rise in heroin use seen in the 1980s and early to mid 1990s has now levelled off and that the number of new cases is now likely to be correspondingly lower. Caution must be exercised here as estimation of problem drug use is difficult, some of the evidence is mixed and marked differences are observable between countries. Nonetheless, the estimates of the size of the problem drug using population and the injecting population (as defined by the EMCDDA indicator) seem to have remained stable during the snapshot-reporting period after methodological considerations have been taken into account. Data reported on treatment demand (see Target 3) also suggest that those with heroin problems demanding treatment to drug programmes are less likely to be injectors than in the 1990s and that treatment ratio of heroin users to users of other drugs has fallen among those new to treatment.

In conclusion, no strong evidence exists to support the contention that the primary goal of Target 1 to significantly reduce drug use prevalence has been achieved. More positively though, the upward trend in most types of drug use evident in the 1990s appears to some extent to have been stabilised – be it at historical high levels. A more detailed analysis identifies specific areas both for concern and for limited optimism. Levels of heroin use and drug injecting appear to have also stabilised in the snapshot period and recruitment into both these behaviours is likely to have fallen when compared to the high rates found in the mid 1990s and before. However, this has balanced to some extent by the recognition of more poly drug using problems and greater heterogeneity in those considered most at risk of suffering adverse consequences from their drug use, with particular concern that new problems may be developing due to the intensive use of drugs, such as cannabis and the stimulants, that have historically been more associated with recreational and experimental use. It should also be noted that this analysis is restricted to the countries of the EU prior to enlargement and that it is not accurate in respect to an analysis of trends for the Enlarged union

Target 2. To reduce substantially over five years the incidence of drug-related health damage and the number of drug-related deaths.

The objectives of Target 2 are to some extent linked to those of Target 1, as changes in drug prevalence or patterns of use (especially injecting) may themselves be reflected in a reduction of some of the negative health consequences of drug use. To complicate separate assessment further, data on the negative impact of drug use are also an important component of statistical techniques to generate estimates of prevalence.

The data available in the snapshot to assess Target 2 include information on acute drug related deaths, mortality among cohorts of drug users, estimates of HIV and HCV infection among injecting drug users, rates of HIV incidence related to injecting among the general population and estimates of the distribution of syringes and coverage of syringe exchange provision.

Over the snapshot period there were between 8000 and 9000 recorded acute drug related deaths per year. This figure is probably an underestimate, but considerable progress has been made in improving case definitions and measurement protocols in this area. The vast majority of acute drug related deaths in Europe are associated with opiate overdose. Drug related deaths rose consistently over the 1990s although the upward trend is less pronounced in the second half of the decade. The reported levels of acute drug related deaths have remained stable in the data available from 1999 onwards with an overall small but statistically significant reduction in deaths detectable between 2001 and 2002. The extent to which this stabilisation after a long period of consistent growth reflects stabilisation in heroin use trends and patterns - injecting heroin use in particular - and the extent to which it is influenced by interventions directly targeting risk behaviour amongst users is unclear. A far smaller number of deaths are recorded as being associated with the use of stimulant drugs, such as the amphetamine type stimulants and cocaine. The data available here is limited and measurement errors may be a problem since some stimulant related deaths may pass un-recorded, but the data do suggest that in some countries stimulant related deaths may be increasing, even though the overall numbers remain small in comparison with opiate related deaths.

Although drug use can be linked to an increased risk of HIV infection in a number of ways the most important link is through behaviour associated with drug injecting. Overall, data from HIV case reporting suggests that among drug injectors in the European countries covered by this exercise incidence rates appears to have stabilised or even to be in decline. However, national data is often weakest in those countries where the largest IDU-related epidemics are located and it is difficult to accurately assess trends over time. Considerable variation exists between countries in terms of HIV infection and considerable variation can exist between geographical areas or sub-populations within countries. These factors make determining clear trends difficult and local rises have been reported in countries in which the national data suggest the situation remains stable. This analysis may be over optimistic in respect to the future as the potential for new HIV epidemics in an enlarged European union is considerable. Concerns also exist that progress made in this area in some countries may mean that measures to prevent HIV infection among IDUs is no seen as a priority in the public health agenda and this may mean that some sub-populations may become increasingly vulnerable to the risk of new infection.

Prevalence rates of both HBV (hepatitis B), HCV (hepatitis C) infections among drug injectors remain high but again they vary across countries and across areas and sub-populations within countries. HCV rates are consistently high, although some tentative evidence exists to suggest that the overall situation may be improving, but overall the assessment of short-term trends is difficult and the available data show no consistently clear picture with respect to changes over time.

In respect of the distribution of syringes to drug injectors the changes that are notable within the snapshot data reflect a country whose provision and coverage was limited before 1999. Here, for the most part, considerable increases are observable both in the number of syringes distributed and in the coverage achieved of the target population. By comparison, in those countries that had widespread coverage prior to 1999 the situation appears relatively stable, although some signs of decreased activity levels were also detected.

Target 3. To increase substantially the number of successfully treated addicts.

The information available in the snapshot to support an evaluation of Target 3 is based on the TDI (Treatment Demand Indicator), which records information on the characteristics of all drug users demanding treatment, and also specifically first-time demands for treatment, at specialist services; it further records information reported by member states on the availability of treatment options in different types services for those with drug problems. Neither of these measures directly reports on the number of drug users who have been successfully treated. Currently no such information base exists that would allow this assessment to be meaningfully made and it is not an easy task to operationalise this target in a way that allows relevant, routine data to be collected. However, TDI data and data on overall service

provision can be helpful as indirect indicators that allow some consideration of trends in this important area.

Data from the TDI suggest an overall increase in the number of reported treatment demands during the period 1999 to 2002. Although the extent to which this increase represents improvements in the coverage of the reporting system rather than the availability of services is questionable. TDI data also suggest some changes in the characteristics of those demanding treatment, especially those new to treatment, with the numbers and proportion of heroin users falling and more diversity in patterns of drug use evident.

Positively, most countries report increases in treatment availability during the snapshot period although quantitative data detailing the number of treatment places is often absent. The observation that treatment availability has increased is most evident for the provision of substitution treatment but most countries also report that services have diversified and also expanded in other areas.

In conclusion, while the exact scale of treatment provision in Europe remains unqualified there is good evidence to suggest that service provision has both expanded and to some extent diversified. This observation is most pronounced for, but not restricted to substitution treatment for opiate dependence. Not all those entering treatment will be successfully treated but research evidence does suggest large proportion benefit whilst they are in contact with services and that for some these benefits will be sustained on leaving treatment. Thus an increase in overall provision is likely to be reflected in an increase in the numbers that can be regarded by different criteria to have been successfully treated although quantification of the progress made is not possible with the information available.

Target 4. To reduce substantially over five years the availability of illicit drugs.

The rationale for this target is that reducing the availability of drugs, especially at the level of the consumer, would result in reduction in the existing demand for drugs and a corresponding reduction in those who will be attracted to drug use (new users). It should be noted here that little empirical research data exist that allow a clear understanding of the relationship of drug availability to consumption patterns. Clearly, if a substance is not available in a market place it cannot be used. In practice, the extent to which this level of reduction can be achieved, or sustained over time, remains unclear - issues like substitution by alternative products, or scarcity causing increasing prices and thus stimulating supply, need to be considered. There are also considerable difficulties in accurately monitoring and reporting on the availability of drugs in the consumer market. Although work is progressing in this area currently, the concept of *drug availability* itself remains poorly elaborated and a sound operational definition that would be necessary to develop comprehensive monitoring tools remains absent. Measurement is obviously made more difficult by the illicit nature of the drug market. The main statistical information available to allow drug availability to be assessed consists largely of data on drug seizures and related information on purity and prices. As reported earlier, some subjective data on perceptions of drug availability are also found in survey work (questions are included in the Euro barometer and ESPAD; model questions have been also been developed by an expert group of the EMCDDA and it is planned to test these in 2004/5).

The information available in the snapshot, to support an evaluation of Target 4, is based on data received by law enforcement agencies of the European Union, collected at EUROPOL. Where this information was not provided to EUROPOL, complementary data received by the EMCDDA through its Reitox network were also included in the analysis. Although data on drug seizures may be regarded as an indirect indicator of drug availability, it also may reflect law enforcement, priorities and strategies against drug use, trafficking and supply. Consequently, statistical data are complemented here by strategic information, including the level of international co-operation and information on Organised Crime groups.

It can be concluded that the available information does not suggest that the availability of drugs in the European Union has been reduced substantially. Most of countries report increases in both the quantities of drugs seized and in the number of seizures. As the average wholesale prices have tended to decrease at the same time, increased seizures are likely to suggest there is increasing rather than decreasing availability. Additionally, increased co-operation between criminal groups engaged in poly-drug trafficking is to be noted. Such diversification, flexibility and co-operation across national boundaries are clear trends within the drug sector.

Price and purity/potency data on drugs at the retail or consumer level (as opposed to trafficking/supply level) are reported by most of the Member States to the EMCDDA. This information has to be interpreted with caution as it comes from a range of different sources and the comparability and reliability of the data are sometimes questionable. Sampling and data collection strategies are likely to be particularly important in determining results and currently no uniform approach is found between countries in collecting these data. Identifying trends at the European level is therefore difficult: there is evidence of fluctuations both between and within countries but a lack of routine, systematic data that would allow trends to be identified with confidence. In general, the data suggest that prices of illicit drugs at retail level were generally stable or decreasing in most countries and for most drug types during the period of interest. There are some exceptions to this broad assessment and some countries reported increases in the price of white heroin (usually from South East Asia) in 2002, for example.

As far as purities of heroin, cocaine and amphetamine at retail level are concerned, data suggest that in most countries where time series data are available they have remained stable over the 5 years period 1997-2002. Again some exceptions were noted, for example the average purity of brown heroin (usually from South West Asia) increased in 2001 in most countries, and decreased again the year after. The average potency of cannabis products in general has been stable or slightly increasing in most countries; increases in average potency that have been reported appear to relate to home-grown (that is, produced with the EU) cannabis products, while the available data suggest the potency of cannabis products imported into the EU has remained relatively stable.

The importance of this information and the difficulty in comparing and tracking changes in the price and purity/potency of drugs at retail level suggest there is a considerable need for further investment in developing methods and reporting standards in this area if the tools are to be available to permit the reporting, with confidence, of European trends.

The availability of drugs depends on illicit production and trafficking on the one hand, and law enforcement activities undertaken on the other. The European Union is the major producer of amphetamine and ecstasy, but also drug trafficking to the European Union remains on a high level. The recent enlargement of the European Union by ten new Member States is not only a significant political and economic achievement, it also enlarges the European Union consumer market, which will provide new opportunities for criminal organisations. This, with significant profits that can be made, will mean that drug production and trafficking will remain among the core business of organised crime. If counter-measures are inadequate, this will lead to higher availability of drugs in the European Union.

To create a basis for a concerted policy on drugs and to complement national efforts to reduce substantially the availability of illicit drugs, international law enforcement and judicial co-operation in the European Union has been increasingly facilitated by political initiatives. Following the mid-term evaluation of the Action Plan, the JHA Council decided that in the remaining two years of the Plan more emphasis should be put on achieving concrete objectives within the set timetable. In November 2002 the JHA Council endorsed an Action Plan to combat the production and trafficking of synthetic drugs (CORDROGUE 81) and in June 2003 an Action Plan to reduce the supply and demand of heroin, cocaine and cannabis (CORDROGUE 40). Implementation of these Action Plans is on-going and has already had a positive impact on international law enforcement co-operation.

In 2003, an Action Plan on Drugs between the European Union and the countries of the Western Balkan plus the Acceding States was endorsed. Given the increasing role of Albania as a focal point for all sorts

of illicit drugs destined for the European Union, a Council Resolution (CORDROGUE 66) was presented which invites Member States to second Liaison Officers to Albania.

Work is underway in the Council Working Party on Police Co-operation, with a view to developing guidelines to implement the "Council Framework Decision on Joint Investigative Teams". The decision allows for Member States to set up joint teams, composed of law enforcement officers of two or more Member States and Europol staff, to investigate certain types of crime, including international organised drug trafficking.

The Council Working Party on Customs Co-operation initiated specific enforcement operations, known as Joint Customs Operations. These include the intensified targeting by interested Member States of cocaine trafficking in air freight from South America and the Caribbean; of heroin trafficking along the Balkan route and of the trafficking of ecstasy from the European Union to other continents.

In 2003, the European Commission presented a proposal to the Council Horizontal Working Party on Drugs for a Council Decision on information exchange, risk assessment and control on new psychoactive substances (CORDROGUE 90).

In recent years, law enforcement agencies in the Member States have been heavily involved in combating drug trafficking. In most cases this has been based on national strategies against drug crime. Increasingly law enforcement teams in the member States acknowledge the added value that Europol can provide. Consequently, operational support provided by Europol increased substantially in recent years. Operational projects, including Analysis Work Files (AWF) continued or were initiated against organised crime groups engaged in the trafficking of heroin, cocaine, synthetic drugs and precursors. Moreover, Europol maintains expert systems facilitating the identification of the production sites of drugs and provides Training Courses on Combating Illicit Synthetic Drug Laboratories.

In conclusion, within the observational window provided by this report no strong data exists to suggest that the availability of drugs has been significantly reduced. Analysis is hampered by a lack of clear operational concept of availability and by the difficulties of monitoring this field. Despite this conclusion, a range of activities demonstrate how political and law enforcement initiatives can contribute to better implementation and to the harmonisation of criminal law and law enforcement practices. If there has been a diversification and greater coordination of organised crime in respect to the trafficking of illicit drugs then there have also been considerable activities, as detailed above, to improve the coordination and diversity of supply reduction initiatives. These initiatives demonstrate the potential for improvements in the quality and effectiveness of international co-operation to meet the future challenges that will face an enlarged European Union in this area.

Target 5. To reduce substantially over five years the number of drug related crimes.

The concept of drug related crime is a complex one and, as part of the work in support of the Action Plan, EMCDDA and EUROPOL were given the task of the development of a conceptual framework that would allow definition of a comprehensive concept of drug-related crime (CORDROGUE 92 REV 1). Such a framework is a necessary component of the development of tools to monitor changes in different aspects of the phenomenon. The identification of conceptual areas for defining drug related crime however does not necessarily imply that these areas are suitable for establishing on-going monitoring instruments in short or medium term. Importantly, data are only currently available for one of the four areas (that of drug law offences) identified within the definitional framework. . Nonetheless, the definition itself is important for informing discussion on areas that may have the potential for future monitoring and research activities and it furthermore illustrates the diversity of the relationship between drug use and criminality.

The EMCDDA and EUROPOL common definition of the term drug-related crime takes into account the following four broad categories of crime:

- Psycho-pharmacological crimes: crimes committed under the influence of a psychoactive substance;
- Economic compulsive crimes: crimes committed in order to obtain money (or drugs) to support drug use;
- Systemic crimes: crimes committed within the functioning of illicit drug markets, as part of the business of illicit drug distribution and supply;
- Drug law offences: crimes committed against drug (and other related) legislations.

An important factor in the quantification and monitoring of drug-related crime is the identification of a sufficient causal relationship between drugs used and crimes committed. It is anticipated that in many cases such a link will be difficult to substantiate with empirical evidence.

In the spirit of the EU Action Plan on Drugs and the note from the Council to the European Council in connection with the mid-term evaluation of the European Union Action Plan on drugs, which clearly link drug-related crime to demand reduction and prevention of drug use, it is envisaged by the EMCDDA and EUROPOL that only those categories considered as 'drug use related' – psycho-pharmacological and economic compulsive crimes – will be the object of the new development at European Union level and in the Members States of indicators to assess the situation and monitor trends over time.

Whilst it was possible to identify the key information domains in this area, information is currently only available in the area of drug law offences for commenting on the progress made in addressing Target 5. Although data on drug law offences are available in every Member State, the interpretation of these data in respect of the objectives of Target 5 is not easy, since recording reports or arrests for drug law offences as such does not simply or directly reflect the effectiveness of combating drug-related crime. It is not just the case that many crimes committed by drug users fall outside this category but also that an increase in reports or arrests may reflect on the one hand increased levels of legal activity and/or on the other hand increased levels of criminality. The limited information on Target 5 with regard to the number of drug law offences and offenders has to be understood in this context.

Comparing data between countries is also not easily accomplished. Reports of offences against national drug legislation (use, possession, trafficking, etc.) reflect not only differences in law but also different ways in which the law is enforced and applied, and the priorities and resources allocated to specific problems by criminal justice agencies. Furthermore, information systems on drug law offences and offenders vary considerably between countries, especially as regards recording procedures, definitions and units of measurement. These differences – in the offences considered as criminal offences, in the stage at which the statistics are made, and in the statistical measurement units – lead to major difficulties when comparing data across several EU countries.

In the last five years for which data are available (1997-2002), the number of 'reports' for drug law offences increased in most EU countries. There were a few exceptions to this trend, in Portugal, a decrease of reports for drug law offences has been observed since 2001, although this can be largely explained by changes in the way of dealing with drug possession cases for personal use. Decreases reported in a few other countries in the 2001 and 2002 period should be interpreted with caution since they might be simply represent very short-term fluctuations unless these downward trends are confirmed by 2003 data, when it becomes available.

Target 6.1: To reduce substantially over five years money-laundering

According to the Financial Action Task Force it is impossible to estimate the extent of the proceeds obtained from this illegal activity, even at the regional level. However, significant information can be made available concerning specific anti-money laundering measures undertaken both at European Union and national levels.

Within Target 6.1 statistical and strategic information was combined to produce trends with regard to suspicious financial transactions and measures undertaken by the law enforcement agencies in the area of international co-operation. In this context, information based on money laundering investigations carried out in the Member States, and suspicious transaction reports (STR) and suspicious cross border currency reports (SCR), already filtered by the competent law enforcement authorities, is a crucial prerequisite of any consistent strategy to fight money laundering and reduce its impact at European Union level.

In 2001 in compliance with Article 30 of 1997 Amsterdam Treaty, Europol set up a specific analysis work file (AWF SUSTRANS) to target criminal organisations involved in money laundering activity and related offences, in particular through suspicious transaction reports (STRs) filtered by Law Enforcement Agencies. Additionally, in July 2004 in order to comply with requirements of CORDROGUE 40, Europol has set up a specific project in cooperation with Member States to target money launderers, in particular money couriers, and disrupt criminal cash flows outgoing the European Union to high risk destinations and source countries.

Illegal cash movements have also been monitored in 2001 and 2002 in the framework of Operation Goldfinger, set up within the Baltic Sea Region Task Force on Organised Crime. Positive results were achieved and intelligence on cross border cash movements was gathered and analysed by Europol. Risk profiles of suspicious assets were enhanced and existing data held within the Financial Intelligence Units were updated.

In order to enhance the knowledge and the level of expertise in the field of money laundering with particular focus on investigative techniques, Europol organised in 2004, in cooperation with the TAIEX Office (Directorate for the Enlargement of the EU) a money laundering training seminar designed for law enforcement experts from new ten Member States plus Romania, Bulgaria and Turkey. In the framework of this training program regular follow up is foreseen for the same participants involved in the fight against money laundering.

The general increase of numbers of suspicious transactions has to be seen in this context.

Target 6.2: To reduce substantially over five years illicit trafficking of precursors

Article 12 of the 1988 United Nations Convention against illicit traffic in narcotic drugs and psychotropic substances requires a system to monitor international trade in drug precursors. The aim of this system is to ensure that the chemicals required to manufacture narcotic drugs and psychotropic substances are denied to those who illegally perform these operations. The Community legislation in the field of the control of trade in drug precursors implements Article 12 of the United Nations Convention.

In the Community a twin track legislative strategy has been adopted to have appropriate measures monitoring external trade, on the one hand, and intra-Community trade, on the other. The aim is to verify the legitimate purposes of the operators and the legitimacy of the trade transactions with a view to preventing diversion from international trade and domestic distribution channels. Procedures and requirements governing external trade in precursors are contained in Council Regulation (EEC) No. 3677/90. Rules on intra-Community trade are contained in Council Directive 92/109/EEC.

Arising from the European Union Action Plan on Drugs 2000 – 2004 the Commission organised an assessment of the Community monitoring system of trade in drug precursors. This assessment was conducted in close co-operation with the Community Member States and led to a number of recommendations.

Regulation (EC) No. 273/2004 governing intra-Community trade was adopted by the European Parliament and the Council in February 2004, replacing Council Directive 92/109/EEC. It takes on board the central elements of the recommendations made in the assessment. On the basis of the recommendations made in the assessment, a Commission proposal for a new Regulation replacing Council Regulation 3677/90 is currently under examination at Council level.

Both Regulations are intended to apply from August 2005.

Authorisation of operators is one of the key elements of precursor control in the Community. Such authorisation, which may be given in the form of licences (category 1 substances) or registration (category 2 + 3 substances), allows to verify the licit purposes of operators engaged in operations involving precursors. Another central element of precursor control in the Community is the obligation for operators to notify suspicious transactions to the competent authorities, as industry very often is at the frontline of encountering traffickers seeking to obtain drug precursors.

Several Member States, but not all, have concluded Memoranda of Understanding with a view to ensuring close and effective co-operation with their industry. There is a high level of international co-operation, in particular, as regards operations conducted under the umbrella of the United Nations International Narcotics Control Board (INCB), such as Operation Purple, Operation Topaz and Project Prism. Since 1999, the tendency to conclude Memoranda of Understanding has increased.

Precursor diversion being a problem of a worldwide dimension is reflected in a very active co-operation of the Community Member States at international level, in particular as regards exchange of information of individual transactions or in the form of a structured dialogue and operational co-operation under the umbrella of the INCB.

Concluding remarks

On the Snapshots

The targets of the EU action plan are clearly stated, simple to understand and support the aspirations of Member States to positively address drug problems in Europe through coordinated and evaluated actions. These qualities do not make the operationalisation of them very easy, in that they are pitched both too simplistically and too absolutely, representing a blunt instrument for dealing with the complexities of assessing policy impact on a dynamic European drug situation. A further obstacle to the assessment is that contemporaneous data are not available in all the areas necessary to allow an informed analysis of the extent to which progress has been made over the period in question. These observations are balanced by the fact that the action plan has stimulated work to develop approaches to better monitor and report on the key aspects of the drug situation and the investment in these developments provide a sounder basis for the future assessment of trends. Given the time lag, usually two years, required for the collation and reporting of statistical information, the sequencing of an evaluation strategy will always be difficult. The benefits of having a comprehensive data set on which to base the assessment must be balanced against the need to have timely information available to inform the development of new policy initiatives. The strategy and its action plan also appears to have been a catalyst for increased and better coordinated actions at the European level in a number of important areas, the benefits of which are sometimes difficult to quantify and require a longer observational window to evaluate. It could be argued that regardless of the level that individual targets have achieved in their detail, the strategy and its action plan has been successful in terms of establishing a useful vehicle for the future coordination and evaluation of European responses to the drug problem.

With respect to the individual targets, if a strict criterion is adopted it is not possible to provide unequivocal evidence that they have been achieved. Furthermore, in most important areas the available information shows that significant reductions have not occurred in respect of the absolute

baseline scores generated in the first snapshot exercise. For example; no clear evidence exists that an overall significant fall has occurred in the prevalence illicit drug use; similarly, the evidence does not suggest fewer young people are using drugs, nor that drug availability has been substantially reduced. In respect of Target 5, reducing substantially the number of drug related crimes, the data available simply do not provide sufficient quantification to allow informed comment, although the Target has resulted in the development of a new framework in which to work, which is essential if the extent of drug related crime is to be adequately assessed in the future.

One positive exception is Target 3, where the available information suggests that overall, treatment provision has increased and it could be assumed that this will be reflected, to some extent at least, in an increase in the numbers of drug users who are successfully treated. A caveat in this regard is that hard empirical data on either the capacity of drug treatment services in Europe or their relative success rates with different types of clients is largely lacking.

It is important to note that this snapshot analysis does not take into account the dynamics of existing drug trends. Thus, the direction of pre-existing trends, whilst clearly important, is ignored in judging success. This approach could mean that an assessment of the drug situation during the time covered by the Action Plan risks being overly negative. Overall, the rising prevalence and incidence of drug use observed during the 1990s appear to have stabilized as measured by a number of indicators. Rates of new heroin use and drug injection, two particularly negative behaviours in terms of their public health impact, may even have fallen. The number of acute drug related deaths appears to have stabilized after many years of sustained increase. Similarly, HIV prevalence seems to be largely stable or even falling, although, rises are still occurring in some populations and the situation is different from the perspective of an enlarged EU. Taken together, Targets 4 and 5 have been a catalyst for a number of European level initiatives that have strengthened law enforcement measures against drug trafficking and supply but do not lend themselves to simple quantification in terms suitable for assessing impact over the short term.

In reflecting on future targets the question should be raised on whether benefits can be obtained by improved coordination with other reporting schedules within both the EU and beyond. For example, the EMCDDA work programme envisages its annual reporting exercise as supplemented every three years by a detailed analysis of trends in the European drug situation and analysis of responses. This reporting schedule could be configured to help serve the needs of a future European drug strategy. European Member States will also be contributing to the UNGASS final evaluation exercise scheduled for 2008, and it might be worth considering if any synergy is possible with this exercise.

In conclusion, the overall assessment provided by an analysis of the snapshot data supports the drawing of both positive and negative conclusions, none of which can be made without caveat. Reflecting on the exercise itself allows some valuable lessons to be drawn for the future design of evaluation strategies in this area. Future targets could benefit from better synergy with the on-going investments of member states to improve the monitoring of the drug situation. Important here are the technical working groups of the EMCDDA/Reitox network that mean the planning of a future European drug strategy could benefit from an increasingly robust and sophisticated evidence base and technical cooperation by which to help judge progress. Targets will as a result be possible that better reflect the detail of key policy objectives, that are based upon sound data sources and whose reporting can better take into account the necessary complexity of the questions asked, the impact of underlying trends and differences in national contexts. Similarly, many valuable initiatives in coordination, information sharing and action do not in the short-term result in a direct and observable impact on the drug situation. The question of how to assess the impact of the Strategy and its Action Plan in promoting such activities needs to be carefully considered.

On evaluation

Evaluation is an essential condition for the transparency and legitimacy of public action. In the case of drugs, a field known to be controversial and complex, evaluation is also seen as a key tool in creating an improvement in policy.

Given the complexity of conceiving an impact evaluation of drug policies at European level and the potential high cost of its implementation, the exercise at European level should be capable of providing indications of the progress achieved. The evaluation of the EU strategy and action plan was complicated by a number of constraints, but for the first time, at the end of 2004, the European institutions and Member States have pertinent information on the progress achieved between the beginning and end of the action plan, as well as on efforts yet to be made.

In view of the political debate for the post 2004 period, it may be useful to ensure that:

- the next Strategy paper is conceived so that:
 - it takes into account the results of the 2000-2004 evaluation exercise;
 - it is clear, precise and integrates objectives and targets that will be transformed into operational objectives in the action plan;
 - the Strategy duration will be sufficient to cover at least two action plans;
 - a specific budget is devolved to evaluation at EU level;
 - an evaluation structure can be mandated for the implementation of the exercise;
 - a steering group can be made responsible for the follow-up of the exercise.

- the general organisational process is conceived so that:
 - a specific budget is reserved for evaluation at EU level;
 - an evaluation structure can be mandated for the implementation of the exercise;
 - a steering group can be made responsible for the follow-up of the exercise.

- the European Union's evaluation tool is drawn up from Member States' evaluation results of their national policies. This presupposes that the Member States will seek to provide their action plans with:
 - clear and precise objectives;
 - a realistic timetable for implementation;
 - information and evaluation tools;
 - appropriate resources;
 - results that will be transmitted to the Commission.

- the EMCDDA and its partners are involved in the evaluation process in:
 - producing improved evaluation framework and tools (snapshot, thematic papers, questionnaires, follow-up tables, Eurobarometers, etc.);
 - improving availability and quality of information concerning situation, responses and policies.
 - contributing to the Evaluation steering group.

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