

The Fight Against Drugs

- action plan against drug abuse

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PREFACE

Already in the Government's accession programme it was decided to strengthen common responsibility for the most vulnerable individuals in our society including among others drug abusers. This decision has since been followed up through certain financing agreements in the spring and the autumn of 2002, through the establishing of the action programme "Det Fælles Ansvar" (The Common Responsibility) in March 2002 and the establishing of "Rådet for Socialt Udsatte" (The Council for Socially Marginalised People) in April 2002 and through the budget agreement in the autumn of 2002. The introduction of a social treatment guarantee was aimed specifically at improving conditions for drug abusers. In the Government's accession programme it was also decided to enhance efforts against crime, among other things through strengthening drug control in prisons.

Thus, by way of follow-up to the Government's accession programme, steps have already been taken to extend earlier initiatives to curb drug abuse. The supplementing Government programme provides for further extension of initiatives.

It is the Government's view that drug abuse should be counteracted through consistent and continuing efforts to maintain and extend existing initiatives both qualitatively and quantitatively in order, to an even higher degree, to prevent the recruitment of new drug abusers, to help present drug abusers and to take firm action against drug related crime.

The scope of initiatives will be broad and thus reflect that social problems, drug abuse and drug related crime are inextricably linked. It is a task that should be taken on in cooperation by central, regional and local authorities in close cooperation with the individual, with relatives, with private organisations and institutions as well as schools, associations etc. at community level.

With regard to heavy drug abusers the present action plan is in part an expression of the Government's reaction to the recommendations put forward in a report on initiatives vis-à-vis heavy drug abusers in March 2002 by a special committee of experts.

The restraints with regard to growth in public expenditure that will apply in the next few years will require clear and unambiguous prioritising of resources allocated. The fight against drug abuse requires cross-sectoral initiatives that are prioritised, coordinated and organised in a targeted manner. The action plan should be seen in this light, and steps to implement the plan will, moreover, be taken successively when funding is made available.

Both within the individual sectors and across sectors it is moreover considered that systematic analyses should be carried out with regard to the relation between the resources allocated for prevention, treatment and control of drug abuse and the effect of initiatives undertaken.

October 2003

Lars Løkke Rasmussen
Minister for the Interior and Health

UNDERLYING PREMISES

1. It is evident that a *society without any drug abuse at all* would be desirable, but from a realistic point of view this must be considered an *unattainable* goal. And no government in any country has been able to "solve" the problem of drugs.

2. In a number of cases drug abuse must be considered a *chronic condition or disorder* for which a cure, i.e. becoming drug-free, very often cannot be expected though treatment can alleviate and reduce harmful effects. Understood in this way, drug abuse treatment actually works – at least for the time of its duration, and for the abusers who remain drug-free it also works after termination of treatment.

3. Against this background it is totally *mistaken to assert that society's efforts against drug abuse over several decades have failed*; also because unlimited resources have at no time been available for these efforts. When considering the population in general, there would seem to be a basis for the view that overall efforts against drug abuse and not least the actual prohibition of drug use for other than medical purposes actually are successful: Among the adult population over 16 74 per cent have never tried cannabis, 95 per cent have never tried amphetamine and more than 99 per cent have never tried heroin. By way of comparison only 3 per cent of the adult population have never consumed the legal euphoriant, alcohol.

4. Relatively it continues to be very few – *few per thousand of the population* – who are dependent abusers of "hard drugs", including those who receive prescription methadone.

5. Nevertheless it is clear that drug abuse continues to give rise to serious problems. In addition to the numerous cases of hepatitis, HIV and other infectious diseases there is reason to draw attention to the fact that there are *about 250 deaths per year* among drug abusers. Even though there are multiple causes of these deaths, their total number is alarming.

6. Another serious problem is the evident increase in *experimental use of cannabis and stimulants among young people* since the middle of the nineties along with an increase in young people's alcohol consumption. The use of legal and illegal euphoriant is linked so that especially young people with large-scale alcohol consumption also experiment with drugs. Due to this development the treatment system has had to deal with an increasing number of problems that concern cannabis, ecstasy etc. and this has led to a need for development of methods for dealing with these new types of drug abuse problems.

7. Overall there is, however, *no reason to deviate from the existing main principles of Danish drug policy*: The prohibition of any non-medical use of drugs combined with a persistent and balanced effort that involves prevention, diversified and coordinated treatment services and undiminished control efforts. Any considerations on enhancing efforts should be based on quantitative and qualitative extension of efforts already undertaken. The fact that no government in any country has succeeded in "solving" the drug problem lends support to the view that there are *no easy or quick solutions* that will do away with drug problems.

8. *Realistic goals* for society's efforts should continue to be the widest possible attempt to limit the recruitment of new *drug abusers*, to limit the spread of drugs for the purpose of intoxication through illegal production and trafficking, to offer treatment to the ones who are or are on their way to becoming dependent on drugs and to reduce the harmful effects of drug abuse on the drug abusers themselves, on their relations and on society.

9. It should not be forgotten that in many cases *drug abuse* is linked with *general living conditions* especially social distress and insecurity.

10. Proponents of drug policy changes often stress the necessity of a *realistic drug policy* which is *evidence based*. This – seemingly obvious – requirement should, however, be properly understood and put in perspective. Thus it is decisive not just to consider the expected immediate effects of a given initiative. A given initiative should be assessed also in relation to other relevant drug policy elements. Such broader assessment will sometimes reveal conflicts between contradicting considerations. In such cases drug policy choices cannot be based solely on evidence as defined by experts. It is necessary to consider *political priorities*, otherwise the laying down of drug policy might be left to the experts altogether.

11. *Harm reduction* is and should continue to be an integrated element of drug policy. Existing harm reduction initiatives may – in the light of an uncompromising fight against drugs – appear paradoxical, but nevertheless these initiatives are considered pragmatic and reasonable. This is true for instance of methadone prescription,

organized supply of clean syringes and hypodermic needles, supply of cleaning fluid in prisons and so-called low threshold services in the form of drop-in centres for drug abusers.

12. Demands for *harm reduction initiatives* that are *considerably more far-reaching* in a qualitative sense – e.g. prescription of heroine, drug injection rooms, public testing services where content and strength of drugs may be tested, legal sale of cannabis and actual legalization of any kind of possession of drugs for personal use – do, however, give rise to the very basic question of whether there should be any limits to harm reduction initiatives with the good intention of meeting the drug abusers half way; and if so, where should these limits be fixed so as to take legitimate care of other social considerations. A fully consistent pursuance of harm reduction considerations – i.e. that the individual drug abuser should be assisted in any way so as to avoid harmful effects of intravenous drug abuse which he or she cannot or will not stop – would directly contradict the very core of the drug policy: To counteract all non-medical and non-scientific use of drugs.

13. In this perspective it is worth noting that an increasing number of significant *paradoxes* vis-à-vis the basic prohibition of any kind of non-medical use of drugs may gradually weaken the very *foundation of the drug policy*.

14. The proposal to offer the really heavy drug abusers access to *medical prescription of heroine* must be *rejected*. This question was discussed in detail in a recent report from a committee of experts (March 2002) on initiatives for this group of drug abusers. Five out of the seven members of the expert committee

rejected this option. From a medical point of view it was found to be irrational to offer treatment with heroine rather than methadone. It was found that there are still considerable and unexploited possibilities for improving existing treatment services, including psycho-social initiatives in connection with drug-free treatment and methadone treatment. It was considered that in the long term there would be great difficulty in maintaining the limitation of the group and thus the number of abusers that were to be offered prescription of heroine. And finally in the view of the majority of the expert group, society – by engaging in heroine prescription – would have to look forward to being confronted with a user demand for free access to heroine without medical prescription. The view of the majority of the expert group should also be seen in the light of the fact that there are actually treatment services for the group of very heavy drug abusers – in the form of drug-free treatment, methadone treatment and at some time maybe also treatment with intravenous methadone.

15. The first Dutch trials which involved *medical prescription of heroine in combination with methadone* for certain drug abusers indicated that there was a positive effect for one out of four (though not when considering the number of deaths), but these trials also seem extremely expensive – in a Danish context corresponding to an added yearly cost of DKK 150 million in order to achieve improvement of the condition of a further 250 drug abusers when compared to treatment only with methadone.

16. There are at least equally weighty reasons to *refuse public drug injection rooms* where drug abusers can take drugs that they bring themselves without any sanctions and monitored and supervised by healthcare professionals with special competence within care and harm reduction.

17. Denmark, among others, has put the question of drug injection rooms to the International Narcotics Control Board (INCB) – the authoritative control body established under UN's drug conventions – and the Board has indicated clearly that *drug injection rooms are against the drug conventions*, which oblige the countries only to allow drug use for medical and scientific purposes. INCB has maintained this view though the board is aware that a few countries have adopted their own deviant interpretation of the conventions.

18. The reason to refuse the establishing of drug injection rooms is not just a question of conventions and mere legal formality. *From a qualitative point of view* the establishing of *drug injection rooms is a considerably more far-reaching step* than e.g. supply of syringes and hypodermic needles, and it clearly indicates a *tendency towards legalization*. The idea of drug injection rooms is based on the view that harm reduction should be given absolute priority. The problem is that a consistent pursuance of this goal would collide with the very core of the drug policy: Counteracting all non-medical and non-scientific drug use. This dilemma stands out clearly when the following question is asked: If public drug injection rooms are established why not supply heroine to the drug abusers that use the drug injection rooms – rather than continue to put the drug abuser in a situation where crime and prosti-

tution is necessary in order to acquire illegal heroine?

19. *Compared to heroine prescription the establishing of drug injection rooms is considerably more problematic* in a number of decisive respects. There is no medical examination of the drug abusers, no treatment involving doctors and other healthcare professionals and no control whatsoever of the strength and the purity of the heroine, and the whole arrangement is – unlike heroine prescription – against UN's drug conventions. Finally it has not been satisfactorily established that drug injection rooms reduce the number of overdosis deaths.

20. Likewise any suggestion of *legalization of non-medical drug use* must continue to be *rejected*. Also in the case of *cannabis*.

21. Legalization of *cannabis* would be against UN's drug conventions which put the states under an obligation only to permit drug use for medical and scientific purposes, and this is not just a question of conventions and legal formality. There are a number of *actual harmful effects*. Each single case of intoxication involves a risk of anxiety and panic reactions as well as psychotic reactions, impairment of learning capacity and enhancing of the risk of traffic accidents etc. Long term use increases the risk of among other things chronic bronchitis, lung cancer and mental disorders, lasting reduction of intellectual and practical functions in the case of daily use, and lasting

reduction of intellectual capacity in the case of intensive use over several years. Children and young people and vulnerable adults are especially at risk. The production of cannabis strains with a considerably stronger intoxicating effect ("skunk") is a special problem.

22. It is assumed that prohibition in itself keeps many people from using *cannabis*. Thus 95 per cent of the adult population have not used cannabis within the past year whereas the contrary is more or less true in the case of the legal euphoriant, alcohol. Society does not need more legal euphoriants. Experience shows that increased accessibility of a euphoriant leads to an increase in the number of users, and a greater number of users leads to an increased number of abusers and harmful effects.

23. In connection with any proposal for legalization of non-medical use of drugs or for easing demand reducing control efforts, it should be remembered that countries with illegal production of heroine, cocaine and cannabis, which are often *developing countries*, through decades have spent and continue to spend considerable human as well as scarce financial resources in order to limit the illegal drug supply, strongly urged by the *more prosperous countries*, which traditionally have been the importing countries. It may be very difficult to achieve understanding and acceptance in the producing countries if the traditional *importing countries* give way in their efforts to control and limit demand.

INITIATIVES

24. With regard to *prevention* the Government wants to maintain and extend existing prevention initiatives with the aim of reducing the recruitment of new drug abusers to an even higher extent:

- Under the heading "*Drugs out of the town*" the Government will seek and provide support for a three-year development project involving one municipality in each county where all local partners – municipality, police, parents, primary schools, secondary schools, associations and environments where parties are held – will be invited to commit themselves to cooperation with the aim of significantly reducing the spread of drugs in the local community.
- As part of professional support for and coordination of these local initiatives the Government, through *the National Board of Health*, will intensify the development of basic material for local information and teaching initiatives in relation to young people and their parents and for the use of professionals who take care of information at the local level. The Government will take care of coordination with regard to the gathering and communication of experience to other towns.

25. With regard to *medical treatment* the Government wants to make special provisions for improvement of the actual substitution treatment, partly in order to improve the general health condition not least of heavy drug abusers:

- The Government will carry out a quality assessment of *methadone treatment* as a basis for future quality assurance and quality development in line with the way this is done in other parts of the health care sector.
- With regard to a minor group of drug abusers who suffer from or are threatened by serious health complications, the Gov-

ernment will consider giving priority to the introduction of the *methadone injection scheme* which is currently under trial.

- Based on the evaluation of an ongoing trial with targeted *health care services* for the very heavy drug abusers, the Government will consider the need and the possibilities of introducing such services permanently in relevant city areas.
- The Government will give priority to a *vaccination scheme* involving early and free-of-charge vaccination against both hepatitis A and hepatitis B and a scheme involving free vaccination of drug abusers' relatives against hepatitis B. Moreover the Government will give priority to initiatives aiming at limiting hepatitis C infection.
- The Government agrees with the counties and the municipalities that initiatives for individuals with a *double diagnosis* – both mental disorder and abuse – should be given high priority and that primary responsibility for treatment of this group should be placed in the psychiatric treatment system. And there is agreement that – in connection with the agreement on psychiatric services for the period 2003-2006 in the health care sector – support can be given to projects that are in line with the recommendations in the report on "Initiatives for the group of heavy drug abusers".
- In order to clarify the individual drug abuser's possibilities to complain concerning medical and social treatment and services, the Government will establish a common *complaints guide*.

26. With regard to *social treatment* of drug abusers a number of initiatives have already been launched:

- With a view to strengthening coordination and cooperation between counties and

municipalities initiatives have been taken in connection with a financing reform in the social sector for the establishing of regional fora – the so-called *regional development councils* – where municipalities, counties and user associations have an opportunity to follow and discuss development in the area together.

- *DANRIS* (Danish Rehabilitation and Information System) has now existed for 2 years at 32 twenty-four-hour treatment institutions for drug abusers. The purpose of *DANRIS* is to give the individual units easy access to information on how many individuals they have provided methadone treatment for over the past year, how many have been referred to twenty-four-hour treatment, how these clients have developed, what type of drug abusers they have been most successful with, in what cases they have not been successful, and what they can do for the latter group as well as a number of other things.
- By way of follow-up to the act on social treatment guarantee for drug abuse the Government will lay down rules on content, scope and carrying out of treatment initiatives for drug abuse. In this connection the Government will make it a *standard requirement* that an approved treatment institution should be *connected to DANRIS*. Furthermore the act will be covered by legislation monitoring with a view to evaluation after three years of the carrying out of the guarantee. Against the background of this evaluation a report will be presented to the Social Services Committee of the Folketing (the Danish Parliament).
- In connection with the negotiations on certain financial allocations for the year 1999 funding was allocated for a continued strengthening of social initiatives for drug

abusers including *quality improvement* focusing on *follow-up treatment*. In the autumn of 2003 methodology folders will be sent out with a view to communicating experience to all counties and municipalities.

- A three-year trial involving enhanced *psycho-social support for drug abusers in methadone treatment* will be finalised in 2004. A conference will be held where the result of this trial will be presented among other things. The Government will discuss the result of the trial with the counties and the municipalities with a view to possible initiatives for the communication of experience and future implementation.
- In connection with the negotiations on certain financial allocations for the years 2002-2003 funding was allocated among other things for the establishing of short term and permanent *housing* for the most vulnerable groups. User organisations, private organisations and institutions and networks of former drug abusers should be involved in this initiative to an increased extent. The funding covers 4 years and the Government intends to continue support for the most vulnerable social groups in society through similar funding measures.

In addition there are new initiatives:

- With a view to improvement of quality assurance of drug-free treatment the Government intends to continue and further develop *DANRIS* in the area of twenty-four-hour treatment of drug abusers so that *DANRIS* will cover the whole country. With regard to outpatient treatment the Government also intends to introduce and develop *DANRIS* over a four-year period.
- In recent years counties and municipalities have been developing services specifically for young drug abusers. The youngest drug

abusers are often young people with a range of social problems and drug abuse is just a symptom of these problems. Because of the age and the typical problems encountered in this group their abuse of *cannabis* and other substances is an area where close cooperation at county and municipal level could be further developed. The Government intends to support projects that specifically aim at establishing *treatment services* for young drug abusers.

27. With regard to *law enforcement* it is the Government's intention to fight organised cross-border drug crime through close international cooperation between law enforcement agencies. Moreover the Government attaches weight to an intensification and extension of efforts against organised drug crime, including drug crime related to motorcycle groups in Denmark. Moreover intensification of efforts against drug trafficking in Christiania is under consideration. Finally the Government wants to take consistent action against the abuse of euphoriant by young people in discotheques etc. and at parties. Therefore the Government proposes the following initiatives:

- Consistent and continuing police action to fight drug crime in *biker groups*.
- Improvement of *investigation options* for the police in the *biker group environment*.
- *Raising of maximum penalty* in Section 191 of the penal code on serious drug crime.
- That at minimum a *fine* should be imposed on anyone caught in possession of illegal euphoriant substances.
- That all cases of *transfer* of and possession with a view to further transfer of euphoriant in party environments and especially in premises frequented by young people (discotheques, cafes and parties held at educa-

tional establishments etc) should lead to imprisonment.

- The carrying out of an *actual training programme for and licensing of door men*.
- In relevant cases the laying down as a *condition for a licence to sell alcohol* that there are clear signs on the premises to the effect that drugs are not tolerated and that any possession of drugs will be reported to the police.
- The establishing of a clear legal provision in the restaurant licensing act that regulates conditions when restaurant premises are used for certain *private parties*.
- Targeted and more comprehensive police action in *Christiania*, which to a higher extent will be adjusted and assessed on the basis of the information available to the police. The purpose of action may often be to seize hashish and take the traffickers into custody.

28. With regard to the *treatment of criminal drug abusers* the Government intends to launch a number of initiatives which will extend treatment services for criminal drug abusers and a number of initiatives aiming to prevent the smuggling of drugs into prisons and county gaols.⁷ The Government proposes among other things the following initiatives:

- Systematic out-reach and motivating initiatives vis-à-vis drug abusers in *county gaols*.
- In cooperation with the county treatment system *specific treatment programmes* should be developed for criminal abusers of *cocaine* and *amphetamine* etc. as well as abusers of *hashish*.
- The prison service should establish a treatment unit for young people with *cocaine and amphetamine abuse*. This unit should offer special treatment for the growing number of young people with multiple substance abuse who cannot benefit directly from traditional treatment.

- The prison service should establish a special unit for *drug abusers serving long term sentences*. Experience has shown that this group has difficulty in making use of existing treatment services, partly because there is no follow-up for the prisoner when treatment is over, partly because long term stay in the treatment units is not desirable.
 - *The number of drug dogs* available to the institutions of the prison service should be increased.
 - The possibility of using *new technological devices*, including scanners, detectors, screening equipment and tracing tests to establish the presence of drugs in prisons should be further investigated.
 - *Physical protection* of prison service institutions should be improved to the extent necessary.
 - Restitution in prison service institutions of *personal belongings* which cannot easily be searched for hidden drugs, e.g. electronic devices, or which can be used as payment for drugs, should be limited to the extent possible.
- The trial involving a *prison without cash* should be extended, and control of cash amounts as well as rules for restitution of money brought by or sent to inmates should be strengthened with a view to preventing and controlling drug trafficking in institutions under the prison service.
 - Legal provision should be made for *routine analysis of urine* within the prison service.
29. With regard to Danish support for *international drug cooperation*:
- The Government intends to resume Denmark's yearly *voluntary contribution to the UN Office on Drugs and Crime*.